

**Meaningful Use Workgroup
Subgroup #4 - Improving Population & Public Health
Transcript
|July 2, 2012**

Presentation

MacKenzie Robertson – Office of the National Coordinator

Good afternoon everyone, this is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Policy Committee Meaningful Use Workgroup Subgroup #4, Improving Population and Public Health. 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 now take roll. Art Davidson?

Arthur Davidson – Denver Public Health Department

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Art. Charlene Underwood?

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

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Charlene. Amy Zimmerman?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Amy. Marty Fattig?

Marty Fattig – Nemaha County Hospital

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Marty. Yael Harris? George Hripcsak? And are there any Workgroup members on the line? Are there any staff on the line?

Michelle Nelson – Office of the National Coordinator

Michelle Nelson, ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Michelle.

James Daniel – Office of the National Coordinator – Public Health Coordinator

James Daniel, ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, James.

Emma Potter – Office of the National Coordinator

Emma Potter, ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Emma. Okay, Art, I'll turn it back to you.

Arthur Davidson – Denver Public Health Department

Thank you, MacKenzie and welcome again to this, probably one of the last of the sessions, this will be our last session before an initial presentation tomorrow from what our Subgroup has done. So, in this first phase this will be our first draft, so what we say today might be heard tomorrow. I hope George gets to join us since he will probably be one of the people to present it tomorrow to the Meaningful Use Workgroup as well. So, I guess I sent out last week and I'm booting up my computer here and it's not doing too well for me, but last week I sent out a draft version and I think everybody got that in the invite to this meeting, right?

MacKenzie Robertson – Office of the National Coordinator

Yes.

Arthur Davidson – Denver Public Health Department

So, I did get back some feedback from Yael Harris, who is also on this committee, but she can't join us. I wondered if there was any general feedback from the group, from any of the members before we try to go into detail about any one of these? One thing that I think is maybe a general comment is: Do we think that more is better? Do we think that more criteria or measures are better for Stage 3? And I mean, I've made that assumption, but that might need to be made or should we assume that some of the ones that are there will drop off?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Art, this is Amy, when you say some of the ones that are there, you mean like new ones that we've been talking about or the ones that have gone through Stage 1 and Stage 2 that we've recommended no change to?

Arthur Davidson – Denver Public Health Department

The ones that have gone through Stage 1 and Stage 2, I mean, I think it's hard for us to imagine that they would really drop off and we're talking about new things here, so that's I guess implied if we take any new things is that more is better. More is required.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Well, yeah, I mean, you know, it's sort of the deep versus broad question.

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

Yeah.

Amy Zimmerman – Rhode Island Department of Health & Human Services

And, you know, it's sort of do we push on the couple of areas that have already been pushed on for public health and population health, and try to drive those hard and faster, and figure out what to do more and better of and/or do we include anything else? I think that's what we're asking.

Arthur Davidson – Denver Public Health Department

Correct, yes, okay we can state it that way, you know, I think that we don't really actually, in the proposal that we'll discuss in a minute, we don't really talk about sending data now to an immunization registry. We just talk about getting data from the registry and getting recommendations from a registry of immunization information system.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I thought implicit in that was, I mean, I thought we did talk about the bidirectional flow back so that if you...in order to get an algorithm that's appropriate I thought it was implied that we talk about also if the public health agency or the immunization registry can support it sending anything that the EHR doesn't have back doing like a compare and contrast.

Arthur Davidson – Denver Public Health Department

Right, right. Well, I mean, I don't remember, again I don't have the document open, but did it say something about sending to the registry?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Well, I'm just reviewing it now because unfortunately I didn't have a chance to re-review it, so hold on.

Arthur Davidson – Denver Public Health Department

I'm waiting for my computer, sorry.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yeah, it says capacity to receive and review a patient's immunization history supplied by an immunization registry or information system.

Arthur Davidson – Denver Public Health Department

Yeah, this is what I mean, it's new, it's in addition to the other one in Stage 1 and Stage 2 which was send.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yes.

Arthur Davidson – Denver Public Health Department

Yeah.

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

So, Art, this is Charlene, on the care coordination one, which I thought the way you did it and the amount of work you did was fantastic, my reaction was it was a lot, you know, so the questions are totally appropriate, but I think, like, you know, we are trying to again, in Stage 2 get to the bidirectional piece too from the care coordination perspective on a couple of those elements. So, I think your question is right, do we just get the bidirectional going in a targeted area or do we try and go broad, it's a very important question.

Arthur Davidson – Denver Public Health Department

Yeah, and I think that's...yes, that is the question here, how hard should we push on bidirectionality and I think, you know, it might be worth it for us to say let's focus on one area.

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

Yes, that's kind of what we've...we focused on bidirectionality.

Arthur Davidson – Denver Public Health Department

Right.

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

Because we thought that was important. So...

Arthur Davidson – Denver Public Health Department

Right, okay, so bidirectionality is...we're willing to suggest in one area only or are we thinking that there should be multiple? I think the way that those criterion measures are now written it was only in that first one.

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

Yes.

Arthur Davidson – Denver Public Health Department

Yeah.

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

I think, kind of you've got to cross the chasm one step at a time kind of I think starting narrowly.

Arthur Davidson – Denver Public Health Department

Right, right, right.

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

And getting it worked out is better than...

Arthur Davidson – Denver Public Health Department

Right.

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

Do it across...

Amy Zimmerman – Rhode Island Department of Health & Human Services

We don't have any bidirectional flow in any of these other ones that I can see.

Arthur Davidson – Denver Public Health Department

No, that's what I'm saying is, Amy, we could revise these to try to do even more and I think what Charlene is suggesting and I agree with is that we'll settle for getting one done well.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yeah, no, I would agree with that. I mean, I think what's here is already...the new areas are already...you know I think we're pushing capabilities here a lot.

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

Yes.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, going beyond what we have here I think would be probably perhaps unrealistic.

Arthur Davidson – Denver Public Health Department

Yes, right, right, okay. So, are there any other comments about this in general? Any concerns? Are there too many? What should we...

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

I think it's worth vetting them, you know, because this is where you got the testimony in terms of...I mean, I think when we listen to them that was kind of our...maybe at the end of the call we come back and do that, but...

Arthur Davidson – Denver Public Health Department

Okay.

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

I think the testimony we heard was pretty compelling, you know.

Arthur Davidson – Denver Public Health Department

Right, right, you know, the way that I tried to blend a lot of the different testimony in the one about registries, I thought that maybe we could figure a way how to let many of those programs begin to make progress without, you know, excluding some of those compelling stories, you know, by selecting one specific registry like just saying cancer, you know, there are a lot of other registries that would want to be receiving data as well and we could be developing many different types of registries. I don't know whether that made sense or not, but, I'm getting close to being able to open up this document, so we can start going through this in detail. I'm sorry for the delay. So, are there any comments about this first one that we have here about immunizations?

Amy Zimmerman – Rhode Island Department of Health & Human Services

I want to make sure that we go back and we...it's really hard on my computer for some reason to see Yael's comment so I know she's got some in there on the first one, I just want to make sure we know what she's saying and see if we agree with them.

Arthur Davidson – Denver Public Health Department

Oh, okay, so I'm still not connected to the network, so would someone please read Yael's comment and we can talk about that, yes. MacKenzie or Michelle, would that be possible?

Michelle Nelson – Office of the National Coordinator

So, unfortunately, Art, this is Michelle, I'm having similar computer trouble to you, so I just restarted my computer, so maybe MacKenzie can do it.

Arthur Davidson – Denver Public Health Department

Okay, I think, Amy you asked the question, you obviously can read Yael's notes, why don't you read them to us?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Actually, I can't which is why I was asking because for some reason on my computer they're coming up so teeny even with my glasses I can't read them.

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

Oh, this is why...

Arthur Davidson – Denver Public Health Department

Okay, sorry.

Emma Potter – Office of the National Coordinator

Hi, this is Emma, what exactly...I can access the document that you're talking about, so where are I'm looking?

Arthur Davidson – Denver Public Health Department

Would you read the first comment in the column, in Yael's comments?

Emma Potter – Office of the National Coordinator

For the Subgroup 4 or for the Meaningful Use Workgroup?

