

**Information Exchange Workgroup
Subgroup #2: Care Coordination and Patient and Family Engagement
Draft Transcript
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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's Information Exchange Workgroup and Care Coordination and Patient and Family Engagement in Subgroup #2. It is a public call and there will be time for public comment at the end. And the call is also being transcribed, so please make sure you identify yourself before speaking. I'll now take roll. Larry Garber?

Larry Garber – Reliant Medical Group

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Larry. Jeff Donnell? Peter DeVault?

Peter DeVault – Epic Systems – Project Manager

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Peter. Jonah Frohlich? Arien Malec? And Micky Tripathi? Are there any staff members on the line?

Kory Mertz – Office of the National Coordinator

This is Kory Mertz with ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Kory. And are there any other workgroup members on the line, by chance? Okay. Larry, I'll turn it to you.

Larry Garber – Reliant Medical Group

Excellent. So it sounds like, you know, Peter you and I we make all our decisions today and we're done. All right, next slide, please. Excellent. So Peter, we've been, and anyone else, we've been tasked with sort of revisiting some of the work that we had done and some new work for the visions of what should be part of Meaningful Use Stage 3 or, potentially, you know, beyond that. Um, and we have three meetings of this sub-workgroup, oh, focusing on care coordination, um, and we have three meetings of this sub-workgroup set up following by a report out on September 5th. Um, and then the plan is September 10th to sort of finalize the recommendations prior to a September 18th, is that a policy workgroup meeting on September 18th?

Peter DeVault – Epic Systems – Project Manager

So the 18th is the Meaningful Use Workgroup meeting.

Larry Garber – Reliant Medical Group

Okay. And eventually, I guess, this feeds into the Policy Committee?

Peter DeVault – Epic Systems – Project Manager

Yes, through there, through the Meaningful Use Workgroup.

Larry Garber – Reliant Medical Group

Through the Meaningful Use. Okay. All right, and—and that Meaningful Use Workgroup is chaired by Charlene?

Peter DeVault – Epic Systems – Project Manager

No, Paul Tang.

MacKenzie Robertson – Office of the National Coordinator

Paul Tang.

Larry Garber – Reliant Medical Group

So, Paul Tang chairs it. Okay, and what's Charlene's role?

MacKenzie Robertson – Office of the National Coordinator

This is MacKenzie. I believe Charlene is the lead on, um, one of the subgroups.

Larry Garber – Reliant Medical Group

Okay.

MacKenzie Robertson – Office of the National Coordinator

The coordination of the Meaningful Use Workgroup.

Larry Garber – Reliant Medical Group

All right. Okay, that makes sense. All right, I just want to make sure I understood who the players were. All right; next slide please. And—and just, Peter, are you able to make those three meetings? Peter, you might be on mute. We lost him.

MacKenzie Robertson – Office of the National Coordinator

I think he just got disconnected for a minute. Maybe he'll be calling back in.

Larry Garber – Reliant Medical Group

Okay. All right. Well, I guess, I guess we, you know, this is public so we—we'll keep going. Um, so the notion is that, um, the last time when we went through this we focused really on what should be part of Meaningful Use Stage 3. And there's really sort of been an expansion of how we ought to be thinking about this. One is—

Peter DeVault – Epic Systems – Project Manager

Hey, Larry. Sorry. I—I was out for about three minutes there. I accidentally dropped the line, so.

Larry Garber – Reliant Medical Group

Okay. All right—so actually, so Peter, there are three meetings coming up, um, well, two more meetings of, of this sub-workgroup coming up and I didn't know if you were able to make those as well, if they fit into your calendar. Do you know?

Peter DeVault – Epic Systems – Project Manager

Uh, let me take a look real quick. I saw them come through. Are the other two next week?

Larry Garber – Reliant Medical Group

Let's see, can you go back to the prior slide?

Peter DeVault – Epic Systems – Project Manager

The 29th and the 4th.

Larry Garber – Reliant Medical Group

Oh,

Peter DeVault – Epic Systems – Project Manager

Um, yes, I can make the 29th and I can also make the 4th, yes.

Larry Garber – Reliant Medical Group

Excellent. Okay. Next slide, please. So, last time we went through this we really were focusing on what should be in Meaningful Use Stage 3, and, it's becoming clear that we really need to b–broaden our options so that we—we bucket things correctly. First of all, is that there is a notion that it's possible to have a criteria that's just certification only criteria and not necessarily part of physicians or an organization's meaningful use of that EHR. And so, there's also a notion of potentially just putting something out there for comment, um, so that it's not necessarily part of Meaningful Use Stage 3 or certification, but that we want to get feedback from the public, um, about the—the idea. And then, there'd be some things that to push out into Stage 4, um, that we, you know, are not ready to really be talking about now and then others which we don't talk about at all, the recommendation.

Uh, so, next slide, please. So we were assigned an—and does this come back from the Policy Committee or from the Meaningful Use Workgroup, that we were assigned these topics?

Kory Mertz – Office of the National Coordinator

Uh, these are kind of through Paul Tang.

Larry Garber – Reliant Medical Group

Okay. Okay, so—so either.

Kory Mertz – Office of the National Coordinator

Yeah. Yeah.

Larry Garber – Reliant Medical Group

Okay.

Kory Mertz – Office of the National Coordinator

However you want to look at it.

