

**Meaningful Use Workgroup
Subgroup #4: Population Health
Draft Transcript
February 27, 2012**

Operator

All lines are now bridged.

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

Thank you very much, operator. This is Mary Jo Deering in the Office of the National Coordinator for Health Information Technology and this is a meeting of the Health IT Policy Committee's Meaningful Use Workgroup Subgroup #4 on Population Health. I'll begin by taking the roll. Art Davidson?

Arthur Davidson – Denver Public Health Department

Here.

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

George Hripcsak?

George Hripcsak – Columbia University NYC

Here.

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

Marty Fattig? I know you're here, Marty.

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

Here.

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

Hi. Yael Harris? Charlene Underwood? Amy Zimmerman? Are there any other members of the Meaningful Use Workgroup who have joined the call. Okay, I'll turn it back over to you Art.

Arthur Davidson – Denver Public Health Department

Okay, great. Well thank you, Mary Jo. So today is our first meeting after we have gotten a chance to take a glimpse at the NPRM and, you know, if we go back over some minutes that I sent out to the group a little while ago through Mary Jo, I pasted into those minutes the timeline that ONC I think is expecting us to follow or something that Paul maybe expecting us to follow and that came out after our last meeting on the 8th. So, I thought maybe one thing we might do is just confirm that this is indeed a schedule that we want to adhere to, that we can adhere to, if we want to make any changes maybe get that back to Paul and the Meaningful Use Workgroup through George and then also back to ONC or CMS if we think there is anything specific going to change.

I thank you Mary Jo for sending these out and I have just pasted them into these minutes here so that we could begin to plan things out. Any comments on what we received from ONC for the next two years or what is left of the next maybe 15-16 months? Does this seem reasonable?

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

This is Marty. This thing is very similar to what we did with Stage 2 so I can only assume that it seems reasonable.

Arthur Davidson – Denver Public Health Department

Okay. I think one of the things that we have here is that we have a response to the NPRM that is due probably by the end of April, which gives us essentially two months to work and then I started thinking, well let's kind of back up from there, we said we would meet every two weeks but it turned out that we took almost over three to get this next meeting scheduled. So, just logistics-wise do we think we have enough content to discuss about the NPRM regarding population health and then two, do we have enough time to discuss that content to get it done and something back to the Workgroup by the end of April.

I don't really know that there is that much for us to review and that much comment, it depends on whether we want to limit our comments to those that are generated from within the subgroup or if we are trying to solicit comments from other population health or public health interest groups like...or something like that. So, I do not know if anybody has any thoughts about that?

George Hripcsak – Columbia University NYC

This is George. That's a good point Art. Yeah, I mean, I don't think, so at one point this is an NPRM, it is an opportunity for public comments so most groups will be submitting their comments to CMS anyway, do you know what I am saying?

Arthur Davidson – Denver Public Health Department

Yes.

George Hripcsak – Columbia University NYC

In other words we don't need to solicit that, however, so I think it is more if we have questions where we need an expert to answer if we would reach out to outside expertise would be good, but we don't necessarily need to be the ones who aggregate what each group thinks about it since that is already being done by CMS.

Arthur Davidson – Denver Public Health Department

Yeah, right. I agree with you George. It could be that we maybe better informed about some things by speaking to someone. I don't know that it needs to be formal testimony, it could be more informal as we try to prepare some statement from our group, but, you know, I just look at this two month timeline, 60 days and here we are, you know, we don't even have our next meeting scheduled and I know Mary Jo is probably getting this from every group she is trying to deal with and Vernetta is doing the best that she can to support us. So, I want us to be realistic about what we think we can achieve and George, I think you are right, we don't need to go out and aggregate stuff, but we may be slightly better informed this maybe more my point.

George Hripcsak – Columbia University NYC

Good. I agree.

Arthur Davidson – Denver Public Health Department

So, I think that what we probably need to do is to at least set up two more meetings to discuss this, because, as I said, I had not had enough time to really digest it, although I have scanned it, but I think, you know, if you look back into the minutes that we wrote from the last meeting there was some suggestions that there are things that maybe applicable to population health as secondary uses of data collected for other Meaningful Use measures.

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

Yeah, this is Charlene, Art, I'm joining. We talked about the drug surveillance piece.