Arthur Davidson – Denver Public Health Department

For Subgroup 4 the last...

Michelle Nelson – Office of the National Coordinator

I don't think Emma got Yael's comments so she can't read them.

Arthur Davidson – Denver Public Health Department

Oh.

Michelle Nelson – Office of the National Coordinator

Sorry.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Let me see if I can make them bigger and then I can try to read them.

Emma Potter – Office of the National Coordinator

And I think MacKenzie is also having...this is Emma, I think MacKenzie is having some issues right now too.

Amy Zimmerman – Rhode Island Department of Health & Human Services

That is so weird.

Emma Potter – Office of the National Coordinator

Yay, technology.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I can make the main core bigger but I can't make the comment part bigger.

Arthur Davidson – Denver Public Health Department

Well, I'm working on it, sorry.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yes, so am I, Art, I'm still trying to get the comment section bigger.

MacKenzie Robertson – Office of the National Coordinator

Okay, so this is MacKenzie, my screen is up, I'm on Subgroup #4 the comment section, what is it exactly that I need to read out?

Arthur Davidson – Denver Public Health Department

On Yael, she wrote some comments, did you get those.

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

Yeah, I think it was a separate e-mail.

MacKenzie Robertson – Office of the National Coordinator

Okay.

Marty Fattig – Nemaha County Hospital

Yeah, I've got them here.

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

Okay, good, because...

Marty Fattig – Nemaha County Hospital

I've got them where I can read them I just zoomed it up to 200% and I can read them. So, anyway, it's not clear if this is in reference to the statement, EP, EH objective, capability to receive and review patient's immunizations, that line? This is the comment Yael had.

Arthur Davidson – Denver Public Health Department

And what was it that she said?

Marty Fattig – Nemaha County Hospital

She says it is not clear if we are referring to patients who were immunized by the EP or who received an immunization anywhere in the past reporting period.

Arthur Davidson – Denver Public Health Department

No, it would be the people in the practice who received immunizations 30% of them would be able to have had a review of a record back at the state.

Marty Fattig – Nemaha County Hospital

Yeah.

Arthur Davidson – Denver Public Health Department

So, it's the people who got a shot during that EHR reporting period and we can fix the language there, I think I remember that was a concern of hers. Does that make sense? I mean, I didn't think that making it 100% was reasonable, there may be all sorts of reasons why it can't be 100% and I think that, you know, 30% is a smaller number than, you know, trying to push it to 80% or something like that, I thought it was just starting.

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

Yeah.

Marty Fattig – Nemaha County Hospital Auburn, Nebraska (NCHNET)

Her next comment is, is there any way to use ONC to put some teeth into ensuring that states can do this by the time Stage 3 rolls around since it is many years out and this is a critical requirement for public health.

Arthur Davidson – Denver Public Health Department

I think that that's something that, you know, the federal government has to decide, I don't know that...I mean we can make a recommendation about that, but that's not necessarily something that could be in a general comment about public health readiness. Right, I hear what you're saying, yeah. Anybody have any other comments about that?

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, this is Jim...

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

I think that's right this is public health readiness. I mean we're just sending the signal at this point. This is Charlene.

Arthur Davidson – Denver Public Health Department

Right.

James Daniel – Office of the National Coordinator – Public Health Coordinator

And immunization registries are actually preparing for this, this is Jim. I think the one thing that they're not all willing to do is send a recommendation, so I think it's good that we're focusing on the history.

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

Yes.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Some have made the decision that it's not their place to supply that.

Amy Zimmerman – Rhode Island Department of Health & Human Services

We do have in here, you know, that the EHRs need to...I mean it's just a capability but the capability to receive the recommendation or the decision support.

Arthur Davidson – Denver Public Health Department

Yeah, you have no obligation to follow it, you just would receive something, it's not like you are obligated to follow it. I mean, I'll tell you a good example, in my own organization we sometimes have vaccine shortages and, you know, you have to include that rule in there to know that there is a shortage to change the workflow.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Right, and so I just want to make sure that...because I remember I had some follow-up to do on this and I'm not sure I finished the full conversation internally with my own folks, but we had...this is not saying that the EHR has to build in the algorithms for decision support, it's that they have to be able to receive it from a registry am I correct on that?

Arthur Davidson – Denver Public Health Department

That's correct in that effect we would encourage EHRs not to build it.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Right, okay, I want to make sure we're on the same page there, okay.

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

So...

Arthur Davidson – Denver Public Health Department

We don't want the EHRs to...

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

What kind of clinical decision support would it not depend on data on the EHR for, like, you've got the registry, so?

Arthur Davidson – Denver Public Health Department

No, the registry would be providing...the registry has already collected all the appropriate information for that child.

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

All right, so say something is due...?

Arthur Davidson – Denver Public Health Department

Therefore...

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

...or that kind of stuff?

Arthur Davidson – Denver Public Health Department

I'm sorry?

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

It would say something is due or?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yes.

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

All right.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So what's upcoming, what's past due and what is in potentially some registries, I know the one in Rhode Island can say, you know, this will be, you know, like sort of when it's recommended or if it's past due.

Arthur Davidson – Denver Public Health Department

Correct, that's what the algorithm would do. Does that make sense or is there something of concern there? Jim, are you concerned?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Well that makes sense to me because as I expressed last time when we talked about this, at least from our state perspective, if it's a universal vaccine state or however, you know, the state guidelines are in the state, they may have different requirements and...although they generally follow CDC recommendations, but depending on the product there may be slight variations in the schedule. So, to sort of build it into every EHR I think potentially creates possible conflict with the state policy.

Arthur Davidson – Denver Public Health Department

Yeah, it's not that the state policy...actually I don't even know if it's state policy, it could be state policy, it could be, you know, a CDC just...yeah, I guess it would be state policy where there would be a knowledge base that each state maintains and that could be, you know, available maybe at a central site like CDC or it could be available off the state health department webpage something like that. But, Jim were you concerned about that?

James Daniel – Office of the National Coordinator – Public Health Coordinator

No, not at all, not at all, I think we have it phrased correctly. I think it's probably too early now but at some point there might be some standards for structured data around the decision support coming back, but I think for now we've got it worded perfectly.

Arthur Davidson – Denver Public Health Department

Well, so...I mean, I believe there currently is an HL7 message for recommendations, I remember reading that in the 231 version from CDC, I know there is a section there. So, someone has figured out part of this, maybe not exactly the way it will play out here, but...

James Daniel – Office of the National Coordinator – Public Health Coordinator

It's kind of squeezed in, in one of those one-on standard segments.

Arthur Davidson – Denver Public Health Department

Right.

James Daniel – Office of the National Coordinator – Public Health Coordinator

There might be some more standardization between now and then.

Arthur Davidson – Denver Public Health Department

Excellent and is that something that S&I is working on or is that something ONC, CDC is working? Who is working on that?

James Daniel – Office of the National Coordinator – Public Health Coordinator

CDC and ERA are really taking the leads on all the immunization messaging.

Arthur Davidson – Denver Public Health Department

Okay.

James Daniel – Office of the National Coordinator – Public Health Coordinator

And what they've done is actually they've started with standardizing the business process of bidirectional messaging and then I think they are going to go on after everyone agrees on that to make sure everyone agrees on the actual messages that play a part in those transactions.

Arthur Davidson – Denver Public Health Department

Okay, so and that's underway, that business process analysis is...

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yes, Public Health Informatics Institute has actually just released the draft and they will be sharing that soon.

Arthur Davidson – Denver Public Health Department

Okay, that's a draft for the...right?

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yes, exactly.

Arthur Davidson – Denver Public Health Department

Okay, well that's good to know.

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

So...

Arthur Davidson – Denver Public Health Department

That's helpful background information, great. Yes, did someone want to ask something?

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

Yeah, I did, so the concept here is push, well see there could be alerts too, I guess if it came to your system then you could send an alert out to a patient, right?

James Daniel – Office of the National Coordinator – Public Health Coordinator

I don't think that's part of what we're saying as a requirement.

Arthur Davidson – Denver Public Health Department

You could send...

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

Because that kind of fits...the other thought I was having is could an EHR inquire into the registry for the clinical decision support, right? When a patient shows up you...it's like you do a...you know, you do a...