Larry Garber – Reliant Medical Group

All right. So we were sent back to us were, sort of, the idea of reevaluating one of the, I guess, two of the things that we had, had sort of put out there. Uh, most notably one is the, is the query for a patient record, um, but and then some other ideas that had been floating around that were felt to be part of our domain. Um, but the, I guess my understanding is that there are a few points. One is, you know, there's, they, they don't want meaningful use itself to be excessively cluttered with, um, with demands, um, whereas some of the, you know, some of what we need to be accomplished just by having them part of certification criteria. And then, I think the other aspect is that overall, you know, there are lots of good ideas floating around out there but there's really a limit to what can be expected of either meaningful users or of EHR vendors in terms of having available for Meaningful Use Stage 3.

So that's, so really what they want us to think about, you know, that staging of, you know, Stage– Meaningful Use Stage 3 certification criteria, let's just get comments on it, let's put it in Stage 4, or let's just forget about it, um, you know, start to bucket these ideas, and so, in the course of our next–this meeting and the next two we're going to talk about the specific ones that are on here. Now the first five were actually assigned to us and the sixth one was sort of it was dangling from our last recommendation and it's not clear exactly where it landed. So I think, you know, if we have time we want to sort of specifically talk about where—which bucket we think it belongs in.

So, the first is the query for patient records, which we'll work on today. Second is exchanging EKGs. Uh, third is notification of specific events. Uh, the example that was given was when someone shows up for the emergency department or is admitted to the hospital. Um, the fourth is specifying a—and we'll have to—this is one thing I'll probably want to get a little bit more clarity on. You know, this is specifying transition content during specific transitions, so, you know, I am intimately aware that the S&I framework is, you know, working on defining three, you know, well, five transitions, three of which are probably the most important. Um, this has some overlap with meaningful use, the Meaningful Use Workgroup in that they were specifying the need for a transition summary. Um, do you, Kory, have an idea as to, you know, is this truly something we're allowed to, you know, be talking about? Is it recognized as something that it—is in conjunction with what the Meaningful Use group has suggested, you know, the transition data set?

Kory Mertz – Office of the National Coordinator

So, you know, I think, Larry, you can—so I think, yes, there is going to be some of the overlap piece o-on this one, but I think there is a desire to have it thought about, you know, if there is a need to have something specifically in addition to that, um, you know addressed around this. And, you know, I think a lot of it does tie back into the work that's happening in the S&I framework. Um, you know, is there a need to—is there a need and are we ready are we going to be ready in that timeframe, um, to move into looking at some of these other type—types of potential documents that we need to be sharing.

Larry Garber – Reliant Medical Group

Okay. All right. So that's—so that's, we—we'll talk about that further in a future meeting. And then data portability, that's, you know, for the most part that's thought of as a notion that, you know, if someone has—if a physician has EHR Vendor X and they decide that they'd rather switch to EHR Vendor Y, you know, can the data be portable, um, from, from one EHR to another? Um, and, you know, we've talked about that some last time and so we—we'll need to talk some more about that again this time, and to talk about, again, which bucket we would put that in.

Then the last thing, if time permits, this wasn't specifically assigned to us, as I said, but was something that is sort of dangling out there and in limbo is, is the notion of, of the ability to query an entity level provider directory. So if we—if time permits on our last meeting we—we'll get to that and talk about, you know, bucketing that. So any questions?

Peter DeVault – Epic Systems – Project Manager

Nope. I think that looks pretty good.

Larry Garber – Reliant Medical Group

Okay, and next slide, please. So—so this is a—this is a proposed, um, timeline for working on these. You know today we'll talk about the query for patient record and the notification of events. Um, and then, n—next, next week we'll talk about the transition data sets as well as EKGs. And then the fi-final week we'll talk about data portability, the ability to query provider directories, if time permits, and then sort of try to wrap it up. So next slide, please.

Kory Mertz – Office of the National Coordinator

Larry –

Larry Garber – Reliant Medical Group

Yep.

Kory Mertz – Office of the National Coordinator

... Peter, I'm curious, do you guys think that's going to be enough time? I—I'm just asking. You know, we can certainly looked at additional if you think you're going to need it but, just, you know, it's something to keep in mind now and we can certainly address later as well.

Peter DeVault – Epic Systems – Project Manager

You know, I feel like if what we're doing primarily during these meetings is deciding which of those buckets to put them in, um, then there is enough time. Depending on how much more detail we want to put into that we may or may not need any more time. So for example if, in—in designating something as a exploring an RFC we actually want to come up with what that RFC should look like, then, you know, that might require more time.

Larry Garber – Reliant Medical Group

So, so that's a great question which we—I pose to you guys, Kory. Um, and, so what, what is the extent? Is it really just a vet, a one slide PowerPoint, you know, explaining what portability is, you know, and, and, um, and some of the points that we'd be looking for, or are they actually looking for the text that would go out in RFC?

Kory Mertz – Office of the National Coordinator

I mean, I think it would be most helpful to have, you know, if you're going to go the RFC route the text for that; if you're going to go, you know, recommendation for certification, some sort of general language around that. So I think it's going to need to be the slightly more detailed version.

Larry Garber – Reliant Medical Group

Okay. Well, I, I agree with Peter that, you know that could make it trickier because I suspect what'll happen is at the beginning of each meeting we'll maybe review what we maybe did outside you know, through email, on wordsmithing the document. But, um, but on the other hand a lot of this we've already talked, spoken, and talked about in our prior meetings, so I think that really does make it a lot easier.

