

**Meaningful Use Workgroup
Subgroup #1 – Improve Quality
Draft Transcript
May 8, 2012**

Roll Call

MacKenzie Robertson – Office of the National Coordinator

Good morning, everybody, this is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Policy Committee's Meaningful Use Workgroup Subgroup #1, Improve Quality, Safety, Efficiency and Reduce Health Disparities. This is a public call and there will be time for public comment at the end. The call is also being transcribed so please make sure you identify yourself before speaking. I'll quickly do roll and then at the end ask any staff members to also identify themselves. David Bates?

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, David. Charlene Underwood?

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

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Charlene. Marty Fattig? Michael Barr? Neil Calman? David Lansky? Paul Tang?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Paul. Eva Powell? And if there are any staff on the line, they should also identify themselves.

Josh Seidman – Office of the National Coordinator

Josh Seidman, ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Josh.

Michelle Nelson – Office of the National Coordinator

Michelle Nelson, ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Michelle. Okay, David, I'll turn back over to you.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Thanks very much. The goal today is to continue going through the Stage 3 Meaningful Use objectives and we went through a number of these last time, and the plan is just to continue from where we left off. So, comments or questions? We obviously have been on a lot of calls recently focused on commenting on the NPRM but now we're moving onto Stage 3.

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

David, Charlene, I just was going to ask Paul, from the HIT Policy Committee meeting was there anything that you felt in this area significantly changed from what our recommendations where? There were a lot of nuances that were hard to detect back in the audience.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

You mean related to Stage 2?

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

Yes, yes.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

There are just a few, probably the easiest way to, well let's see here, there are many versions of the matrix, there are just a few where the Workgroups differed from each other. One example was secure patient messaging and what to count in the numerator. Unless anyone else has any quick...were you looking for something in particular?

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

No, the only one, I didn't recall that there were any in this section, but, you know, I could have...well let's just keep going through and I guess if there is something that gets recalled that would be great.

Michelle Nelson – Office of the National Coordinator

I think the only item in this section is that the drug formulary, we were asked to maintain it as a measure.

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

Okay, all right, that's fine.

Michelle Nelson – Office of the National Coordinator

Okay.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Okay, and I think the document that came out I think is a really helpful one, so this is the planning document, it's the MU Subgroup 1 Stage 3 planning document and we got up, I believe to page seven where we were talking about an allergy list. So does that seem accurate to people? The last thing we talked about was the medication list and now we're onto the allergy list and again, to recap, in Stage 1 we said that more than 80% of all unique patients should have at least one entry or a notation that they have no allergies, Stage 2 no change was proposed. The NPRM said that this should be consolidated with the summary of care, you know, and we suggested that they be kept separate. I personally don't think that Stage 3 needs to be different for this, but I suppose we could change the threshold, but thoughts or comments?

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

This is Charlene, David, the only other feedback is in terms of medication allergies, should it be expanded to look at other types of allergies?

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

You know...

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

I mean, I'm okay leaving it if this is just a baseline, I just wonder.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, I think I favor leaving it.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah, I think we’re having such a big problem with medications that just to add other things like food and stuff would be hard.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

I think so too.

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

Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Now we are including iodine here, contrast dye as a “medication” right?

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, that’s an important one.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Well, it’s hard to go above 80 anyway, 80%.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Right, right. Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

This is, well let’s see here, do we need to do anything about the coding of medication allergies to support better drug/drug interactions?

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

So, that’s an interesting question.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Or rather drug allergy interactions.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, we did say that it has to be recorded as structured data, we’ve not been specific about what sort of structure. Has the Standards Committee, you know, made some recommendations about how to report allergies? Because that’s really the key thing, you want to know whether it was anaphylaxis, whether it was a rash, you know, what the reaction was.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

And even how to code the medication itself, for whatever reason we don't use...

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Right. I mean, I think it would be worth touching base with the Standards Committee and seeing what they have around that.