Arthur Davidson – Denver Public Health Department

Right.

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

Secondary uses of data.

Arthur Davidson – Denver Public Health Department

Right and, you know, it could be drug surveillance; it could be broader than that. I'll tell you; in my own jurisdiction right now we are trying to work on registries to support the Million Hearts Campaign.

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

Yeah.

Arthur Davidson – Denver Public Health Department

So, you know, it may be more than that and, you know, this might be an opportunity for us to kind of raise that as a potential value to the other Meaningful Use measures.

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

You know, that the full Meaningful Use Workgroup is going to dig deeply into the NPRM and has, you know, one, I'll get out my dates momentarily, it's got a 4 hour call followed by a full day call, followed by another 2 hour call. So, I think that since your subgroup was especially, you know, convened to look at Stage 3 you might try and be as efficient as possible in terms of organizing yourself to help provide input to the full Meaningful Use Workgroup, but I am just pointing out that there is that other venue to really look in depth at the NPRM itself as opposed to preparing for Stage 3.

Arthur Davidson – Denver Public Health Department

Okay, that's a good point. So, that you are saying we don't really need to devote as much attention to this comment period since the Meaningful Use Workgroup will be collating a lot of that and that may come up in the conversation as we all sit on that or most of us sit on that Workgroup. I think maybe all of us do, right?

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

Yes.

Arthur Davidson – Denver Public Health Department

Yeah, so there are no Non-Workgroup members on this subgroup are there?

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

That's correct.

Arthur Davidson – Denver Public Health Department

Yeah, so Yael is on that one too right? Okay, so what you're saying Mary Jo is that we don't need to really push that hard on this NPRM that will come out in the other discussion.

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

Well, only to the extent that you want to make sure that you're prepared to be productive when those other calls take place, but, again, this is your opportunity to focus on Stage 3 which is going to take some time, just want you to allocate your time accordingly.

Arthur Davidson – Denver Public Health Department

Right. So, okay, I was feeling like this pressure that we had to come through with a verdict or something from our group, some recommendation, and we are not as tied to that for the NPRM, thank you for reminding us of that. Does everybody agree with that or should we reconsider.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Art, this is Amy and I just joined, so I'm sorry I'm late and maybe you mentioned this, are the other groups reviewing it from their group perspectives, to then contribute to the larger Workgroup meeting on the 13th? Do we know?

Arthur Davidson – Denver Public Health Department

What do you know, Mary Jo, about that?

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

This is Mary Jo. I am just going to observe that all of you are going to be, very inclined to dig deeply into the NPRM and look at it from your perspectives. You have your areas of expertise and we certainly want the best way possible for you to bring your input about the NPRM forward to the Meaningful Use Workgroup. So, I really am leaving it in your hands as to the amount of time you want to designate to look at the NPRM specifically. But these Workgroups were not set up as subgroups to analyze the NPRM. If there is an efficient way for you to marshal your input on the population health components that might make the Meaningful Use Workgroup discussions that much more productive, that's great, but on the other hand it was not an official charge to the subgroups.

George Hripcsak – Columbia University NYC

So, Mary Jo, so the other groups already had this meeting right? Some of them? In other words, this is the last meeting about Stage 3 before we get so busy working on Stage 2? Is that what happened in effect?

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

Yeah, well everyone has had one meeting.

George Hripcsak – Columbia University NYC

Oh, this is our second?

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

This is your second and only one other group has a second meeting scheduled yet and that is #1. We are in the process of trying to schedule some of the others. So, everybody has had at least a kick-off meeting, but you are the only one who is on the second one.

George Hripcsak – Columbia University NYC

Okay, so we are the first and as you said the scope of this group is Stage 3 primarily?

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

That was really the intention.

George Hripcsak – Columbia University NYC

So, obviously though we have to kind of revisit the NPRM to know, I mean you don't want to do a lot of planning on Stage 3 until you see what they said about Stage 2, it is not a huge change, you know, if you look at it, it is just making sure that what the NPRM talks about making it, what do you call it, except where prohibited to make sure that the public health reporting gets done unless it is prohibited and making sure there is actual ongoing submission, which was what we had suggested, it does the three of them, which is immunizations, laboratory reporting, reportable labs and surveillance, then it adds the cancer registry and a non-cancer registry and we had suggested adding registries. So, pretty much this one area is pretty close to what the Policy Committee put forward. So, therefore, we don't really need to deviate too far from our plan to work on Stage 3 since Stage 2 looks pretty much like we expected.