Peter DeVault – Epic Systems – Project Manager

Yeah. I'd say let's see how far we can get.

Kory Mertz – Office of the National Coordinator

Okay, then we can look later. Okay, sounds good. I just wanted to get that feeler out now.

Larry Garber – Reliant Medical Group

Okay. So, the first one, let's dig in. We've got 45 minutes, just about, so that's good. Uh, so the query for patient record, um, so actually can we go to the next slide, cause the next slide shows exactly what we had—you know what we had proposed and, um, you know with the objective being that the patient receives, um, that the—I'm sorry Did somebody join us?

Peter DeVault – Epic Systems – Project Manager

No. That was my phone beeping because somebody was trying to call me, so.

Larry Garber – Reliant Medical Group

Okay. All right, so, so the objective was the, the notion that, um, if—if someone's being seen for care but no one has sent them a relevant care transition data set that they can perform a query to get that information. And I think that you know, and with the patient's consent so that we have that in there. Now I think the feeling was that, you know, this is great, this is where things need to go, um, I get the impression that it was good that we didn't specifically specify a technology on how this is accomplished.

Peter DeVault – Epic Systems – Project Manager

Well, actually, I did want to at some point talk about the asterisk down at the bottom for the reference down at the bottom, um, in subheading three there says could be done with both direct as well as the IHE. I think we tried to get rid of that sentence at one time, or that clause.

Larry Garber – Reliant Medical Group

Oh, that it could be—yeah, I think you're right.

Kory Mertz – Office of the National Coordinator

Somebody grabbed the wrong version, to be honest.

Larry Garber – Reliant Medical Group

Okay. Yeah because you're—you're right. That should, that should be deleted because we've—

Peter DeVault – Epic Systems – Project Manager

One because it's probably not true; and two, because we're not trying to specify technology.

Larry Garber – Reliant Medical Group

Right. Oh, we could probably make it work. But, but you're—you're right, we're trying not to specify technology and standards, so, yeah, so that part should be scratched. Um, I, um, you know, they—I wonder if, you know, from my perspective I, I think that, you know, there are probably enough meaningful use objectives that we don't really need to make this an objective, and that, it's something that if the tool is out there people are going to use it and that in order to get the tool out there what we really need is that, that there is a certified certification criteria, um, that the capability exists. Um, now having said that, there are, you know, there are some IHE approaches, um, and is—does this, you know, I guess we'll leave it up to the Standards Committee to decide whether they should say okay, this is how we're going to do it using IHE and it lines up with NwHIN and whatever, um, you know, that certainly we could leave it up to them to say that. Um, but I do, you know I do like the notion, you know, the fact that we are, and putting out what Peter had suggested, was sort of another approach where you're pushing authorizations, and I'm not sure that the standard exists for that approach. Um—

Peter DeVault – Epic Systems – Project Manager

Well, there's no implementation guide or profile to use IHE ... for that approach, although the way, for example, we've implemented that approach does use HL 73 standard transaction.

Larry Garber – Reliant Medical Group

Right. So, so it certainly works well, so it's possible that, you know, I guess the get to so-an implementation guide is not, you know, between now and when this would need to be available, um, is not, you know, entirely unheard of. So the question would, sorry—first of all, do-I—I'm leaning towards, if you agree, is, is making this a certification criteria as opposed to a meaningful use objective. Is that, is that —

Peter DeVault – Epic Systems – Project Manager

I think I'd be fine with that, um, as long as that doesn't, um, fail to underline the importance we ascribe to this to the Meaningful Use Workgroup and the Policy Committee. In other words, I think if we make it through three phases of meaningful use, or the stages of meaningful use, without getting a solution to unplanned transitions of care I think we've failed something important. And so, by just having this as a sort of patient criteria it adequately underlines the importance that this workgroup feels this, this sort of scenario has, I think that's fine.

Larry Garber – Reliant Medical Group

If—and I guess this goes back to Kory, if we, if we were to recommend this as an objective, does, can the Meaningful Use Workgroup say okay, well we recognize we think this is important but we think we should just notch it down to certification.

Kory Mertz – Office of the National Coordinator

Yeah. I mean, so I think there's a couple of ways you could—you know that's one way you could think about moving forward. I think you could put it forward as a certification criteria and outline, um, you know, the specific policy priorities you think it's addressing and why, um you've chosen to go that route. Um, you know, I think there's ways you can, you know, address Peter's concern if you want to go the certification criteria route, um.

Larry Garber – Reliant Medical Group

So let's look at it another way, if we were to keep it as an objective do we think that the measure that we have here is something that is, is reasonable for an EHR vendor to be able to generate? In other words, to recognize that a patient has been received and that no related information has been pushed to that EHR on that patient.

Peter DeVault – Epic Systems – Project Manager

... I don't think it's a function purely of the EHR recognizing that. It's, you know, it's the clinical process. Um, but–

Larry Garber – Reliant Medical Group

All right, because there easily could be a, you know, someone faxed a document. You know, I, I sent somebody to the emergency room, I faxed them my last note or something. But I–I, I mean my–my hunch is that there would be a–there's going to be a lot of confusion as to how to actually calculate this.