Michelle Nelson – Office of the National Coordinator

Okay, I'll put that on my list and I'll try and look it up while we talk as well.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Okay.

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

And this is coding the reaction, right?

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Well both the reactions and the drug.

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

Yeah.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, you know, the problem with the reactions is that there has not been a standard, you know, code set.

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

Yes.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

But that turns out to very important for decision support. We developed a code set ourselves for partners and, you know, have adopted that.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, in general, one of the things we wanted to do in Stage 3 was just work on the whole medication error problems and the things that contribute to that. One of them of course is the coding of these things, allergies, and the other is the algorithms to decide what's a strongly predictive interaction.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Yeah. Yeah, so I mean, again the key thing there is what is the reaction.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Reaction, yeah, and well other things like has this person already been on this and had no problem, because that I think is, isn't that like the number one reason people "ignore" at least not act differently on an alert.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Well, it depends a little bit on which type of alert, but it’s certainly one of the most frequent ones. So, you know, if they already tolerated it that’s a reason to, you know, to say that it’s okay. There is still actually research that is going on around what you should do if somebody has already tolerated it and there’s not an accepted norm around that, we’re actually, you know, working on that issue right now. Shall we move onto vital signs?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, what are we doing with this one?

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

So, I think we’re going to do a little more homework and then we will circle back to it.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay, so the standards on reactions?

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

Yes.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah.

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

Raise the threshold is what I heard and if we could code the reaction.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, I don’t think we want to raise the threshold.

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

Okay, all right.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

I think 80 is a good threshold.

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

I’m sorry, I’m still getting on-line, all right, that’s fine.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Okay. So, the next one is vital signs and Stage 1 was record and chart vital signs 50% of patients in Stage 2 it was 80%, the NPRM got more specific about what vital signs should be included including BMI and it talked about growth charts, and I personally think that where Stage 2 is with the NPRM is probably fine for Stage 3 also? Although, I guess we could think...again, you know, these are...should we think about more coding? These are pretty well coded.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

And I think we have the option of either incorporating, substituting or dropping requirements. I mean, if by Stage 2 everybody has, you know, some basic vital signs in the chart, which is good, maybe it isn’t a standalone objective. It probably is already going to be in summary of care for example, which is where they put some of the stuff.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

So, we could note this as perhaps already achieved?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

I wonder if...you know, I mean, NQF looks at top down measures and hopefully this will be a top down measure.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, I agree.

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

This is Charlene, I think we’ll get some feedback because the kind of things that we get is there’s different kinds of blood pressure and that kind of stuff, I mean sitting, standing, you know, that type of thing, but I think that I would agree with this based on...unless some feedback came in that indicated we needed to expand it in some way.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, see like in the problems and medications we objected to moving it and burying it in summary of care because we still wanted to work on it to make those lists more accurate, here, except for what Charlene just said I think we’re...hopefully we’re just topping out there.

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

Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

The kinds of blood pressures I think is...I mean it’s a valid concern but I don’t know that it’s something we work on across for every system and every person doing the same thing, it doesn’t mean it isn’t important, it’s just what makes it a Meaningful Use objective.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Right. Okay. You ready to move onto smoking?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Are you putting that in the bucket to consider sort of co-opting **or** removing?

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah, it would be nice to have...from ONC’s staff I wonder if this is something we ought to ask all the groups to consider? It may be more apparent in this group, because these are more likely to top out than the other categories.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, but I think it should be...I agree I think it should be an option for everyone.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Does that make sense? Josh?

Michelle Nelson – Office of the National Coordinator

Yeah, we can be sure to ask the other groups. Sorry, this is Michelle.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Thank you.

Josh Seidman – Office of the National Coordinator

Yes.

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

You know, and Paul, when we do the request for comment I think that’s going to be another place where we can ask that kind of question.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yes.

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

You know, in terms of just validating it.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Okay. So, the next one is smoking status, Stage 1 was recorded for patients 13 and older, we proposed raising the threshold to 80%, then the NPRM basically got a little more specific and asked for it to be recorded as structured data. Now, we said structured data, again, I don’t know, is there a standard around this?