Arthur Davidson – Denver Public Health Department

Right. I think that is true and I think Mary Jo's encouraging us not to devote too much time to that given our real mission.

George Hripcsak – Columbia University NYC

Right. So I'm agreeing. Yes.

Arthur Davidson – Denver Public Health Department

Right. So, if that is true, if everybody agrees to that, now I think we have 5, let's see how many members do we have now on the line? We have about.

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

Charlene and Amy who arrived, so the only one who is missing is Yael.

Yael Harris – Human Resources and Services Administration

I joined about 5 minutes ago, I apologize.

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

We've got a full-house.

Arthur Davidson – Denver Public Health Department

Full-house, okay. So, Yael thank you for joining. So, we are coming to what I think is a decision, we thought, based on the schedule, that we need to spend some time working on the NPRM that just came out and I think the collective decision now is that maybe we can spend more time focused on Stage 3 and less on this NPRM, especially since we'll all have an opportunity to talk about that on the phone, in person and again on the phone within the next two weeks I think it is or something like that.

Yael Harris – Human Resources and Services Administration

Exactly, and I wanted to mention that, you know, I've seen the NPRM, about 5 times before Mary Jo, before it finally went out, and we are very thrilled with it, but we really want to see Stage 3 pushing the envelope. Stage 2 is, you know, it is an area that was really hard to push things when we had so many exceptions under Stage 1, so what...really helps make these a standard, but I would love to see this group really push the envelope for Stage 3 in terms of the real gains that we can get for population health and public health that can easily be used with EHRs.

Arthur Davidson – Denver Public Health Department

Good. I'm interested in that too. I think that is where we should be focusing ourselves to see what is possible. So, that would mean, if we are really focused on that, then maybe we should be setting up our next meeting as a group to be primarily focused on Stage 3 and that, you know, we could even set up, if we wanted to, we could set up some information gathering sessions so that we could invite people who believe they might be able to push that envelope or are in the path to support that. You know, in the minutes that I sent out with those notes, I'm sorry it said 02/02; it should have been 02/08 at the top of that meeting note. But, we have that standards and interoperability framework that we have; we have this leveraging care coordination efforts; we had ISDS business case analysis and then issues about readiness of the public health department. Do we think there is something within one of those four areas that might be contents for us to discuss sooner rather than later?

Yael Harris – Human Resources and Services Administration

Sorry, I'm just opening the document right now.

Arthur Davidson – Denver Public Health Department

Okay.

George Hripcsak – Columbia University NYC

I'm also looking, Art.

Arthur Davidson – Denver Public Health Department

Yeah.

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

So, Art, you know, in this whole space, you know, Rebecca Kush and all the work she has done in terms of, you know, connections with, this is not, you know, the American Heart Association effort, but this is around life science, clinical trials. I don't know if it would help to inform the group where those standards are and just as a discussion point they have done a ton of use cases. I think that might be helpful if we want to just expand the view a little bit.

Arthur Davidson – Denver Public Health Department

Do you mean like the CDISC stuff?

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

Yeah.

Arthur Davidson – Denver Public Health Department

Yeah.

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

And then they just went through some business meetings where they prioritized some stuff, I don't know what those answers are, but maybe she can come and reflect that at one of our meetings, maybe we can spend one of our calls getting a little educated in that space and where they are and what their needs and priorities are.

Arthur Davidson – Denver Public Health Department

That's good.

Yael Harris – Human Resources and Services Administration

I would also like to hear from the ONC team developing the standards and operability framework about their timeline and where they stand, because I think that would be really effective.

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

I hear from it external, I don't know it in detail.

Yael Harris – Human Resources and Services Administration

I think it would impact, you know, what we could see for 2014, what is feasible and where things stand.

Arthur Davidson – Denver Public Health Department

Right, you know, I participate in some of those discussions on Wednesday they have their calls. We certainly could invite them to tell us where they are at and get an update from them. It is also a collaborative thing with CDC as well, so it might be helpful to get not only ONCs perspective, but also CDC, where they are also getting to this point about the readiness of the healthy partners and what role they could play in that.