Peter DeVault – Epic Systems – Project Manager

Yep. No, I–I get where you're going with that.

Larry Garber – Reliant Medical Group

Yeah. And so as much as I–I actually think that I would want people, you know, meaningful users of EHRs to do this, um, I, I think, you know, there's so much gray that, that we probably would get in trouble. Um, and, so I think it's probably best to, on this one at least, to shoot for where it's probably going to end up, which is as a certification criteria.

Peter DeVault – Epic Systems – Project Manager

Yep. I, I think I'm following you on that.

Larry Garber – Reliant Medical Group

Okay. Um, the next question then is so if we, if we have this set as a certification criteria, the suggestion that you have in the asterisk, should that really be part of the certification criteria since we're really not, you know, trying to specify a standard or necessarily approach, but I don't want to lose this idea and I'm wondering if it makes sense to break your asterisk out as a request for comment?

Peter DeVault – Epic Systems – Project Manager

Well, that's a, that's an interesting idea. Um, I do think that being able to exchange patient authorization or consent is crucial to making this work. Um, there are proven ways of doing it. I don't think we can assume that those proven ways will necessarily float to the top of the Standards Committee's deliberations automatically. Um, maybe by feeding those thoughts in a request for comment and suggesting possible possibilities and, and seeing what people think about those, that might be a good way of putting this through. Now I, I guess that only, I guess by request for comment, I guess what that means is that when we get comments back it could still be turned into actual certification criteria for Stage 3, right, that's not just a way of pushing that off to a later stage?

Larry Garber – Reliant Medical Group

Is that correct, Kory?

Kory Mertz – Office of the National Coordinator

Well, um, I want to step back for a second, because I'm not sure I understand completely what you guys are saying. I–I and, I–I mean, I–I think what you, so, a couple of ways you can think about this. You could say here's the certification criteria around query that we think should be included, and then you could have some, you know, specific questions around it or something. But I–I don't see why you couldn't, why you couldn't have the criterion in there and also have questions, I guess. But I–I don't know. It sounded, Peter, like you were seeing those as mutually exclusive.

Peter DeVault – Epic Systems – Project Manager

Well, no, I was hoping that they weren't mutually exclusive. Um, so my end goal would be for us to have in Stage 3, criteria for an EHR that allows the EHR to do a query and also to exchange authorizations. Uh, and if, if the best way to get to that goal is to assert the criterion now with the RFC for, um, around the question of how, how best to do the exchange of authorizations, then that that sounds like a good approach. But, but, and this is the branch, but if by putting the authorization piece in the RFC means essentially that that gets shuttled off to Stage 4 or later, then I'd want to pursue some other route.

Larry Garber – Reliant Medical Group

I, I think, I, I think you're, I think this is important enough that I, I think what Kory said makes sense is that let's, let's keep it in one, um, you know as a certification criteria to be able to both perform the query as well as respond to a query for both, you know, authorization and the data. Um, and, and then as part of that have, you know, some com-request for comments on, you know, this your, your asterisk approach, I think, cause, yes, I-I, you're right, it's a package and I, I think you're right. I think if we split it out people will say well you really can't do this if we haven't figured out the authorization piece, and then, and then it'll get lost. So, so Peter, would you be able to, you know, in your spare time in the next week may-maybe sort of turn this into something that looks like a, um –

Peter DeVault – Epic Systems – Project Manager

An RFC?

Larry Garber – Reliant Medical Group

Yeah. I-you know, a certification criteria and RFC.

Peter DeVault – Epic Systems – Project Manager

Yeah. I can do that.

Larry Garber – Reliant Medical Group

Okay. Excellent. All right, anybody else have any other thoughts on this before we move on to the next one? Okay, next slide, please.

So, we were asked—it was pointed out by the folks at meaningful use that there are specific events that are important, um, to other members of the care team. And, um, you know, such as and the specific example was when the patient shows up at the emergency room, um, or is admitted, that the PCP may or may not know about this. And, let's see, I just lost my –, there, it's coming back again. Is that just my computer or are you guys seeing, did the screen just leave for second?

Peter DeVault – Epic Systems – Project Manager

I think it's just you, man.

Larry Garber – Reliant Medical Group

Oh, okay.

Peter DeVault – Epic Systems – Project Manager

Yeah.

Larry Garber – Reliant Medical Group

Thank you, Verizon. It's coming back. So, so the, you know, so the idea is that these are, these are events that, you know, there are already discussions, you know, as part of meaningful use that that transfer summary should be sent, you know, when a patient is transferred, you know, from one provider to another. But that doesn't necessarily cover the other notifications that are important to patient centered medical homes, to ACO's, um, to, to other, you know, care delivery models. And so, the—the ones, the ones that jump to the top of the list for me, you know, I think about what we've done in our community and think about, you know, sort of what we had talked about, um, at our, at our last round at this, was when patients are, you know, when patients show up in the emergency room that's again an, you know, an unpredictable event that the PCP ought to know about this because it's possible for the PCP to be able to intervene.

And then there's the point where the patient is admitted to the hospital in a way that's really a, an immediate notification of discharge disposition from the emergency room, and so, um, that, you know, from my perspective I don't necessarily need to know that they, that the hospital is saying that there was an admission. What I need to know is that what the disposition was from the emergency room, because I want to know if they, you know, if they didn't get-get admitted to the hospital I want to know if they were sent to a, you know, a ..., which is something that some health care systems can go directly do, you know, whether they were admitted to a mental health hospital or wherever they went from that emergency room.