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

In terms of the status I think there is one that the vendors have coded in.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Okay, because there are some national recommendations about it and we use...

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

It’s got five values or something, you know...

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, exactly, we use that five values thing.

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

Yeah, but not for the gap was...we had the whole discussion about secondhand smoke, but I don’t think that was...but, yeah, so it gets coded in.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, I don’t think we want to go to...you know, get into secondhand smoke. So, this is another one that either we could ask first, you know, make sure that it’s being coded in a standard way or retire it.

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

Yes.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, I’m just pulling up the categories that we’re using, which actually have seven or six, I guess, it’s never, current, some day, former, current status unknown and then unknown.

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

Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Wait, what was the third one?

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

The third one is current someday smoker.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Current someday?

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, so it’s current every day, current someday.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Oh, okay.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

So, there are patients who smoke a cigarette, you know, I guess that’s now sort of the national norm on this. Okay, any other thoughts about that? Okay, so the next one focuses on drug formulary checks and Stage 1 asks for at least one formulary. In Stage 2 this was included within the ERX core objective and I’m still...it’s not totally clear to me whether we said that you had to have a comprehensive set of formulary checks, it’s hard to be really comprehensive, because there’s so many different insurers. Paul, do you know where we landed with that?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

I think you just had to have formulary checking enabled and it was not specific, it could be internal it could be external and you may or may not have comprehensive coverage.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, I think that’s probably the right way to do it, because it’s just too hard otherwise.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Right. Is that right, ONC?

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Do you agree?

Michelle Nelson – Office of the National Coordinator

Yes, that’s right.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay. So, there’s all kinds of things, first you just don’t have uniform coverage even with Surescripts in an urban area and second we just do not have up to date information about the patient’s plan, both the plan changes and the patient’s which plan they enroll in, those changes, so it’s just pretty hard to do a terrific job at this.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Right, so does that mean that we can retire this one potentially?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

You know, one of the things we mentioned it here but it did come up in our discussion, generic could be...this might be one where we talked about generic substitution, because we tried to introduce it, now I’m trying to remember, did we end up there in the final, we tried to introduce it as one of the efficiency measures under clinical decision support, did that...?

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Did it get rejected or something?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Did we...

Michelle Nelson – Office of the National Coordinator

I don’t think that ended up...

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

We had efficiency...I think we had efficiency.

Michelle Nelson – Office of the National Coordinator

Efficiency, yes.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

And we talked about two things one is high cost imaging and another was generic.

Michelle Nelson – Office of the National Coordinator

Or use of generic medication, yes it’s there, I’m sorry.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Oh, it is, okay.

Michelle Nelson – Office of the National Coordinator

Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay, so that’s one place we added it, but potentially even more, you know, more specifically to this might be under formulary and in fact that probably makes a whole lot more sense.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Right.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

In fact, you could have your “internal” formulary saying, you know, for all these commonly prescribed drugs in this class here are some that we just think the generic is good and regardless of what’s true of any given plan that just may be a policy involved.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

So, what would your proposal be then for Stage 3? I mean, I agree with the sentiment but I’m just not sure how to operationalize it.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

In a sense it’s continue the...enable the drug formulary checking, but potentially what we do is go ahead and add generic substitution as a required formulary check. At least now, as Charlene mentioned, you know, we’re going to go out for comment with this anyway and so we’ll have a chance to hear comments about that.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Okay, so I think we should make it focus specifically on that, don’t you think, because...?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

And you’re saying keeping the plan specific formulary the same or eliminate it?

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Well, I think it’s covered within the core ERX objective, so I don’t think we need to have called it out. And, I think you’re right that the important thing really is that there be generic substitutions. Am, I making sense here?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

I think so.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, okay. Okay, so and Michelle, does that make sense to you?

Michelle Nelson – Office of the National Coordinator

Yes.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Okay.