Yael Harris – Human Resources and Services Administration

Right, Seth Foldy just did an excellent presentation on that at HIMSS. So, it might be great to have, I know on your notes you suggested Jim Daniel, which would be great to hear from the state's perspective and then from the CDC perspective maybe Seth or one of colleagues in terms of what the CDC is doing to encourage and support that.

Arthur Davidson – Denver Public Health Department

Right. Right.

Amy Zimmerman – Rhode Island Department of Health & Human Services

This is Amy. I agree with that. I think that would be important.

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

Art, this is Mary Jo, Jim Daniel's line is for some reason muted and we are trying to get it unmuted.

Arthur Davidson – Denver Public Health Department

So, he is on the line?

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

He is on the line but his line has been muted and operator if you are listening in, could you unmute the line for James Daniel? I'm sure it will happen one of these moments, but in the meantime he was suggesting that you also consider the healthcare associated infections and bidirectional immunization registries in terms of your information gathering.

Yael Harris – Human Resources and Services Administration

Those are great ideas.

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

Okay, I think I'm in now. All right, I think Mary Jo just mentioned what I had said. Thank you.

Arthur Davidson – Denver Public Health Department

Right. Okay, so for HAI who would be a person that we would like to have speak with us?

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

There is a group from CSTE actually working on that and I will put you in contact with that group.

Arthur Davidson – Denver Public Health Department

Okay. Okay and then is it...that would be coming to talk or speaking about bidirectional or is there a state that is doing a significantly better job in this area?

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

There are definitely some states that are doing a better job, it may be better to hear from...though. So, I'm speaking with a bunch of the states that are doing this on Wednesday and...is going to be on the call as well. So, I'll get a sense from them about who would be best to present.

Arthur Davidson – Denver Public Health Department

Okay. Good. So, we now have, one, two, three. Well we have four or five different suggestions. We have Becky Kush, the ONC for the S&I Framework, we have CDC about the readiness of the health departments, HAI, and then immunization registry and bidirectional communication. You know, we have this opening in Stage 2, as George pointed out, about these other types of registries that besides the cancer registry, which was probably the farthest along in terms of its standards development. Should we be specific about some other types of registries that we want to have testify to us or inform us, or any specific registries?

George Hripcsak – Columbia University NYC

You mean just to give us information?

Arthur Davidson – Denver Public Health Department

Yeah, yeah, you know.

Amy Zimmerman – Rhode Island Department of Health & Human Services

You know, some states, I mean, I'm trying to think about sort of in the public health world, what are more common registries that health departments have established. I think there was a fair bit of work on diabetes registries at stand alones and some effort to move that into more of a chronic care registry, but I

don't know, you know, how many states or how detailed or how widely dispersed those kinds of registries are.

Arthur Davidson – Denver Public Health Department

Right. So, you know, I'm thinking back to Yael's suggestion about pushing this envelope. There may not be not one state that has done this well yet and I think New York City has done some remarkable things with the PCIP Project and I know that George mentioned them earlier. I wonder if there are ways that some jurisdiction, whether it be a state or a city, or even some organization has been able to create value in sharing data at a population level, you know, through a registry functionality, because I think we mentioned Jesse Singer as possibly speaking with us. I don't know whether you think this fits George or?

George Hripcsak – Columbia University NYC

Yeah, we definitely should be talking to Jesse, I mean he may actually cover multiple of our areas.

Arthur Davidson – Denver Public Health Department

Yeah.

George Hripcsak – Columbia University NYC

That fits more along the line like you were saying, Amy, about a chronic disease registry.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Well and the other thing I'm thinking, because, you know, really from a state or a public health perspective the frustration and challenge that I think, you know, I've had or seen, is that, you know, I don't know how we, we're safe to have more of an enterprise-wide approach, it just frustrates me that there is sort of this perpetuation of electronic data exchange going to multiple different silos within the health departments. You know, in Rhode Island we have KIDSNET which is an integrated child health information registry and, you know, it is kind of like a mini HIE so to speak, but it is run by the Department of Health and there are other states that have that and, you know, New York at the state level, as I understand, you know, is moving in the direction of, you know, more of an enterprise-wide approach to information going from providers to the Department of Health and I wonder, while registries are important, I wonder if we should also be thinking about looking at some states where there are some examples of, even if it is not the whole health department, or something in a more comprehensive manner so that we're not having lots of individual care providers having to report...little individual silo systems within health departments, because it just doesn't seem efficient.