So, um, so that that disposition notification would be useful, and that same disposition notification when someone's sent from the hospital it's the same model, where did they go? You know, what instructions did they receive at that moment? So, from our perspective it's really two things. One is admission to the emergency department, and the other is discharge disposition and instructions from either the ED or the hospital.

Peter DeVault – Epic Systems – Project Manager

Um, am I right in remembering that in Meaningful Use Stage 2 there's already criteria around sending discharge instructions to PCP?

Larry Garber – Reliant Medical Group

I don't know. Is it—I don't know when, I—I know that sometime very, very soon we're going to find out what the official, um, you know, wha—what's officially in Meaningful Use Stage 2.

Peter DeVault – Epic Systems – Project Manager

Right.

Larry Garber – Reliant Medical Group

And I don't recall whether that was, you know how, whether that was in there or not.

Peter DeVault – Epic Systems – Project Manager

I—I think it was under—under transitions of care. Um, but I think both referrals and discharges are in there.

Larry Garber – Reliant Medical Group

So if that's true, then that notification would be covered. You know, m—my understanding is that, you know, because the discharge summary is potentially so untimely, you know, that it, it sometimes it really is, you know, within hours of the discharge and sometimes it's within weeks of the discharge, um, which is controversial, I know, um, that, you know, there really does need to be some consistent notification, you know, at the time that there is a discharge. And that's really where the, that's, that's where the discharge instructions come in, so, you know, on top of the summary. And so hopefully, if it's not part of, um, Meaningful Use Stage 2 then, you know, I certainly would want it to be part of Meaningful Use Stage 3.

Peter DeVault – Epic Systems – Project Manager

Agreed.

Larry Garber – Reliant Medical Group

Now, the—from my perspective—oh, and then the last one that I was thinking about is the death notification, and that was something that we had, we had put forward the last time we talked about this from our group, is that, you know, when a patient dies in the hospital that, you know, whoever, the PCP and any other known members of the care team need to be notified. So—

Peter DeVault – Epic Systems – Project Manager

So, so one thing that, um, I'm seeing here just with even these two types of events, there's kind of a difference between them in the way you've written them in that there's certain kinds of events like death or the patient's having been admitted to a hospital, whether or not that's ... an event that we want to transmit, but where there's pretty bare minimal information required to char—to characterize that event. So, for example, Peter DeVault has died, um, and maybe some small additional information about the circumstances –

Larry Garber – Reliant Medical Group

No. We—we'd put a lot more in there for you.

Peter DeVault – Epic Systems – Project Manager

... complete obituary.

Larry Garber – Reliant Medical Group

Yeah.

Peter DeVault – Epic Systems – Project Manager

But that kind of event seems different from hospital discharge instructions where you're actually trying to package up a fair amount of information that, to treat it like a transition of care as opposed to an event notification.

Larry Garber – Reliant Medical Group

Well, that's, you know, I mean it's interesting because I was thinking about this as well, you know, we've got, we get a document from when someone is, when someone shows up in the emergency room here. And what the document shows is it's the triage note. And the reality is, much more than me wanting to know that someone's shown up in the emergency room is I want to know why they showed up in the emergency room. And so, I, you know, and so it is a little bit more than, you know, just, you know, just patients in the ER. So my—my vision for the ER notification would be that if it's reasonable that, you know, most EHR vendors have, you know, for emergency departments have a triage note, um, or document type or something like that, that that would be what is, what is sent to the PCP, you know, and potentially do that in an automated way. Um—

Peter DeVault – Epic Systems – Project Manager

Yeah, I, I think it's, you know, if we go that route, and it certainly would be useful, then we're talking about not just the mechanism for notification, but also creating the document types.

Larry Garber – Reliant Medical Group

Correct. And I—I guess my concern is that if we didn't go that step that we would be falling short on what is really necessary. Now, I assume that, you know, there's, there's sort of a fine line between request for comment and actual either certification or criteria or meaningful use measure because really isn't everything request for comment and everything's on the table?

Peter DeVault – Epic Systems – Project Manager

That's a good point.

Michelle Nelson – Office of the National Coordinator

Um, this is Michelle. I joined late. So I'm sorry, I missed a lot of the conversation. But, the request for comment would be specific questions that you were asking for answers on within the RFC, so, yes, you're right. I mean, it's all going to get included in the RFC and we'll get comments on all of it, but, if there's something that you have a question about, um, and Larry we were talking earlier, you know, if you want to know there are standards available, if there are standards available for something well, you could ask that question, for example. I guess, it's just the way that it's worded. It won't be included as an objective or a measure necessarily but more a question.

Larry Garber – Reliant Medical Group

Okay. And, and we, we were talking on a prior slide talking about the fact that we wanted, you know, the certification criteria to do, you know, querying, but we had, you know, questions regarding, you know, what do people think about this approach to querying. So the questions could be, it's sort of, part of the certification criteria.

Michelle Nelson – Office of the National Coordinator

Yes.

Larry Garber – Reliant Medical Group

Okay. Great. So that's—that's how we were thinking about that. So then, so, so I guess, m—my concern is if we just did the notification of the event with no additional information, um, while on one hand there still needs to be some definition of how that's communicated. Um, the definition's probably simpler than a document type to communicate, you know, a triage note or discharge instructions.