James Daniel – Office of the National Coordinator – Public Health Coordinator

That's actually part of the whole bidirectional process; it always starts with a query from the EHR.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Well, Jim, is it only a query or is it when it sends an immunization in it somehow then...

James Daniel – Office of the National Coordinator – Public Health Coordinator

That's actually part of the query message if you're doing bidirectional.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Okay, so whether you've given a shot or not if you've given a shot and you're sending it in that's one use case but if you just want to look up the information and get information back that's a second?

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, and I think what the business process on, they decided that makes the most sense and this would probably be implemented in a standard way is you start...I mean you might send some historical shots in but before you give any shots at the office you want to query the registry.

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

Right.

James Daniel – Office of the National Coordinator – Public Health Coordinator

So, if you're...you know, the VXU or the query message might start with "hey here's an update on some historical shots that I didn't give, can you give me the rest of the history and the recommendations, okay, thank you I've got the recommendations now I'm giving these shots in addition" and then it comes back and says "okay after you gave those shots here's the final recommendation" and hopefully they'd be up-to-date at that point.

Arthur Davidson – Denver Public Health Department

Or they may need to come back in two months for the next shot or something like that, yeah, whatever.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Exactly and if anyone wants to see that business process I imagine PHI would be okay me sharing that, I can double check and I can share it with this group.

Arthur Davidson – Denver Public Health Department

Yeah, I think it would be good to circulate it and I assume, is it Bill or Dave who is...?

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, it's Bill that's leading it, I can't imagine that he'd have an issue with that.

Arthur Davidson – Denver Public Health Department

Right, I think that would be helpful, because, you know, we are asking for something that the Meaningful Use Workgroup needs to visualize so we assume...or in our present picture we may need to use a piece of their draft document or hopefully finalized, so certainly we want to check with them.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yes, it's being finalized now, it should be final soon.

Arthur Davidson – Denver Public Health Department

That's great, that's great.

James Daniel – Office of the National Coordinator – Public Health Coordinator

I'll ask if we can share the draft at least with just this group.

Arthur Davidson – Denver Public Health Department

So, we...

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

So, is the assumption then in this case...I'm just trying to...again, I think this workflow is going to be really important, so you can like inquire and import if you will the historical record. So, when would you do the clinical decision support within your system and when would you do it in the registry, is that covered in this process?

James Daniel – Office of the National Coordinator – Public Health Coordinator

It is covered in this process and depending on the state you might get clinical decision support back or some states do not believe in supplying clinical decision support so you wouldn't get it back and in that case the clinical decision support would have to be done within your EHR.

Arthur Davidson – Denver Public Health Department

Is there a problem there, Charlene?

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

No, I was just...it's, you know, I'm thinking in that scenario then you've got to build it both ways, right?

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, and I think the business...

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

Specifically if you wanted to go toward a more centralized knowledge source of this information that would feel good and then it would just be more like, you know, like an immunization process or you know like an eligibility check where you just go out and get the information and bring it back and then incorporate it locally and I like that because you don't have to be redundant in doing it locally, you know, capture all that knowledge and keep it locally as well at the same time make it part of the registry or, you know, the immunization registry concept. So...

Amy Zimmerman – Rhode Island Department of Health & Human Services

Jim, is there any thought like for those states that aren't doing decision support for their own state registry that based on CDC recommendations that there be...I thought we had talked about there...you know, if your state doesn't have one there is still one place where all EHRs could go so Charlene's point was taken, not each EHR has to build it individually in.

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

Right.

James Daniel – Office of the National Coordinator – Public Health Coordinator

There is not a web service that could supply that in an automated fashion right now nor is that on the table. There are places where you go and look up manually but nothing is being discussed right now for a centralized web service to then supply clinical decision support.

Arthur Davidson – Denver Public Health Department

Well, I think...

Amy Zimmerman – Rhode Island Department of Health & Human Services

And do we know how many states have clinical decision support built in or not in their registries.

James Daniel – Office of the National Coordinator – Public Health Coordinator

I don't know off the top of my head, but even those who do have it built in, a couple of states have said that they would not feel comfortable if they were doing bidirectional exchange to send that information back to an EHR. So, I mean, I think it's going to be some education, but...

Arthur Davidson – Denver Public Health Department

I don't understand that, why would they feel uncomfortable about sharing what their rules engine has run, they feel that it's not accurate?

James Daniel – Office of the National Coordinator – Public Health Coordinator

No, they wouldn't want to share it outside of their web-based system. I think they'll start changing their minds around that, but...

Arthur Davidson – Denver Public Health Department

Okay, so there is a desire to share the information.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yes. I think, you know, they're concerned that...like you said, Art, just because that's the recommendation doesn't mean that that's what's really appropriate that day and on their websites when you're using the user interface there are all sorts of warnings about that and I think they're just concerned about if it's an automated exchange that those policy issues won't be conveyed every time.

Amy Zimmerman – Rhode Island Department of Health & Human Services

But isn't that true for anything else that's going to happen bidirectionally, I mean, there is always clinical judgment and exceptions to the clinical decision support. I don't see that being any...I mean maybe it's a good argument, but any clinical decision support you're going to get may not apply in the instance where you have the patient in front of you and you have to use your clinical judgment.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, and I think that's an education thing that we need to do with immunization registries so that they understand that.

Arthur Davidson – Denver Public Health Department

So, I think that I tend to agree with Charlene, that it is of great importance right now that that knowledge base be developed externally and that it be a web service and if not be manual. This should not be our recommendation, you know, I think that we can't recommend a manual process when this is what the web service is best at doing. Don't we think that?

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah and I think the recommendation here is right and if this is going to be the trigger to public health that they need to fix their policy issues. I don't think it's a big concern and I apologize if the things I said are considered opposing what we're proposing.

Arthur Davidson – Denver Public Health Department

Okay, okay, I thought maybe you were suggesting that we were not going to be able to do an external knowledge base that they would access.

James Daniel – Office of the National Coordinator – Public Health Coordinator

I think, you know, I think by then almost everyone will have the capacity from a technical stand-point it's just there are going to be some policy issues related that we'll have to work through.

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

Right.

Arthur Davidson – Denver Public Health Department

Yeah, right.

James Daniel – Office of the National Coordinator – Public Health Coordinator

It's just all...

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

Yeah and that was why I think like this workflow concept, you know, it's like is it just in time or is it something that, you know, we talk about these platforms for collaborative care and where does that fit in, but that source could be used by anything, right, in terms of process, right?

Arthur Davidson – Denver Public Health Department

Yes, right, I would think so. I mean we have to figure out how EHRs are going to access that, I mean you're talking about that same sort of process in the other committee, right?

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

Yeah.

Arthur Davidson – Denver Public Health Department

Care coordination?

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

Yes, yes, and we kind of are leaving it similar to how you, the ability to import and we were struggling with the clinical decision support piece, but...because there's less...you know, we don't have a place to go for that, evidence of best care, where are we going to go for evidence of best care to drive care plans, right?

Arthur Davidson – Denver Public Health Department

Right. Well...

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

Yours is kind of a starting point for this, right?

Arthur Davidson – Denver Public Health Department

Yeah, I think we're trying to create methods that can be applied.

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

Yes.

Arthur Davidson – Denver Public Health Department

To the problem and the problem will morph over time.

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

Yes.

Arthur Davidson – Denver Public Health Department

Yeah.

Amy Zimmerman – Rhode Island Department of Health & Human Services

This is Amy, are we...?

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

So, this is one aspect of best care, right?

Arthur Davidson – Denver Public Health Department

Right. Yes, Amy?

Amy Zimmerman – Rhode Island Department of Health & Human Services

No, I'm sorry, I didn't mean to interrupt, it's hard on the phone to see when someone is about to speak, my apologies. I was just going to say are we comfortable with immunization and are we all set with it as written except for tweaking maybe some of the language that Yael suggested and moving on?

Arthur Davidson – Denver Public Health Department

Yes.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I just feel like we've got a lot to do before tomorrow and...

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

Yes.

Amy Zimmerman – Rhode Island Department of Health & Human Services

We're a half hour in, so...