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

Right.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I don't know if I expressed myself kind of clearly there or not, but I think we want to look broader than just sort of all the little silo'd parts of public health into thinking about is there a way we can drive more getting it to the door or at least understanding what the challenges and limitations are of states where they're looking more broadly at a more integrated or enterprise-wide approach.

Arthur Davidson – Denver Public Health Department

Right. I think, you know, that is an excellent point and, you know, as I'm thinking about this, you know, there are things that have been done and then there are these efforts to create new methods of doing stuff like the S&I Framework. I would put, you know, thinking enterprise-wide solutions as in that category of the S&I Framework it's not the same thing, it's not what they're talking about right now, but I think there may be more along the lines of building structures that allow us to do some of the more detailed things that we were first focusing on, which is, you know, whose got a registry that does bidirectional whatever, or whose got a registry that captures data different than the 3 elements that we already had in the public health area. So, I think the idea about CDISC also is more in that first category of the infrastructure or architectures even that allow us to be more efficient in serving public and population health needs. So, I think that is a good point, Amy.

We want to be able to not speak to the registry specifically but to this perspective. So, you know, we had some detail things and then we have, you know, where people have done registry work, used data, it has gone back and forth and others who are thinking more at this more global level.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yeah, and I just think we have to think about it from both approaches and I'm not suggesting we shouldn't look at it in the more sort of data type specific or registry specific, because that is where a lot of places are, but I would hate to not think about it in the broader approach either.

Arthur Davidson – Denver Public Health Department

Right.

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

Amy, this is Jim Daniel, would it help to maybe have a presentation from a state that is taking multiple public health reports through a single interface like an HIE? Because there are a couple of examples of that where if you have a single interface and distributing the messages to the appropriate group within the health department.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yeah, well I think there is a difference here. So, Jim I think what you're saying there is that is going actually through an HIE and then I don't know where some of the different health departments are, where the information is maybe going not through an HIE, but to the health department but then is sort of...

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

But the health department has a single interface.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yeah.

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

Okay.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Isn't New York State doing, I'm forgetting the name of their big project.

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

Yeah, they have something like that. So, I can do some exploration on that and try to find some best practices that might be useful to present to the group that would be helpful.

Arthur Davidson – Denver Public Health Department

So, I don't know whether this is part of our purview or not, but since Yael is really pushing us to think more broadly, how do people retrieve the information that is being aggregated and whether it is a silo or an enterprise, how about exposing the results of the data that has been collected.

Yael Harris – Human Resources and Services Administration

I like that.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I agree, but I'm trying to understand, because I was sort of thinking along those lines as you were saying it, but in terms of, you know, sort of public reporting type stuff, the question, for me, really there is where talking about what is required of the EHR. So, if the data is going, you know, are we talking about exposing data from individual EHRs or are we talking about when it gets aggregated exposing it at that level and then that I think is a different issue than what is required of the EHR.

Arthur Davidson – Denver Public Health Department

Right. So, it could be a bit of both of these, because, you know, if we're talking about going back to what Charlene mentioned earlier about adverse drug event and drug surveillance stuff.

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

Right.

Arthur Davidson – Denver Public Health Department

There may be at the individual EHR, individual patient level data being reported but it may be that when there is role based access by the public at some level to say in this jurisdiction there was this many ADEs or this many people who have poorly controlled blood pressure, you know, I don't know I think we are still exploring this.

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

I agree.

Arthur Davidson – Denver Public Health Department

Yeah.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I agree too, but when I'm trying to distinguish is, is Stage 3 speaking about specifically the function. If you are saying that an EHR has to be able to produce this data to go somewhere to then be publically reported, I'm trying to distinguish in my mind what you're suggesting about what is required of each individual EHRs function. If you are going to take the data out of EHRs and aggregate it in a more global way to be used for population health then it looks like, you know, in my mind I don't know how you are doing that across a bunch of EHRs unless you have some sort of intermediary or system that can take all that data, you know, whether it's, you know, and make it available.