Peter DeVault – Epic Systems – Project Manager

It's also going to affect the timing of when that event notification occurs. It's pretty easy for the system to get an ADT event, um, that says patients arrived in the ED and then fire off that notification. It may be a bit trickier to wire in, um, the event to take place after the triage note's been signed or something like that.

Kory Mertz – Office of the National Coordinator

Yeah, and this is Kory. We're seeing a number of our grantees, um, you know, Peter, as you just mentioned, use the ADT feed as the trigger for these sorts of things. Um, you know one way you guys can think about this is if you're going to put query in as a certification criteria you could say, all right, people are going to get these notifications and if they need more information then they can go query, but I—you know, I'm just throwing that out there as a thought.

Larry Garber – Reliant Medical Group

So one, one, one approach might also be if we—if we put this in—okay, as an example, as a certification criteria and that we didn't specify what exactly the notification is, you know, whether it is a triage note or whether it's, you know, the ADT that just said, you know, that they—they're here. We can then add questions that say, you know, how important would it be, you know, to—would it be enough information to just have the notion that they are here. Um, you know, and/or, you know, is there a need to have the triage note, and, you know, is the, from the vendor side, you know, can, can the vendors reasonably provide an automated, you know, transmission of a triage note, you know, and is that going to be timely? And, we can ask those kinds of questions. Um, and, so if we do that, you know, we're not spec-specifying, at least in the certification criteria that we're throwing out there, what will be sent. Um, but through the questions we may be able to get clarification as what's reasonable to do. Does that make sense?

Peter DeVault – Epic Systems – Project Manager

Yep. That sounds pretty good.

Larry Garber – Reliant Medical Group

And, Michelle, the other, the other question that we had was, um, which came up earlier, well actually, I guess came up with this one, was whether, um, none of us could remember whether in for sure whether Meaningful Use Stage 2 it was being proposed that a discharge instructions was going to be part of Meaningful Use Stage 2.

Michelle Nelson – Office of the National Coordinator

In the NPRM, um, there's view, download, and transmit related to discharge but it's—that's more for the patients, you know, to go and view it, um.

Peter DeVault – Epic Systems – Project Manager

Actually, I thought there was a transition of care that's

Michelle Nelson – Office of the National Coordinator

There's a transitions of care but it's not specifically related to discharge. I can pull it up quickly.

Peter DeVault – Epic Systems – Project Manager

And, and my memory could be faulty, but for some reason I thought that referrals and discharges were specifically called out with corresponding document types.

Michelle Nelson – Office of the National Coordinator

So, I'll just read it, so, "The eligible hospital or ... who transitions their patient into-patient to another setting of care, provider of care refers the patient to another provider of care should provide summary of care record for each transition of care referral." And then for the measure there's two parts to that, um, that the hospital transition that refers their patient to another setting of care and provides a summary of care record for 65% of transition of care and referrals. And then there's a second piece of that which is, um, that 10% of those have to be electronic. But it's not really related to the discharge summary, if you will.

Larry Garber – Reliant Medical Group

Right. So –

Michelle Nelson – Office of the National Coordinator

So, I hope you followed that.

Larry Garber – Reliant Medical Group

Yes, so it could be, so it could be, you know, an electronic summary. It could be discharge instructions. It's not really specified. And so also the timeliness isn't specified there either.

Peter DeVault – Epic Systems – Project Manager

Right.

Larry Garber – Reliant Medical Group

Whereas, you know, we're trying to, you know, specifically get a timely notification here. Um, and so we could do the exact same thing, you know, for discharge as well whether, you know, that, that a notification that a discharge is taking place with the certification criteria then we ask questions, you know, does this need to include discharge instructions or disposition or, you know, those sort of things, are there standards. Um, so we could kind of, sort of, play around, you know.

Peter DeVault – Epic Systems – Project Manager

Yeah. I mean it seems like there are a few kinds of questions that we want to ask of any event, right? When does it need to happen? To whom does it need to be sent? And what's the content of the message?

Larry Garber – Reliant Medical Group

Yep. So I could put—I could put something together for that. Um, I could put together, say, a proposal for certification criteria and with, you know, with questions similar to what we were talking about with the query. Um, and I suppose, you know, even death would be the same thing. You know, when, to whom, and the content.

Peter DeVault – Epic Systems – Project Manager

Right.

Larry Garber – Reliant Medical Group

Do I need to—do I need your ... bit or just the fact that you're dead.

Peter DeVault – Epic Systems – Project Manager

Right, right.

Larry Garber – Reliant Medical Group

All right. Now are you good with the notion of there being certification criteria as opposed to a meaningful use objective?

Peter DeVault – Epic Systems – Project Manager

Uh, you know, I, I think so at this point, but maybe that's –

Larry Garber – Reliant Medical Group

I mean, these are—this one may, you know, if we use the same criteria that we talked about for query, this one is probably more—much more measurable, you know, it's much more precise.

Peter DeVault – Epic Systems – Project Manager

It is more measurable. And it's also maybe not the kind of thing that, you know, that the capabilities there will get used, because it does require some coordination on the part of the hospital, for example, to make sure that they've got a PCP on file and that sort of thing. So, it, it might actually be more appropriate for this one to be, um, a measure.