Arthur Davidson – Denver Public Health Department

Okay, well first of all everybody is welcome to mark theirs up as we go through this and then just send it to me. So, if you have comments that you haven't had a chance to say on the phone I'll integrate them afterwards, but let's...if everybody is in agreement we can move on. Is that good?

Amy Zimmerman – Rhode Island Department of Health & Human Services

I'm good.

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

I'm good.

Arthur Davidson – Denver Public Health Department

Okay, great. So, the next one down here was...moving to the next item, number two on the improve population in public health was the one for reportable lab results to public health and here there was no change from the current to the hospital, but we recommend or at least I've put on paper a potential recommendation a new one for eligible providers where they are able to receive and incorporate, again, receiving an incorporate some external data at the jurisdiction level from a case reporting knowledge-base that is offered to the certified EHR so the provider can then report once a trigger is reached in an ICD-9 code, a lab result, whatever. So, it's about, again about the EHR receiving knowledge about reportable public health conditions. Does that sound reasonable or not?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yeah, so if...Art it's about the EHR receiving it and then generating a case report and sending it to the state?

Arthur Davidson – Denver Public Health Department

Not in this example, it just says that it's able to then...the initial case report, you know, just the initial case report is able to be generated.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Right, I just wanted to make sure we were clear that it was not just about knowing what triggers to do something, but then to actually generate the initial case report.

Arthur Davidson – Denver Public Health Department

Right, right. So, in a sense this may be considered another example of bidirectional.

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

So, can...

Amy Zimmerman – Rhode Island Department of Health & Human Services

The difference here is that it doesn't...it probably wouldn't get updated as routinely as let's say immunization in terms of bidirectional.

James Daniel – Office of the National Coordinator – Public Health Coordinator

And they're not getting anything back from public health in this one either, are they?

Arthur Davidson – Denver Public Health Department

No, no the only thing they're doing is they start at public health, they bring it into the EHR and then the EHR uses that data to send data to public health.

James Daniel – Office of the National Coordinator – Public Health Coordinator

I'm a little unclear on the trigger that you're explaining.

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

Yeah, the use case.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Usually the trigger is a lab report.

Arthur Davidson – Denver Public Health Department

Okay, right, so it could be a lab report, it could also be a diagnosis. So, a diagnosis like there are some diagnosis like varicella that don't necessarily have a test but you diagnose it and then you want to be able to report it because it has a relationship to vaccine preventable disease efficacy.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yes.

Arthur Davidson – Denver Public Health Department

So, you know, you have those examples as well that are clinical diagnoses or toxic shock, you know, is another example. So, we want to be able to use lab results if they come in, because not every test is done in a hospital lab, it could be done in, you know, some other place, and the provider may have additional information to offer because they have the EHR with all the demographics. So, the idea was to start by having just the initial case report, which is typically a very small amount of information, you know, it could be 6-12 items, not necessarily the full case report.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yes, I think that's good and then they could potentially send updates.

Arthur Davidson – Denver Public Health Department

They could, but, you know, that's not required in this...

James Daniel – Office of the National Coordinator – Public Health Coordinator

Okay.

Arthur Davidson – Denver Public Health Department

They potentially could, yeah, it's just, in this it just says you can receive that knowledge and you can...

James Daniel – Office of the National Coordinator – Public Health Coordinator

So, I'm not sure about what the receive that knowledge...how is...

Amy Zimmerman – Rhode Island Department of Health & Human Services

I think what Art's trying to say, Jim, is that eEHR is going to store for their jurisdiction what's reportable.

Arthur Davidson – Denver Public Health Department

Right.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, once it's...so you have to probe it, you have to input one time, at least initially, you have to input what's your reportable for your state or jurisdiction and then any time something comes in that is a trigger for that reportable disease or condition an initial case report is generated and sent to public health. The one caveat there is that if for some reason a law passes and now makes a new condition or disease reportable there has to be a way for that jurisdiction to notify it's providers to go to its EHR to update the code in the EHR that says "here's a new reportable disease."

Arthur Davidson – Denver Public Health Department

Right, so...

James Daniel – Office of the National Coordinator – Public Health Coordinator

I thinking we might be getting a little into certification criteria versus functional criteria, because I think we need to leave it up to someone how they would do it, so I'm not sure, like saying you have to import this once or refer to a table, like however you're doing it is going to be okay I think. Maybe we could just focus on the functional piece of reporting the case reporting to public health.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, Jim what you're saying is just have the requirement be that for a reportable disease you can generate an initial case report.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yes, because, you know, the same holds true for electronic lab reporting and, you know, we don't say anything about that in the ELR requirements and things differ state to state.

Arthur Davidson – Denver Public Health Department

Well, I think the...

James Daniel – Office of the National Coordinator – Public Health Coordinator

There is probably a reason why it's worded like that and I'm not sure what it is, but we might want to follow it.

Arthur Davidson – Denver Public Health Department

I think we're looking for...okay I'm...okay I am...we could do that, but then it would be another objective which would be this, that the EHR is capable of receiving external knowledge such that the provider does not need to enter the Dwyer table.

James Daniel – Office of the National Coordinator – Public Health Coordinator

But, I think, Art, that's more certification criteria of how you get to the functionality and I'm not sure...I mean, I don't know...

Arthur Davidson – Denver Public Health Department

Yeah, okay.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Do you know what I'm saying?

Arthur Davidson – Denver Public Health Department

Okay, well we certainly should get an expert opinion about that.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, I can run that one by Steve.

Arthur Davidson – Denver Public Health Department

Okay, that's good, that's good.

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

So, these reportable conditions, if that's what this problem is trying to solve...

Arthur Davidson – Denver Public Health Department

This problem is trying to solve reportable conditions...

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

This is Charlene, Charlene.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Some of the testimony that we heard talked about how beneficial it would be to get some of the extra information that's in an EHR that does not reside in a lab report or if it's something that's reportable that doesn't depend on a lab, how nice it would be to automate that and I think there was a presentation from Massachusetts about some of the benefits of the pilots that they've been doing for automated case reporting.

Arthur Davidson – Denver Public Health Department

Yeah, and I think, I think other things, you know, in other reports we heard back last year was that, you know, the burden of just kind of doing things to set up for meeting Meaningful Use criteria, the burden, I remember one testimony back in October last year, the burden was significant and I'm trying to figure it...or I thought we were trying to figure it based on the testimony as Jim says, that we would find a way to reduce that burden.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, and I think, you know, for example they're all required to do this by law anyway and a lot of its paper like for STDs there are, you know, 10s of thousands that are, you know, community health centers might be reporting on paper that if they were doing this automatically it would be a huge relief on the physicians doing that manually.

Arthur Davidson – Denver Public Health Department

So...

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

So, I was trying to solve that when we talked about it last time and I know the low response rate of reportable, you know, you get what 20-30% if you're lucky because it's all on paper and all that, but what we heard last time is there is variation in terms of what was reported, you know, the conditions that were reported by even local health departments, so...

Arthur Davidson – Denver Public Health Department

Right, that's exactly why we would like to have a place where each local health department is responsible for posting its rules and the EHR looks at those rules and then that sets the triggers.

James Daniel – Office of the National Coordinator – Public Health Coordinator

So, I think that's really a wonderful idea, Art, I think you're right that maybe that is maybe a separate function that we call out as opposed to doing the reporting if we're going to take that approach, and, you know, the CDC has committed to fully developing the reportable condition mapping tables which are for the updates on the Dwyer tables to include state and local reportable conditions as well as the nationally notifiable so, we could have a single place to point them to and just say, you know, you need to be able to utilize that information.

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

I mean, because you could see an EHR doing a query to find out, you know, when they're processing a test, is this a reportable condition or the EHR could be smart enough to download that table on a regular basis and store it locally, right?

Arthur Davidson – Denver Public Health Department

Right, right.

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

The challenge would be, you know, it's like so...and then you've got to create the case report which is a whole other thing, but...

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, I think keeping those separate is probably good like creating it versus being able to utilize an external table like the reportable condition mapping table.

Arthur Davidson – Denver Public Health Department

Okay, I'll separate that.