Arthur Davidson – Denver Public Health Department

Right.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So I'm trying to distinguish, while I believe in all that and, you know, I think we all need to be doing more of that and I think there is huge utility, I'm trying to understand what does it mean for the individual EHR in Stage 3?

Arthur Davidson – Denver Public Health Department

Right. So, you know, at this point I agree with you and I don't have an answer on how, although I know of several projects going on around the country that are trying to establish what would be the mechanism by which that would happen. I think at this point maybe we could reserve concern about if it's possible or how it would happen to after the point of having said, we agree this is worth exploring.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Okay, so I'm getting too practical and in the weeds too soon?

Arthur Davidson – Denver Public Health Department

Well, others in the group may say no that is totally practical and we should not be going off in this direction to discuss this. It seems like something that we should at least have a discussion about and then say, well are there any solutions out there? Is anybody thinking about this? Is ONC thinking about this?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Well, so let me give an example, right from my understanding of Query Health. So, if what you're saying is EHRs have to be able to support the functionality for some outside query to come in or for some way to get data out that then gets aggregated with others and used and, again, I'm just looking at it from what is it that we're asking EHRs to do?

Arthur Davidson – Denver Public Health Department

Right. So, I'm going to ask you to go to the bottom of the...you know, this is from our meetings with Paul and the meeting that we had, was it October, I can't remember now, I think it was last October when we had the meeting, the face-to-face meeting and we developed, you know, the idea about these principles.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yes.

Arthur Davidson – Denver Public Health Department

And, you know, I think that this aligning with emerging payment policies, national quality strategy, and I'll throw in there as well, the learning healthcare system. So, this would be, for me it would be looking at some of those principles from those other documents and saying is there something in Stage 3 that we could propose from the population health perspective that would totally align and support these other federal strategies.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I'm in support of that, so I'm okay. I was probably just getting too mechanical in my thinking as a point.

Arthur Davidson – Denver Public Health Department

And certainly we're going to have to come back and find out, does CDISC solve this? Would it solve this? Would the S&I Framework solve this? Would Query Health solve this? I don't think we have the answers to that yet. Yeah. Okay, so we brought in Query Health as well. We've got a whole series of ideas. Any others?

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

So, Art?

Arthur Davidson – Denver Public Health Department

Yes.

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

So, is there a picture, I'm sure there is some place, of the domain space in secondary uses of data? You know, like some, I mean, because I'm sure that's out there floating around somewhere.

Arthur Davidson – Denver Public Health Department

There was a document.

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

I mean Amy always has those conferences on secondary data use.

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

ISDS has given a lot of thought to that as well.

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

Because if there's a framework that we can kind of just put out there and say, you know, that we can just make sure we've got, we've touched on them and then we can even say the priorities are this, this and this, because we're supposed to do policy aren't we?

Arthur Davidson – Denver Public Health Department

Right.

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

So, policy, feasibility kind of on the different aspects. So, I don't know if someone could just, you know, bring back to the next meeting, what that secondary data use options or?

Arthur Davidson – Denver Public Health Department

Well, you know, I'm not sure, so I was thinking back to this picture that NCVHS did about a decade ago.

W

It might still work.

Arthur Davidson – Denver Public Health Department

That one that Lumpkin did, and you know, the thing that I'm a little concerned about is that the framework that we may look at may have been limited by what was available in that timeframe.

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

Yeah.

Arthur Davidson – Denver Public Health Department

And, you know, this EHR opportunity is probably different than, I think what public health officials thought would be possible 10 years ago, but we could certainly look for something, if Jim knows of something from ISDS that basically got a lot of bright people thinking about things there and we certainly could check in with them and then I could pull up this NCVHS one that Lumpkin built when he was there and we could start with that, you know, start circulating that and maybe we need to create a figure or conceptual model that allows us to express what we believe collectively. So, we could work on that.

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

Certainly the new phase might be around, certainly for quality, all of the secondary data use sets, as we think about secondary data use and the consumer, but I mean we can have that discussion then, right?

Arthur Davidson – Denver Public Health Department

Right.

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

There are probably already some gaps, but we can at least talk about that.

Arthur Davidson – Denver Public Health Department

Right.