Larry Garber – Reliant Medical Group

And—and the other thing about it is, it is the kind of thing that likely can be automated. In other words, this is something that if it's done right, you know, no one actually does anything—this is a byproduct of the care that they're already giving.

Peter DeVault – Epic Systems – Project Manager

I would certainly hope that it would be automated, yeah.

Larry Garber – Reliant Medical Group

All right. So, you—you want to shoot—you want me to shoot for objective, make it objective?

Peter DeVault – Epic Systems – Project Manager

Yeah. Yeah, I think so.

Larry Garber – Reliant Medical Group

All right. Let's—I'll do that. So I'll, I'll, I'll, I'll, I'll turn this into a proposed MU3 objective, um, with the, you know, just with those three, with discharge instruction, well, excuse me, discharge event, admission event, discharge event, and death. Um, and then we'll—and, and, um, I'll build some questions around it as well.

Next slide, please. We're cooking. Um, you know, we've got—

Peter DeVault – Epic Systems – Project Manager

Hey, when it's just you and me we can get this stuff done, right?

Larry Garber – Reliant Medical Group

I know. Ah, it's amazing. So we—we have 10 minutes before we open this up. Um, you know, I wonder if we should just talk about data portability, you know, in, in the 10 minutes because, this is something that we—we've already talked through quite a bit. And I—I think we've talked about the fact that there's a lot of complexity, that this isn't just as simple as, oh, you know, do a dump and load it in to another EHR.

Peter DeVault – Epic Systems – Project Manager

Right.

Larry Garber – Reliant Medical Group

You know, there's—there's a whole slew of stuff that, well, first of all there's a whole slew of stuff that you never would move into a new EHR, like EHR, but you need to maintain for medical legal purposes, like audit trails. And so, you know, portability implies, number one, the ability to dump certain things out of the existing EHR that you're not going to consider putting in the new one, but you need to have access to that data. The second is that for the stuff that you do intend to, you know, move over, you know, it's potentially all orders and results and, you know, encounter level documents and patient level documents.

Um, you know, there's, y—we talked about whether that could be flattened out to a standard, you know, transfer format but there's also all the vocabulary issues, there's a lot of linkages as to how these are reassembled. You know, I know that when we did our migration over to that epic, that great epic EHR, um, you know, it—we spent—we had to load the data. The most efficient way to do it was loading it through the interfaces basically so that they could be reassembled and attached, um, appropriately as they got loaded with appropriate indexing and whatever. Um, and that—that's, you know, it's, I can't imagine that every EHR vendor would have the exact same way of doing it.

Peter DeVault – Epic Systems – Project Manager

Yes. So, let's see if this is useful. Um, I think there's a big difference between an organization moving from one EHR system to another where they've got the IT staff, the vendor support, etcetera, to actually do data migration. So, being able to build those HL 7 interfaces, make sure the MPI is in sync, let them flow over if they don't, do some reconfigurations, test it again, send them again, versus, transitioning of the patient's record from one EHR system to another because they're changing their venue of care. And if that distinction holds up then I think what we're really talking about is the second scenario. And in order to simplify that, because you're right, there's no way that we're going to get, um, a standard way of—of migrating all that patient's discrete data discreetly into another system, if we could simplify this by saying in a criterion, for example, that the—the system needs to be able to produce a continuity of care document and a series of PDFs representing their encounter summaries that would be very useful and presumably consumable by another EHR system because you have to be able to consume the CCD anyway. And that might get us a long way towards what we really want without it being far too complicated to imagine doing.

Larry Garber – Reliant Medical Group

So I, well I—I have two thoughts on that one. One is, to a large degree the, you know, when we, when we have our data set discussion the data set, as you learned about, is we call data set number five, but it's the transfer of care data set really does have all that information. In other words, it really is the notion that someone has—is going to be transitioned from one care team and one care setting to an entirely new care team and new care setting. And, so that, you know, it's the CCD on steroids is what would need to be transferred. And so that—that really is part of a transition, um, data set. And, you know, Michelle or Kory, correct me if I'm wrong, but I, that I think when they sent those data portability to us that it was beyond more of a transfer from one primary care physician to another and that it was really the, that of a physician focus.

Kory Mertz – Office of the National Coordinator

Yeah, Larry, that's how I've interpreted it.

Peter DeVault – Epic Systems – Project Manager

So, so whether it's patient centered or provider centered I think the technology that needs to be in place is pretty similar, which is you need to be able to extract the patient's records that belong to that provider, or that patient's record, in some reasonably portable format, right?

Larry Garber – Reliant Medical Group

But the question is whether it is everything that exists for that patient?

Peter DeVault – Epic Systems – Project Manager

Well, and everything can mean a couple of different things. Um, you know, once we define the boundaries of what's clinical and what's not there's still the question of whether we expect it to be discrete, interchangeable data versus a PDF version, with the editorial comment that there's no way we'll ever achieve the latter in the next couple of years.

Larry Garber – Reliant Medical Group

And I suppose, you know, with ... here is the request for records for, you know, subpoenas and whatnot, that really hasn't been raised either as part of the data portability or transition content discussions.

Peter DeVault – Epic Systems – Project Manager

True. I think that might be kind of out of scope. I mean, I'm not aware of organizations having a lot of trouble today producing a legal medical record for, for a variety of purposes such that we might need to develop criteria or important technology to do that.