Michelle Nelson – Office of the National Coordinator

Thank you.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Great, okay. Okay, so the next one focuses on reporting ambulatory and hospital clinical quality measures to either CMS or the state. This was removed in the NPRM just because it was felt that it wasn’t necessary. So, I think we don’t really need to deal with this in Stage 3.

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

Right, it's a separate track.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Yeah. Does that sound fair?

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

Yes.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Okay. Okay, the next one focuses on advanced directives and this one is a little kind of more meaty in some ways. So, in Stage 1 we said 50% for patients 65 and older, and then the NPRM in Stage 2 said that it wasn't applicable for eligible providers, which I disagree with and which we recommended also from the Workgroup. And then the objective for hospitals was whether a patient 65 or older had an advance directive and that more than half have an indication of advance directive status. Now, I think we should raise the threshold for EPs and just think about the standards in this area. Are we going to have a hearing about this Paul? There was some discussion...

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah, I think that is one of the things we said we would do, because one it was recommended by CMS back in Stage 1 and there continue to be questions about let's say state regs and laws.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Yeah.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, that is something we ought to schedule.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Right.

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

So, this is Charlene, I was on the...I attended the long-term care committee meeting last Thursday and again, from their perspective there was a lot of interest and I explained advanced directives, I said we were trying to keep it really simple, you know, document if the question was asked if there is one, secondly if one exists provide access to it, you know, keep it simple, not so much decode it, but at least just point the existence out. They were all very supportive of that approach. They had some additional requirements, in a transition of care document they would like to know if there is an existence of one, so I don't know if that is on the transition of care document now.

And then the other request that they had was in case the patient...when no one is there you bring it up and you talk the patient through it, if the patient can't talk through it who is the person, like their healthcare designate or whoever that is, they would like to know who that person is in addition.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Right, so there should be an explicit statement about the proxy, healthcare proxy.

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

Or whatever, there is a word for that isn't there?

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

It’s called healthcare proxy at least in...

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

Yeah, so that was their request, they didn’t want more...they were fine keeping it simple, but they just wanted an additional data element and then an indication in the transition of care if one existed, you know, because then they just know to follow-up, because they’ve got to look at it and talk to patients through it and indicate it to the family.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, I think the objections I’ve heard is not so much that people don’t want this information as what is considered legitimate and legal. So, there is the whole, well what happens if you changed it and where are the different places you would have to notify etcetera and those seemed like that certainly be...there could be state regulations in the laws that dictate some of that stuff. That’s where I think we need to explore more.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Right.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Are there other things, ONC that we should be thinking about?

Josh Seidman – Office of the National Coordinator

No, I think that’s the main thing.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, I mean, this is another one where it would be really nice if there were some standards that we could, you know, point to.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah, I wonder if any state has done something specific that looks good.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, Josh do you know anything about that?

Josh Seidman – Office of the National Coordinator

Not particularly.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, I don’t either. We did do some looking around I think back a couple of years ago and there wasn’t really at that time. Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Is POLST a national thing or is it...

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

POLST is national.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah, that might be...that's another thing. I don't know that it has any better definitions, but maybe it's not been touched as much by state laws or whoever created it did a better job of like specifying so many things, but that might be another thing to look at, how is that done and how universal is it and how implementable is it in various states.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Right, we should definitely look at that. There is a new version of it called the MOLST.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Oh, great.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

I don't know how the POLST and the MOLST differ from each other, but I do know that in Massachusetts we're using the MOLST. Okay, but that's something we should cover in the hearing. All right, so to summarize...do others agree that we should have a higher requirement for EPs?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Well, we don't have any right now or any that are proposed.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Right, well in our comments we recommended more than 10%.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah, but they didn't even make it a menu.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Okay.