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

If there is a source I think it's better...again, same thing you could make this rather than a local thing, if this is something they could access to, you know, in whatever way they choose, it at least gives us...it solves...address that problem.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, I mean and CDC has committed to fully developing the RCMTs to include state and local conditions and keeping that up-to-date.

Arthur Davidson – Denver Public Health Department

Yeah, I think they're ready to do this.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, I mean it's done for the nationally notifiables already.

Arthur Davidson – Denver Public Health Department

Right.

James Daniel – Office of the National Coordinator – Public Health Coordinator

And they're working on the state and local.

Arthur Davidson – Denver Public Health Department

So, you're suggesting, Jim, that we break this in two and I'll do that. Any other comments about this one? Charlene do you think that...

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

I just think you need to...I mean I think you need to frame this one like, you know, we said last time, you know, we talked about the importance of making it easy to do these reportable conditions, adherence is so low right now and, you know, if we could do it in a way where if they've committed to provide the source of knowledge relative to the conditions then, you know, by Stage 3 you would hope that we could actually make this work.

Arthur Davidson – Denver Public Health Department

Right.

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

That was my main concern was where would I know what was a reportable condition without all this creation.

Arthur Davidson – Denver Public Health Department

And I think that's something the CDC is going to have to maintain or it's going to have to allow local jurisdictions to declare how they deviate from some national standard, you know.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah and the ELR taskforce is all over this.

Arthur Davidson – Denver Public Health Department

Yeah, okay.

James Daniel – Office of the National Coordinator – Public Health Coordinator

They're doing a great job.

Arthur Davidson – Denver Public Health Department

All right, great.

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

So, maybe, I mean in the description, like I wasn't clear kind of, you know, where Jim was starting, what external data meant, but maybe it can be...I think you say reportable...you have it, you know, I just the external data was...

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, in this case I think it would be the reportable condition mapping table and that's like sort of a separate requirement that an EHR can utilize that.

Arthur Davidson – Denver Public Health Department

Okay, sounds good, thank you, Jim. Any other comments about this one? Okay, let's move on, because as Amy says we still have quite a bit to cover. Into the third one, sorry, which is the ability to submit syndromic data; this is an easy one unless someone has some suggestion that we change this we're just going to leave it as it is. Great, so now onto the fourth...

James Daniel – Office of the National Coordinator – Public Health Coordinator

So...

Arthur Davidson – Denver Public Health Department

Yes?

James Daniel – Office of the National Coordinator – Public Health Coordinator

Was that for EPs and EHs?

Arthur Davidson – Denver Public Health Department

Well it just says...it's an EH, the ED is not...how do we get EDs...we only have two classes, EPs and EHs.

James Daniel – Office of the National Coordinator – Public Health Coordinator

All right, so for EPs I think, you know, we heard a little bit about some other possible ways to get at the information, so I'm still kind of waiting for ISDS to come up with their final recommendations on that and I think they might propose a query methodology for EPs in addition to just the regular push model.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I'm not sure I understand what you're saying, Jim?

James Daniel – Office of the National Coordinator – Public Health Coordinator

Oh, is that Amy?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yes.

James Daniel – Office of the National Coordinator – Public Health Coordinator

So, I think ISDS is still thinking about how syndromic surveillance is really going to work in the ambulatory world and if you think about the push method that we have for eligible hospitals that amount of data flowing to public health could be overwhelming.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Right.

James Daniel – Office of the National Coordinator – Public Health Coordinator

And I think they're looking at some of the Query Health models that are out there and trying to determine if that might be an appropriate method for some of the ambulatory based syndromic, I don't think they're still at the point of making a recommendation though.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, but, in stage...the way we had left Stage 2 for EPs was menu.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, I know, I was...

Amy Zimmerman – Rhode Island Department of Health & Human Services

And we're saying basically we're not going to change the...we're not going to make it core for EPs.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, I thought this was just Stage 3, sorry, that we were talking about.

Amy Zimmerman – Rhode Island Department of Health & Human Services

No, no, no we are talking...so Stage 3 we're saying whatever Stage 2 is we're going to keep the same. So, are you saying that we need to for EPs we need to change for Stage 3?

James Daniel – Office of the National Coordinator – Public Health Coordinator

It might not be a push model that ends up being the recommendation out of ISDS is what I'm saying. I think the capacity to do it is there, but the way it's done...does the language we have...it says submit, right?

Amy Zimmerman – Rhode Island Department of Health & Human Services

It says successful ongoing...wait a minute, it says...

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

That's the measure, successful ongoing submission.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Submission.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Right.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Well, I'm sure there is flexibility in what we mean by submission so I think we're okay.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Well, I mean if someone is coming into your system and pulling it they're still taking it.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Submitting it, yeah, no I agree.

Amy Zimmerman – Rhode Island Department of Health & Human Services

They're getting it.

James Daniel – Office of the National Coordinator – Public Health Coordinator

I think we're okay.

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

Yeah and I mean, this is Charlene, I think there's a bidirectional component here but I'm not sure, you know, like if something is detected you want to communicate out, you know, but there's already alert systems in place to do that, so maybe we automate more of that in the future, but I think we've got a, you know...well we'll see.

Arthur Davidson – Denver Public Health Department

So, I don't know that we have a proposal for EPs to do anything at this moment, are we suggesting that?

James Daniel – Office of the National Coordinator – Public Health Coordinator

Well, I think it's still menu and I think it's fine.

Arthur Davidson – Denver Public Health Department

Okay. So, then we have...if we move to the fourth one, this one is the...this is a new one with capability to participate and send standard reports to two different jurisdictional or professional registries and I just list a bunch of them and I don't know whether this is a suitable solution, but it seems like we had a lot of interest in EHRs communicating with registries and I don't know what the right solution is, but it seems like one thing we could do would be to promote success in multiple ones by allowing people to select from a variety and then they would be participating in, as it says down here, it could be for pediatrics, early hearing detection, special needs, it could be obesity registries, it could be for adult cancer, hypertension, vaccine, adverse events, devices, conditions, anything.

We also have the specialist who may be interested more in diagnoses. So, what this was was a way for everybody to be able to make a little progress in using their EHR and participating at a more population level, regardless of whether it's at the jurisdiction level or at the subspecialty level.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, Art, as I was reading this and rethinking about it and this is sort of a...it's just a general question, I mean, do we think that each provider will have two appropriate registries to send to? Not to say to their patient but I mean on the receiving end, will there be, will there be two registries where, you know, would immunization count here again, would it be a double count or is that separate and independent of?

Arthur Davidson – Denver Public Health Department

I think it's separate and independent of.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, we may need to state that first of all.

Arthur Davidson – Denver Public Health Department

Okay.

Amy Zimmerman – Rhode Island Department of Health & Human Services

And then second of all, you know, on the receiving end will every provider know of or be aware of, or have at least two to be able to comply with this, or do we need to say something unless not...I mean I don't want to give them the out, but I'm just concerned about the registry...how many registries or where that they could...I mean, I like the choice part, but...and using a standard to send two so that you don't have to custom build these to say different things, but, I'm just concerned on the receiving end.

Arthur Davidson – Denver Public Health Department

I think the receiving end could be their specialty. I think that specialties could step up and do something. I don't think that it has to be jurisdictional that's what I'm saying is that, you know, we don't want to impose a specific solution like the American Heart Association, they have a registry, it's at the national level, that's what we heard and I think the Thoracic Society as well, and the surgeons. So, you know, I think pretty much everybody belongs to a specialty or to an organization then, you know, where they could be part of a specialty.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Right and I'm just saying, so for...and again I'm sorry that I didn't think about this sooner when we were discussing it, but for some of those, I mean, if it's...do we run into any...for nonjurisdictional required ones I'm assuming we're talking de-identified data so we don't run into privacy issues around having to get patients to agree to know that their data is going someplace.

Arthur Davidson – Denver Public Health Department

I think that we take the path of least resistance, yes. And we just...I mean some of these professional registries already exist.

Amy Zimmerman – Rhode Island Department of Health & Human Services

No, I know they do, so if you think that there's enough so that every practice and every provider will know that there's two that they can send to, that's what I'm saying, then good...I don't know.