Larry Garber – Reliant Medical Group

Well, until the lawyers start asking for the metadata.

Peter DeVault – Epic Systems – Project Manager

Well, let them ask. Let them develop an Office of the National Coordinator for legal requirements.

Larry Garber – Reliant Medical Group

Um, so, so I guess, if, if indeed, if you go on the assumption that when we have our transition, you know, specific transition content discussion next week that we'll be covering the notion of, you know, of broader data sets, um, although not necessarily, you know, every document that exists in a record, but presumably what's enough to transfer from one, um, from one PCP to another, then, what do you think would be left for the data portability piece?

Peter DeVault – Epic Systems – Project Manager

Not much. I think that was my point last time is that essentially we're talking about the same kind of thing for two different purposes, right. I mean, the only difference between the patient switching PCPs and a, and a PCP taking his patients with him is that you're doing it for multiple patients and you need to identify which those patients are.

Larry Garber – Reliant Medical Group

So what do you think about, you know, I, I'm going to, I'm going to throw my mathematical society hat on and I look at my colleagues around me on our Information Technology Committee, and there, you know, they're sort of up in arms with the fact that they've got, you know, they, they bought one of the, you know, small EHR vendors that was, you know, in vogue, you know, at the moment in time or had good marketing and now they want to switch and they feel like they're stuck because they really can't, you know, they want to be able to move everything, um, you know, as I would. I would, I would want to move everything. Um, and, you know, because I still sort of own this patient and that, and I need to be able to defend what I've done in court for what I've, you know, all my other visits, so, you know, the—their needs probably would not be met sufficiently by, you know, even the, the ability, you know, this PCP to PCP transition document data set. Um, so I'm wondering if maybe we ought to just put this out as sort of a request for comment and, you know, just to talk about how—

Peter DeVault – Epic Systems – Project Manager

We can talk about the different possibilities and then annotate those possibilities with a ... reasonable ... probably.

Larry Garber – Reliant Medical Group

Yeah, you know, just, just to say, you know, how, what we can ask and so, how, how, do, do you feel it's sufficient, you know, that if you have to change from one EHR vendor to another that this, that this is the, you know, that the, the transfer of care data set is sufficient for your needs. You know, if not, what other data would be needed, um, you know, are there standards for that. Are there standards for, um, archiving, um, you know, audit trails, are there, you know, just sort of ask a bunch of questions around that.

Peter DeVault – Epic Systems – Project Manager

I mean, I think the answer to those questions is clearly going to be no.

Larry Garber – Reliant Medical Group

Right.

Peter DeVault – Epic Systems – Project Manager

And we wouldn't be trying to kind of reconcile ... analogies between systems from continuity of care documents that was generally helpful.

Larry Garber – Reliant Medical Group

I wonder if it serves a public good to at least have asked the questions so that the physicians of the country know that we're thinking about this, and that, you know, and recognize that this is a, a common issue. And I guess maybe that question goes out to, you know, Kory and Michelle as to whether, you know whether the fact that—either the fact that we talk about data portability, you know, in support of the needs of a physician and the patients, you know, that we've, that we've thought about it and we're, you know, we're asking questions and in the end we're not going to do anything cause it's go-there's no, there are no standards beyond what we're going to be doing for transition data sets. You know, but the fact that we've at least raised it up does that—does that help with public relations?

Michelle Nelson – Office of the National Coordinator

I would say, yes. Sorry, Kory. Go ahead.

Kory Mertz – Office of the National Coordinator

No. Yeah, I mean, I think some of that's up to you guys of, of how best to approach this. I—I think this is an ask put forward to the group. Um, but, yeah, I mean, I think, as you mentioned, Larry, this is definitely going to be a hot button area for the provider community, I would guess moving forward.

Larry Garber – Reliant Medical Group

So, I'm willing to try to put together, you know, some, you know some questions, you know, for request for comment, um, and, you know, and sort of leave it at that. Is that—does that sound okay, Peter?

Peter DeVault – Epic Systems – Project Manager

Yeah. It sounds good.

Larry Garber – Reliant Medical Group

Okay. Why don't I do that? We got a lot done today. So, so, Peter, what, what time can we change our next meeting to so that only you and I know? Uh, all right, so, I think we can open the lines for public comment now.

MacKenzie Robertson – Office of the National Coordinator

Thanks. Operator, could you please open the lines for public comments?

Public Comment

Rebecca Armendariz – Altarum Institute

If you would like to make a public comment and you are listening via your computer speakers, please dial 1-877-705-2976 and press star one, or if you're listening through your telephone, you may press star one at this time to be entered into the queue. You have no comment at this time.

Larry Garber – Reliant Medical Group

Great. Well, thanks a lot. And, so, Peter, you work on yours, I'll work on mine, and we'll, and actually maybe if we can do some email, you know, maybe sometime before the next meeting that, that might just help, we can send it around to the group.

Peter DeVault – Epic Systems – Project Manager

Yeah. That sounds good.

Larry Garber – Reliant Medical Group

Excellent. All right, thank–

Michelle

Thank you for your leadership, Larry.

Larry Garber – Reliant Medical Group

Thanks, thanks a lot you guys.

Peter DeVault – Epic Systems – Project Manager

All right. Bye.

MacKenzie Robertson – Office of the National Coordinator

Thanks, everybody.

Larry Garber – Reliant Medical Group

Okay. Bye-bye.