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

Right.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Gotcha. Okay. So, I guess we need to just recommend adding it in Stage 3?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah, and we'll have the benefit of seeing what the final is before we even put our draft for RFP.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, okay, good. Okay, now, the next one was clinical decision support which is a tricky one and in Stage 1 it was just one clinical decision support rule relevant to specialty or high clinical priority and then the NPRM in Stage 2 said focus on high priority health conditions and the measure was five clinical decision support interventions related to five or more clinical quality measures for the full reporting period and then in addition they had to enable the functionality for drug/drug and drug/interaction checks. You know, one thing that they should do in Stage 3 I think is...we should specify that the 15 most important ones be included, which is again the work that was sponsored by ONC.

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

I think that should be put on...because I think the vendors will have some comments on that, so I think we should definitely get that out there for comment.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, I mean it's pretty straight forward to do those 50 and now, you know, more complicated is there is another set that is low risk, which we so identified and we could ask people to do something to make sure that the low risk ones are not interruptive, but I personally think we probably don't need to do that. Thoughts or comments about that?

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

Is there any way, this is Charlene, to make this so, you know, like if we put the 15 in its static and this stuff changes, is there any way to make this more dynamic?

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Well, the 15 aren't going to change; there will be a few additional ones.

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

Yeah.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Over time. You know, I think it's too hard to make it dynamic with...you know, this is, from my perspective not the right vehicle to do that. Of course, it should be dynamic.

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

Yeah, I know, yeah, that was kind of where...because it will change and will...you know, with the focus on patient safety, EHRs and all, you know, data is going to...you know, we're going to start to gain more information about this stuff and not have any place to put it, if you will.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Right. I'm wondering if there's a way to do better on the five clinical decision support interventions.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Or can DDIs start coming under...I mean this CDS platform?

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Well, I think that they're kind of separate. I think its best handling them separately. I mean, the clinical decision support interventions are really focused mostly on chronic conditions, although, you know, if you happen to be in a specialty which doesn't deal with chronic conditions...

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

Yeah, that's true.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Then, that might not, you know, apply. You know, this is one place where the other incentive like, you know, development of ACOs and so on should push people to move in the right direction and maybe we don't have to be too prescriptive on the one hand, on the other hand a lot of the value comes from this sort of thing. So, you know, I hate to leave it out. You know, one example is that one of the highest types

of decision support is renal dosing decision support but most records don't include that. And I don't know what to do about that.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, and you're saying that you're not classifying that as a CDS intervention?

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Well, no, no I think it would be a CDS intervention so you could get credit for it.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, I don't know, do current commercial drug databases, I don't know that they are...well I think they do have options to invoke that, right? I don't know whether EHRs commonly use that.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

I think that they do have options but EHRs don't commonly use it.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah, I think that's the deal.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Yeah.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Well, that is one of the...that Meaningful Use would have is it could work its way into the certification criteria.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Yeah.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

And that's certainly an important one and one that just becomes even more important as we all age.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

I have a feeling that we perhaps haven't done as well as we might with this, but I'm also not sure how to do better, you know, and what else to ask for in Stage 3. Some of the things that we recommended in Stage 2 like the source and the citation, that it be configurable based on context, that it be presented at a relevant point in work flow and so on, did not get included.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Well, no, I think most of that did, let me go back, it got included in the certification standards and the two, at least the two that I found were different is we had originally said the site, source, citation and there were a number of other attributes in that category that were called out in the certification like the version and the date and the financial contributions. So, in the end we sort of tried to simplify it trying to not make it too overburdening to the reader or burdensome to maintain, I mean if each time a guideline...well...but we did add the financial...so if there is external funding of something then that seems like that is useful information.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Yeah.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

The other one that we recommended not to have because the NPRM had a special call out for link to resources and we felt that that was just another kind of...intervention that followed the same five attributes and there is no reason to call that out specifically and make everybody do that one over anyone else.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Sure, okay.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, what we’ve talked about so far is requiring the important 15 DDI.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

And a question of whether to add to renal dose checking for relevant medications.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Right.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

And if we did that then that would cause the certification criteria to be added.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Right.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Do you have any feeling about that, Charlene?