Arthur Davidson – Denver Public Health Department

I'm looking for a transformation. I'm hoping that there will be more, that the EHRs are actually promoting the growth of these. I mean how are we going to get to that learning healthcare system if you don't sort of put this opportunity out there.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Right, I'm not disagreeing with the opportunity, I want to make sure that we're not putting...I mean, what I think you're saying is if we require this and then there is going to be...it's going to force the receiving...you know, the registries to form to accept the data.

Arthur Davidson – Denver Public Health Department

Yes, I believe that there will be people out there and organizations that will coalesce to take advantage of this opportunity, I do believe that and maybe I'm wrong, but that's what I believe.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Okay, that's why I'm asking.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, I think once the final Stage 2 regs come out we'll see how people commented on it there and have a really good sense.

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

I mean, this is Charlene, I think the gap here that would worry me is, again if you could achieve what the objective or the standard such that it handles a variation among the registries and did the same thing for clinical decision support, I think that would be awesome, it's just they've all grown up in their silos and its going to be variation of requirements among them and that's kind of what, you know, is...and very specific to the needs of that particular process. So, that would be my hesitation on this one. So, I think that a transformation would be awesome because then the same thing we're doing with the immunization registry we could start to think through for these other registries.

Arthur Davidson – Denver Public Health Department

So, I think we should definitely spend time thinking about what's the right way to send data to a registry and, you know, the next one after this I think is the one that talks about the CDA, doesn't it, the next one?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Actually, it's in this one.

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

It's in that one, you have that in there.

Arthur Davidson – Denver Public Health Department

Yeah, so, sorry...yeah, so in a consolidated CDA, so again I'm hoping that we can see convergence of stuff, you know, the same way that we're trying to converge with the transitions of care document. I mean if the EHR is capable of using a consolidated...well using both producing, sending, receiving, consuming a consolidated CDA for all these use cases, I think that's a good thing.

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

So, just a question, I don't know this answer, in terms of immunization registry, do they use a CDA to communicate?

James Daniel – Office of the National Coordinator – Public Health Coordinator

No, it's HL7 2.5.1.

Arthur Davidson – Denver Public Health Department

Yeah, but there has been some discussion about...

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

...I was trying to go there.

Arthur Davidson – Denver Public Health Department

There has been some discussion about that and, you know, I think that we shouldn't force everybody to use one system.

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

I'm, you know...that's kind of like...it's like if you open it up it can be many then that just adds a lot of...

Arthur Davidson – Denver Public Health Department

Well freedom, I think you're right and we're not trying to...I think that on the long run if the immunization system could switch, well first of all, if consolidated CDA is adopted well then I believe that the immunization registry might reconsider how it wants to send and receive information. But, I don't think that they have to do that now, that would be an unintended consequence. So, is there any discussion about this? About the...the idea about several registries? We think this is not achievable?

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

I think it's dependent on some of...I think the direction needs to be...go to the Standards Committee to see if you can kind of achieve what you're vision is a little bit.

Arthur Davidson – Denver Public Health Department

Okay.

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

This is Charlene, because I think we could work it through where just like you're doing in the immunization registry, if these start to go to the...and again patients have multiple problems so it gets a little complex there, but if those can start to be some of the sources of the clinical decision support or something maybe there is a way that...

Arthur Davidson – Denver Public Health Department

Right.

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

You know, that your model will work for the other registries and the specialist and that type of thing.

Arthur Davidson – Denver Public Health Department

Does that sound reasonable to everybody? If we go ahead and try to propose this to something that the Standards Committee would elaborate on or take a look at?

Marty Fattig – Nemaha County Hospital

Art, I think it does, this is Marty. What motivates the owners of the registries to change them so that they will accept this better?

Arthur Davidson – Denver Public Health Department

Well, I think what we're trying to do is create a tool inside the EHR that now can expose data and I think that the public health departments may want to do much more registry work with EHR data than they currently are able to do. I think HIEs may be able to step in in the meantime. ACOs may be able to step in in the meantime. And what we're trying to do is get the EHRs to talk to those, but I would expect that there will be groups, advocacy groups, professional groups that are trying to move to the development of registries for population-based analysis.

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

Yeah, exactly.

Arthur Davidson – Denver Public Health Department

I think that that will be happening.

Marty Fattig – Nemaha County Hospital

All right, that's fine, just right now a lot of these registries are private.

Arthur Davidson – Denver Public Health Department

Yeah, but I think, you know, the health reform, the Accountable Care Organizations I think those things are pushing us more to be able to do population-based stuff and whether they're private, proprietary or public I don't know that I even care about that. I think we just want it to be used.

Marty Fattig – Nemaha County Hospital

Okey-doke, thank you.

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

I mean, because that was kind of what we were trying to talk about if you're managing a population of diabetics, you know, and you want to put them on an evidence-based care plan, where are we going to get that evidence from, right?

Arthur Davidson – Denver Public Health Department

Right.

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

Well, hopefully the specialties, you know, the specialist in that space could start populating something that would be the source of that, right? Rather than everyone having their...I mean you're going to have your own local knowledge base too, but...

Arthur Davidson – Denver Public Health Department

Right.

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

So...space we don't know what it's going to kind of look like yet, but, you know, there...you start to set the direction with what you're doing with immunizations.

Arthur Davidson – Denver Public Health Department

Right. So, but I don't think that immunization is one of the two or are you saying...

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

No, no, no, I, well...

Amy Zimmerman – Rhode Island Department of Health & Human Services

Like I said, Art, I think we just need to clarify that because I think otherwise people say “oh, well I’m doing immunizations so that’s one of my two.”

Arthur Davidson – Denver Public Health Department

Okay, I’ll write that. I was thinking it was separate from immunization, but should we give people credit for that?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Well, it’s a different requirement...that’s kind of why I asked the question I did before.

Arthur Davidson – Denver Public Health Department

Okay.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I mean or you say one in addition to immunization, I mean you can word it any which way, my point was if we think that there are two in addition to immunization than an immunization is its own separate criteria.

Arthur Davidson – Denver Public Health Department

Right, yeah and the other thing is that I think it needs to be separate from it, because it’s got a whole different method of communicating.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yeah, I think separate is...I think you just need to clarify that you can’t count it that way.

Arthur Davidson – Denver Public Health Department

Right. So, we have about a half hour left and I want to leave a little time for any public comment if there is any. Maybe we could go onto the next one, which is, this is just, you know, it’s just moving us...it took a specialized registry one and put it together with a cancer one, I don’t know whether that’s a good thing or not, you know, the cancer does have...Jim can you fill us in about the cancer, is that a 2.5.1 message?

Michelle Nelson – Office of the National Coordinator

I think Jim may have stepped away for a minute.

Arthur Davidson – Denver Public Health Department

Oh, okay.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Art, I thought the reason what we have listed for number 5 is because basically number 4 addresses what in Stage 2 was number 4 and number 5.

Arthur Davidson – Denver Public Health Department

That’s correct.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, I think what we’re doing in number 5 is saying we’re going to eliminate this because we’re including it and we’re rolling it up.

Arthur Davidson – Denver Public Health Department

That’s right.

Amy Zimmerman – Rhode Island Department of Health & Human Services

All right, I just want to make sure that that’s everyone’s understanding.

Arthur Davidson – Denver Public Health Department

But the one thing...

Michelle Nelson – Office of the National Coordinator

Well that was...Workgroup recommendation so that didn't necessarily...that may not necessarily happen.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I know, right.

Michelle Nelson – Office of the National Coordinator

Yes.

Arthur Davidson – Denver Public Health Department

That's just a recommendation, but one of the things that just came out of the discussion is, Amy, thanks to you by saying separate out immunization. Immunization has a different method of transporting a CDA and we could lump in this number 4 cancer, and I don't know if the method of transport for cancer is a 2.5.1 message, I think it is, which may mean we want to take this out.

James Daniel – Office of the National Coordinator – Public Health Coordinator

What did you say cancer is?

Arthur Davidson – Denver Public Health Department

I wondered if it's a 2.5.1 message.

James Daniel – Office of the National Coordinator – Public Health Coordinator

The cancer proposed with CDA and the...

Arthur Davidson – Denver Public Health Department

Okay, okay, great, great, okay.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Not consolidated, but CDA.