George Hripcsak – Columbia University NYC

This is George. I was thinking, while it's all exciting, learning healthcare system and kind of the framework I see that. It seems like the parts that we have the most to say about would be the bidirectional nature.

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

Yes.

George Hripcsak – Columbia University NYC

In other words, mostly what ISDS is doing is getting the data and then doing great things for the nation on the back end, which as we said is not exactly what we're setting the policy for, we're setting the policy for the front end. If ISDS produces some information that needs to go to the clinician, for the eligible professional, that would be directly in our purview for a future Stage 3 objective. So, I think a lot of our discussion is what's feasible, well don't start off with what's feasible, but where we would like to get to in terms of okay there is some group over there doing learning, now how do we get that back into practice and that is actually signaled in the NPRM as a Stage 3 direction.

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

As a Stage 3 direction.

George Hripcsak – Columbia University NYC

Mainly the bidirectional, specifically I think it is in the immunization section, if I remember correctly.

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

But, when you think of, you know, some of the stuff in terms of clinical trial, all that is bidirectional, you know, there's a lot of bidirectional stuff, I just, there's a lot.

George Hripcsak – Columbia University NYC

Yes, so clinical trials would be an example that if, you know, so you look at some of the early experiments in, you know, I forget what they're called, kind of practice based clinical trials.

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

Yes exactly.

George Hripcsak – Columbia University NYC

Where the clinician is sitting in the office, it says well this patient is counted, it's the trial, it communicates back with the central office about the trial and then randomizes the patient while you're sitting in the office, you get the consent, you put it on the chart. Previous experiments in doing that has not succeeded, but in fact, I think all the examples I can think of had to terminate the trial early for lack of participation, but I think they were just an early experiment, it doesn't mean it doesn't work.

Arthur Davidson – Denver Public Health Department

Do you know some people who have been involved or do you think Becky?

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

Becky I think would at least be able to bring, we could ask her, because I know there was just some recent meeting in either April, in that community, where they had these discussions. I can't remember which meeting it was where, but Becky would be the person we should contact.

Arthur Davidson – Denver Public Health Department

Right. Okay, well we had some good ideas here. I think, you know, we certainly can work to field these into some concrete invites for people to testify. I think we are going to do all this by phone is that right Mary Jo?

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

That's correct.

Arthur Davidson – Denver Public Health Department

Okay. So, we would need to line up some of these people and set up a schedule for some of these and it seems like we still have some flushing out to do. Jim, you volunteered to get some items, I've written them down here and maybe, you know, after this meeting I can run through these notes and summarize to the point of where we decide which of these we want to put as a higher priority and then invite some people to come and speak with us by phone. Some excellent ideas, anybody have any others? Don't hold back now.

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

Mary Jo, you know, all the work that you did at the NIH on the...

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

On the...medical informatics grid?

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

Yeah.

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

Would you like to explore that? Now, you should know that is sort of being re-thought from an architectural point-of-view, but certainly, you know, the concept and the goals are still very valid. Also, NIH is trying to stimulate some, you know, interdisciplinary or transdisciplinary research activities. So, if you'd like to have speakers from either NCI whose concept was probably the deepest and the strongest or NIH, which is a little bit more comprehensive, but isn't as robust yet, you know, either of those we could help you line up.

Arthur Davidson – Denver Public Health Department

Yeah, I think that would be something that this group should at least learn about, it gets back to the ideas about where Query Health fits and as I mentioned earlier that I'm aware of some projects around the country to do this secondary data analysis into systems that my organization is involved in several of those and some of them are based on the...grid technology or the...that NIH is still pushing. So, there may be opportunities to speak about that as well. So, I think that's a good point. So, I've written that one down also. Anybody else?

So, Yael from HRSA's point of view is there something going on there that you think would be helpful? I mean have you thought about new ways to do UDS? Maybe Yael is gone?

Yael Harris – Human Resources and Services Administration

I'm sorry, I am here, I was on mute. We actually have a model we are doing right now for UDS extraction that we're testing with IHS facilities, it's very premature but we're working with Lantana Group, which is one of the major contractors that CMS is using to develop what is called a green CDA which will be a two part CDA process that will extract the necessary data to external as needed to generate the USD data and it would be open source so that anyone could use it and we are trying to plan meetings with some other entities like CMS and see who else is interested in using it. So, it could be a data extractor that anyone could use to generate UDS data, generate quality measure reports or CMS reporting, etcetera.