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

Go through that one again, Paul?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

It’s the renal dose checking, which I don’t think many EHRs take advantage of that, which is, you know, that option of course with the drug database, and I don’t actually...because of that I don’t really know how that’s programmed in these drug databases, for all I know it could be very conservative with those as well, do you see what I’m saying? I don’t know whether we have good information in there to.

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

Well, I’ll send a note out, but we definitely need to ask about that. I think it’s definitely a great candidate question, you know, for our survey.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, is this a survey that you’re planning to do with the vendors?

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

Oh, no, no, no, no, no I’ll just use your survey, the RFI.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Oh, oh, that one, okay.

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

Nope, nope I won't do a separate one unless you want me to, but I won't do it, you know...

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Well here we might want to know what's the standard of the practice.

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

Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Unless you already know?

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

No, I don't on that one.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

The other thing that is similar would be age-related dosing suggestions.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah.

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

I know specifically that...again if you go across the board how they do that.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

You know, I also have a complaint about how it's done, so...

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

We might be in trouble.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, they do have age because of pediatrics, but they don't have a cut off. So, if you have an overweight kid, and as you know, two thirds of American kids are overweight, then you can blow right through the adult dosing.

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

Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

And that is a very common way of discrete sig causing overdoses, so we had that with our drug database because they don't have what seems like common sense stuff, so you just multiply mg per kg and just based on age and that's it, and that just was not...so that's something we might be doing the country a service just by creating a much more rational calculation.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Do you already handle that, David, at Partners?

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Yeah.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

And do you have a max dose then?

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Only for a limited number of drugs. Max dose turns out to be really complicated.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yes.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Okay. So, next is clinical lab test results and Stage 1 was 40%, Stage 2 the NPRM says 55% ordered by the EP or by authorized users of the eligible hospital. Should we come up with a higher threshold here?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, I think the only thing we’re bucking against is, you know, in the rural setting whether you can get, you know, the vast majority coded.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Right, so do you know any more about that? I mean...

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah, ONC do you already know about this from RECs or something?

Michelle Nelson – Office of the National Coordinator

I’m sorry, Paul, what was the question?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, is the feedback from RECs, do you have an idea of what percent of labs are coming in structured for EPs in the rural areas?

Michelle Nelson – Office of the National Coordinator

I don’t think we have percentages but I can work with Don to see what data we do have.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay, yeah, because we wouldn’t want to top out, you know, get into trouble with whether that is a lot more challenging for rural areas.

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

Yeah.

Josh Seidman – Office of the National Coordinator

It really depends, from what we’ve heard, it depends more on whether they’re getting their labs from commercial sources or not.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

I mean, like the commercial labs although, you know, have the lab data in coded form.

Josh Seidman – Office of the National Coordinator

Right.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

All the big ones.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Or do they depend on the hospitals, which we haven’t been able to get into the picture yet.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

The hospitals have been a problem as I understand it.

Josh Seidman – Office of the National Coordinator

Right, that’s what we’ve been hearing.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, okay. I mean, this seems to me like one where we could ask for 80%.

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

I mean, it seems like the hospitals are kind of already there, right? So, unless on hospitals maybe go away by Stage 3. It’s the practices will kind of get them the data.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Yeah and this is an important one, it’s the very easiest one to do around the data exchange.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, Charlene, when you say the hospital should go away, but then what do you mean by that?

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

Oh, as a measure, because, you know...

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

But, they’re basically already there.

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

Yeah, I think the percentages are pretty high that were reported on this particular one.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, but does that mean they’re all in LOINC already?

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

Well, at the end of Stage 2, right? And a lot of the hospital systems are kind of, if you will, LOINC’d.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Then why aren’t they giving it to the doctors?

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

Because those are...lab systems are separate from the...in the repository...

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yes.

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

In LOINC, but the lab systems aren't always coded or aren't sending the data with LOINC codes yet, there separate systems in most cases.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah, but that doesn't seem fair, okay.

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

But, I agree, you know, you're exactly right, you know, they're feeding them back into the repository.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Okay.