Arthur Davidson – Denver Public Health Department

Okay, but they could come together.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yes.

Arthur Davidson – Denver Public Health Department

Okay, thank you, Jim. That was the question people are asking. So, I don't know if we need to spend much time on number 5 and then...unless someone wants to...we suggested that we would lump those 4 and 5 together as Amy described. And number 6 is patient generated data, which, you know, was a leftover from...I couldn't find...Michelle sent out a very nice table that we're working from, but there was an older table somewhere that had down patient generated data to public health has a placeholder that George created some time ago and I just put that in as an item that we were trying to deal with and I talk a little bit about occupation as something that we might be able to get EHRs, we've asked for it to be included in the demographics and EHRs would collect occupation and industry, so that was discussed in one of the earlier calls for I think Subgroup 1.

But, you know, one of the things that we're talking about is that if there would be a way for us to figure out whether the patient actually contributed the data to the EHR and we know that from studies done and the IOM report that the collection of occupation in industry is not very accurate in EHRs, there may be a way to have the patients give us that information and actually get it to be more accurate and there are some studies going on within...now about that. So, the hope is that, you know, if we just allow the EHR to receive occupation and industry, and we make a recommendation that EHRs be capable of having patient generated data be collected and the provenance of the data be recorded, and that be shared, then when we get our reports from number 4, which is a CDA, in the CDA it may have information about occupation and industry that may be collected through the work process or collected through patient generated data.

So, that's what this number 6 is about, I don't know whether than made any sense, but to me I don't know what patient generated data we want, I don't know how we would in any way be able to consume it if it came directly to a public health department, and I think that the best way for us to use it might be in association with either the initial case report, which would be very valuable to know that the initial case report for salmonella is in a food worker that's eventually helpful or that in a registry of chronic lung disease what the industry is, the previous rock dust exposure that a person may have for chronic lung disease, so, I was thinking that the requests that we have heard from the testimony about getting occupation and industry data plus the request we heard about getting patient generated data to be made available from...this was from testimony almost 2 years ago now, I think we might be able to do that with this discussion. So, I don't know that it's a specific criteria but it might be acknowledged as we play out some of the discussion for Subgroup 1 and for other discussions at the Policy Committee level. Any thoughts?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Art, I think that...I mean it makes sense to me, it's sort of we're restating that if patient generated data...it's important to get certain patient generated data into the EHR and then if it's in there making it available to public health.

Arthur Davidson – Denver Public Health Department

Right, right, we're just stating a way that it will be used, right, but we're not trying to make a specific criterion measure.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Right.

Arthur Davidson – Denver Public Health Department

Okay and then the...unless somebody has some other comments about that, here's number 7 is a new one and this is for the hospital, and this is based on testimony that we heard from, gosh I'm forgetting his name, David from Washington State, I'm just blanking on his last name at this moment, but, he was on behalf of CSTE and, you know, it just seemed to me like this was a no brainer, this was something that got down in thousands of hospitals around the country, it's something that is required for JCAHO and it just seemed like we could easily make this happen as a way to follow healthcare acquired infections or we could have easily suggest it could happen, I'm not sure we could make anything happen, we just make suggestions. But we could easily get this to the attention of the CMS rule makers.

Amy Zimmerman – Rhode Island Department of Health & Human Services

And, I'm sorry if I forgot this from the testimony, is NHSN the place now that...I mean do jurisdictions collect this as well, is that sort of the standard place where people would send this or the place to send to? I'm wondering how that...got put in there.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Amy, hospitals generally send it to NHSN.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Okay.

James Daniel – Office of the National Coordinator – Public Health Coordinator

And then the state health departments have access.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Okay.

James Daniel – Office of the National Coordinator – Public Health Coordinator

To the set of data that they should have access through NHSN.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Great, thank you, I know I...

James Daniel – Office of the National Coordinator – Public Health Coordinator

And there are currently about 600 hospitals sending data electronically to NHSN.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Right.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Using a CDA format.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Excellent.

James Daniel – Office of the National Coordinator – Public Health Coordinator

A lot of them are also doing web-based data entry.

Arthur Davidson – Denver Public Health Department

Yeah, and I think what we're trying to do is get away from the web-based data entry, which is fine.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Exactly.

Arthur Davidson – Denver Public Health Department

But, you know, our next step would be to have some exchange and I think we could really help the process move along. So, this is something I think that most hospitals would be capable of relatively quickly, it's not a big burden, but Marty being a rural hospital I'd like to hear your opinions.

Marty Fattig – Nemaha County Hospital

Well, yeah, currently critical access hospitals do not report this, but I think it's important that we do and I think it's important...I think it's important that rural hospitals submit this stuff, many times they believe that they're operating in a vacuum and many times they don't understand that the problems they're having are systematic to the industry and not just unique to them and that they really need to do something about them. The problem, as I see it right now, of course is we've got a lot of rural hospitals that aren't anywhere near ready for Stage 1.

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

Yeah.

Marty Fattig – Nemaha County Hospital

So, whether they're going to adopt Stage 3 or not is anybody's guess, but I'm a lot less...I'm not real positive about the progress being made to where they will be on Stage 3 Meaningful Use when the majority should be.

Arthur Davidson – Denver Public Health Department

Well, so that's one extreme, are the leaders or the early adopters who are already reporting hits 300 or rather 600, I think I heard in this testimony that they were making as many as 4000 reporting facilities but that includes a lot of I think dialysis centers as well, if I remember correctly, at least maybe 3000. So, do people think this is something we should include? Should there be an exclusion?

Amy Zimmerman – Rhode Island Department of Health & Human Services

I think its...I mean I think we should include it and in the discussion tomorrow with the Meaningful Use Workgroup see whether we should have an exclusion for rural hospitals.

Arthur Davidson – Denver Public Health Department

Right, okay.

Amy Zimmerman – Rhode Island Department of Health & Human Services

But, I mean I think we should go out and at least say we think...I mean it sounds like a fairly easy limb with the exception of that and I think we certainly...it's important information and I think we want to capitalize on what's already being done and it seems like an easy, relative to some of the other ones, an easier...

James Daniel – Office of the National Coordinator – Public Health Coordinator

In some of the states that do require reporting to NHSN and this is they have the option of web-based data entry or electronically submitting, they do require it of all hospitals, there is no exclusion for certain types of hospitals in the requirements report whether it's electronically or manually.

Marty Fattig – Nemaha County Hospital

This is Marty, I think we ought to leave it in, I think we ought to put it down and require it of everyone without a rural exclusion, and we will know much more, you know, in a year or two and at that time the exclusion could be brought forward, but I don't think we ought to include it now.

Arthur Davidson – Denver Public Health Department

Okay. So, any other comments from the group? Charlene?

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

It's just...I think the point you made before, there's a lot here, you know, so if they come back and say...but I think at this stage we just should leave it in, right?

Arthur Davidson – Denver Public Health Department

Okay, yeah, okay. And then the last one we have a few minutes, we're not going to talk about the two that are other items on the list there, because I really don't have a way to kind of think that through yet, but if anybody wants to they can send me a note afterwards, but the last one to discuss, number 8 is this the VAERS, Vaccine Adverse Event Reporting System, and we have this proposal, we heard from them that the FDA and the CDC would like to have this be automatically sent, electronically sent from the EHR. So, it would just be that, you know, they have the capability of doing that; I don't know that in any one year everybody would have a vaccine adverse event to report. So, you know, the absence of a report may be compliance. So, it just would be attestation, that they have that capability. There is a method...I didn't even write this in here, but there is a method that we heard about from Becky Kush about CDISC that the EHR could call, I don't know whether we want to suggest a method, that might be something that the Standards Committee might do. Any thoughts about this?

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

My question around this one or thought around this one is that, you know, we've done a lot of work in the use case around immunization registries, now are immunization registries inclusive of more than children?

Arthur Davidson – Denver Public Health Department

Yes, they do in some states not all states, so...

James Daniel – Office of the National Coordinator – Public Health Coordinator

Almost all states are authorized to collect it but they don't require it like they do pediatrics, there are a couple that exclude adults, but I don't think they'll stay that way.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I can tell you in Rhode Island we're trying to move to the adults.