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

You know, Paul, this is...you know, the feedback we heard from our customers on that wasn't so much they didn't want to send it to the practices, there was cost involved for the practices and they just couldn't get over that hump in terms of getting it to them because of some of the setup they had to do. So, there were some issues like that that made it operational, you know, either getting the orders in or sending the results back.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yes.

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

More that as opposed to...so HIE was stood up and, you know, they could get them there, you know, there are some alternatives, but it was more that at least in the early phase it was some of the operational stuff and the costs. And are the systems all...the ambulatory systems all ready to accept it at that point and all those kinds of things.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Yeah.

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

It was early.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

So, Charlene, what do you think about a threshold?

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

Well, clearly I think the threshold can go...I don't know for the ambulatory practices, but I think we should put it up there, I think we should bump it, I mean, you know, it's 80% or 90%.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Yeah, I'd say let's say 80%. Okay?

Michelle Nelson – Office of the National Coordinator

This is Michelle, from ONC, I'm not sure...just my experience working with practices it's a lot of work on the practice side as well as Charlene said and I just have to say from my own personal opinion 80% is really high.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, the point then is that to get from 55 to 80 you're going to have to do x many more interfaces, is that what you're saying?

Michelle Nelson – Office of the National Coordinator

Exactly and if the HIT Policy Committee proposed the hospital lab objective, but if that doesn't get into Stage 2 then I think it will still be really hard to get to 80%.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Right, so it will depend on what happens in Stage 2, I mean I'm sort of assuming it will get into Stage 2 but maybe it won't.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Well, don't small practices still have like one lab interface commercial labs that they deal with? So, even if the majority aren't the majority of the results the denominator and numerator are going to be accomplished with really a single interface?

Michelle Nelson – Office of the National Coordinator

To Charlene's point, at least...so I worked...just to kind of give you an example of my experience, I was in the Adirondacks, which is obviously very rural and so they were very dependent upon their local hospitals, so there was no...

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So, if we do get the hospitals, which is still one of our main points of why we need the hospitals.

Michelle Nelson – Office of the National Coordinator

Right.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Then your objection would probably go away?

Michelle Nelson – Office of the National Coordinator

Correct.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay.

Josh Seidman – Office of the National Coordinator

This is Josh, I'll just say, I mean I think part of it is the challenge of predicting what the world is going to be like 4 years from now.

Michelle Nelson – Office of the National Coordinator

Right.

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

We would hope that we could do this in 4 years.

David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety

Well, so let's say 80% contingent on what happens with Stage 2 and, you know, what we learn about in the interim.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yeah.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

So, I’m just cognizant of the time, I’m wondering if we should stop here and open it up for public comment versus doing one more. I think maybe we should open it up for public comment at this point.

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

Where are we at on the list?

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

We’re on page 13. We have about, I mean I think we’ll be able to finish it up in the next call pretty easily and then what we’ll do is think about things that are not on the list.

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

Okay.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

So, I really think we’ll be pretty much there with one more call.

Public Comment

MacKenzie Robertson – Office of the National Coordinator

Okay, operator can you open the lines for public comment?

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.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Okay, well I want to thank everyone, I feel like we got a lot done today. And again, we should be able to polish off the rest of this in the next meeting and then talk about whether there are some things that are not on a list that we might want to add, so I would just ask you between now and then to think about that if there are things that we should be considering. Paul, any last thoughts?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

No, we made a lot of progress.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Oaky. Charlene anything else?

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

No, I’m good, if I get that information I’ll send it to you, okay...

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Okay. So, thanks so much everybody.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Thank you.

Michelle Nelson – Office of the National Coordinator

Thank you. Hope, you feel better, Paul.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

All right, thanks a lot Michelle.

MacKenzie Robertson – Office of the National Coordinator

Thank you.

David Bates – Brigham & Women’s Hospital & Partners – Senior Vice President for Quality and Safety

Bye.

Michelle Nelson – Office of the National Coordinator

Bye.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Bye-bye.