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

Right, so, because it seemed like this one would really help, you know, that in concert with this requirement would really help to start to close that loop, right?

Arthur Davidson – Denver Public Health Department

Right, yes, we need adult data as well, right. I think that will happen. I think Jim and Amy's comments would suggest it's in the works. But we don't have this piece of the loop, which is reporting back about adverse events, and, you know, having EHRs have a quick way of doing that is part of the proposal here, is to find a way to make that happen quickly, a standard message, and how that would happen, you know, as I said, you know, there's something that I guess the pharmaceutical industry has been using for many years is CDISC, so we might want to mimic that.

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

Would the adverse event report look like the infection report?

Arthur Davidson – Denver Public Health Department

No.

James Daniel – Office of the National Coordinator – Public Health Coordinator

It actually looks more like an immunization report.

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

Yeah, so then that would be more tied to...is it more important to do infections then it is to do adverse event reporting on immunizations or on vaccines?

Arthur Davidson – Denver Public Health Department

I'm sorry, is it more important to do which one first?

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

Yeah, is there a priority in terms of either 7 or 8 from a public health perspective?

Arthur Davidson – Denver Public Health Department

So, 7 is...to hospitals, 8 is hospitals and eligible providers. So, you were saying maybe we should get one or the other?

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

You know, it starts to become an end-to-end workflow, you know, there is...either we've got a lot of disjoint things, each of these will take, you know, there is a lot here and the more we can start to harmonize it and...

Arthur Davidson – Denver Public Health Department

So...

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

But I don't want...I can't judge the value, maybe it's more important to do 7 rather than 8, I'm not going to, you know, but it was just tied 8 together with 1 kind of.

Arthur Davidson – Denver Public Health Department

So, Jim, is the NHSN reporting, I think they're doing CDA in some places, right?

James Daniel – Office of the National Coordinator – Public Health Coordinator

NHSN is all CDA or the electronic reporting.

Arthur Davidson – Denver Public Health Department

Yeah, so that's a unifying theme there. So, I guess...so, then how can we use CDA in 8, maybe that's something we would want to ask the Standards Committee. Jim, do you know if the work that...has done includes adverse event reporting?

James Daniel – Office of the National Coordinator – Public Health Coordinator

No, it does not.

Arthur Davidson – Denver Public Health Department

Okay. So, we have a few more minutes.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Hey, Art, can I ask one question about one presentation, I'm not sure if you guys decided to leave it out on purpose or decided it wasn't...

Arthur Davidson – Denver Public Health Department

Which one was it?

James Daniel – Office of the National Coordinator – Public Health Coordinator

There was a presentation on electronic referral for smoking cessation.

Arthur Davidson – Denver Public Health Department

Yeah, I...oh, Jim, it's...

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

...

Arthur Davidson – Denver Public Health Department

It's the other item down here and I don't...I just felt like we were too early in this process.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Okay, that's fine.

Arthur Davidson – Denver Public Health Department

But if you feel...

James Daniel – Office of the National Coordinator – Public Health Coordinator

Oh, I see it, yeah, I see it.

Arthur Davidson – Denver Public Health Department

I just, I would love to do that, but I don't know whether we're...first of all what it requires is that the quit lines become HL7 compliant.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, I mean, I think I can just answer questions for you guys and not really make a recommendation, but I think that a signal this early would probably encourage people to move their quit lines to do that. Was the presentation about sort of centralizing some of that as well, I forgot.

Arthur Davidson – Denver Public Health Department

I don't know. I know there are maybe half a dozen quit line services around the country or maybe...

James Daniel – Office of the National Coordinator – Public Health Coordinator

Yeah, I think...

Arthur Davidson – Denver Public Health Department

...

James Daniel – Office of the National Coordinator – Public Health Coordinator

I think you're right it is fairly centralized already, so...

Arthur Davidson – Denver Public Health Department

Yeah, I may be wrong. So...

James Daniel – Office of the National Coordinator – Public Health Coordinator

I mean, Seth Foldy, I don't know if Seth is on the call today but he also brought up the fact that a lot of them are overwhelmed already and increasing the number of people going to them, you know, they're not going to know what to do with them. I don't know what to do with this one. I just...could it still be presented to the larger group as something that was brought up or...

Arthur Davidson – Denver Public Health Department

Yeah, I mean, it's on this list.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Okay.

Arthur Davidson – Denver Public Health Department

But, I'll tell you what's going to happen...tomorrow there is a call from, what time is it?

James Daniel – Office of the National Coordinator – Public Health Coordinator

Ten.

Arthur Davidson – Denver Public Health Department

I think it's at 10:00 Eastern time and I won't be able to join that first hour but will be able to join the second hour, so in that second hour if I get to present I'll present everything that's on the sheet, just kind of run through it pretty quickly, I don't think there is going to be enough time for us really to dive deeply into each of these, it's just sharing the information I believe and it will be the first pass.

James Daniel – Office of the National Coordinator – Public Health Coordinator

Okay, I actually...I didn't see that little other section there, I think that's fine.

Arthur Davidson – Denver Public Health Department

Okay.

James Daniel – Office of the National Coordinator – Public Health Coordinator

I just missed that piece.

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

Art, a comment on that, we did add the eReferral function as an order to the quality section and in the care coordination section we have a concept of tracking referrals, right?

Arthur Davidson – Denver Public Health Department

Right, right.

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

...

Arthur Davidson – Denver Public Health Department

So, the actual eReferral piece on the EHR maybe not too hard.

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

Right and we would like to track at some very low percentage that we're closing the loop on it, we know a referral was made, we would remind the patient and then, you know, and then from quit line we'd want an acknowledgment that the patient showed up.

Arthur Davidson – Denver Public Health Department

Right, right, all that.

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

So, that's actually in care coordination, so we have that piece. So, you know, in thinking through...I know we've got to go to comment, but in thinking through a lot of what you're doing, you know, you're starting to, you know, there's a reporting, you know, there is a reporting capability, there's a clinical decision support capability, you know, there some standardized capabilities that are starting to emerge if we could ever, rather than separate buckets they could start to coalesce around a set of common capabilities that we can share across accomplishing all of these, but...because I like kind of where you're going where you want to transform this by use of, you know, some publically available information to guide things and to report things and that type of thing.

Arthur Davidson – Denver Public Health Department

Right, right. Any other comments? Thank you, Charlene.

Amy Zimmerman – Rhode Island Department of Health & Human Services

No, but Art, this is Amy and I'm late for another meeting so I'm going to drop off.

Arthur Davidson – Denver Public Health Department

Okay. Why don't we go ahead and open it up for public comment and then we can adjourn, but thank you all, sorry I was late to the call today.

MacKenzie Robertson – Office of the National Coordinator

Operator, could you please open the line for public comment?

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 questions at this time.

Arthur Davidson – Denver Public Health Department

Okay, thank you operator. Thank you MacKenzie and for those of you who are still on the call, again I thank everyone for their participation and thoughtful comments and contributions. We'll be speaking tomorrow at 10:00 Eastern time; I'll join a little bit late, but speak with you tomorrow.

Michelle Nelson – Office of the National Coordinator

Hey, Art, this is Michelle; I just have a quick question for you.

Arthur Davidson – Denver Public Health Department

Sure, sure.

Michelle Nelson – Office of the National Coordinator

...share what you've captured today with me so that we can be prepared for tomorrow's meeting.

Arthur Davidson – Denver Public Health Department

Yes, you mean my notes?

Michelle Nelson – Office of the National Coordinator

Yes. I just want to make sure that we have the same document that we share.

Arthur Davidson – Denver Public Health Department

Yes, okay, I will work on a document and get it to you either...before you are at work tomorrow, how does that sound?

Michelle Nelson – Office of the National Coordinator

Okay, that sounds great, thank you.

Arthur Davidson – Denver Public Health Department

Thank you, Michelle.

Michelle Nelson – Office of the National Coordinator

Thanks, Art.

Arthur Davidson – Denver Public Health Department

Thank you, MacKenzie.

MacKenzie Robertson – Office of the National Coordinator

Thanks, talk to you guys tomorrow.

Arthur Davidson – Denver Public Health Department

Yes, bye-bye.

MacKenzie Robertson – Office of the National Coordinator

Bye.