Arthur Davidson – Denver Public Health Department

Okay, I'm sorry I used the abbreviation UDS is Uniform Data Systems, right?

Yael Harris – Human Resources and Services Administration

Set, yes.

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

Yeah, I think that is good enough.

Yael Harris – Human Resources and Services Administration

All right, so let me see if we can get a presentation on that and what we're doing is developing the template right now so we can present the concept. We're going to go into the field this spring so it will not be until the summer that we probably have a model, but we can then come and present the concept and get feedback on what you guys think of the concept.

Arthur Davidson – Denver Public Health Department

That sounds good. Any other ideas? Jim, as our link to ONC or Mary Jo as well, are there any things that you think this group might benefit from hearing about outside of the S&I Framework? Query Health I guess.

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

Definitely Query Health and you may know that we had some activity around the learning health and we are in the process of rethinking that activity, so it may be premature right now to bring that to you. Jim, do you have any other thoughts?

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

The only other thing that I was going to mention a little earlier when we were talking about enterprise-wide of secondary data is I'm wondering if we should explore how that ties in with the standards and

certification criteria, because, I mean the public health is actually mentioned in the standards and certification criteria as well as far as transport goes, that might be getting more into the weeds of Stage 2 commenting though that you might have already decided that we're not going to be focusing on.

Arthur Davidson – Denver Public Health Department

So, you mean on the public health side in terms of receiving or?

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

No on the EHR side they talk about what method you have to be certified for, but it obviously doesn't address the public health receiving side, but there could be some tie in there if we are talking about enterprise-wide ways of receiving data that might be good for public health and also fit in nicely with the standards and certification criteria that EHRs will be going through.

Arthur Davidson – Denver Public Health Department

Right. So, in terms of, let me see...

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

Art, this is Charlene.

Arthur Davidson – Denver Public Health Department

Yes?

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

One more secondary use of data is certainly CMS is a user, I was just thinking, you know, we've got all those payers out there and they actually have a lot more data sometimes than we have, is there any value in having someone from that community AHIC or anything come to give us their perspective?

Arthur Davidson – Denver Public Health Department

Yes and another one would be NAHDO, you know, the National Association of Health Data Organizations, Denise Love, they're pushing for the all payer claim databases in various states. So, that is another source of secondary use of data, you know, the data are normalized into a dataset in each state. So, that is another secondary use, yes, the claims data, right.

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

And again, they'll want clinical data too, is all I was kind of.

Arthur Davidson – Denver Public Health Department

Right.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, Art, the one thing, I mean, again, I think we should explore all this and I don't want to be in the weeds again, I'm trying to understand the connection, all payer claims databases are generally coming from insurers.

Arthur Davidson – Denver Public Health Department

Yes.

Amy Zimmerman – Rhode Island Department of Health & Human Services

They are usually required and the insurers are putting in all the data. So, again, I think we should think about all these things, but again, I keep trying to think about what are we doing with Meaningful Use criteria? Is this about what EHRs are supposed to be able to do more than how do we use important data that is being generated from, well no that's not really true, forget that comment.

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

Yeah, so my only thought was like especially as I look at clinical trials and some of the data it's just the data element requirement or functions. So, just like George or Paul walked through, I forget who walked

through, sort of the handling clinical trials, there is new functionality that is there to do some of those things if we think that's important.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Right.

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

I don't know if there anything that the payers care more about that we send, you know, from the EHR, you know, that we don't do already, so that was kind of why I was just touching on it.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yeah, no, I think it's great and I think we should include it, I was just making a comment that I know we're working on an ATCB here in Rhode Island.

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

Okay, all right.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So the ones that I know are, you know, the data is all coming in from, and they're often, there are some that are voluntary, most are required like we have a state law that requires the insurers to submit the data, now it doesn't mean that there wouldn't be other, you know, there's a whole separate issue around linking APCDs with HIEs and, you know, other things, that's a different issue, but I was just commenting as we think about this I keep trying to remind myself and go back so that I'm not all over the board in scope in terms what is it that we're trying to do.

Arthur Davidson – Denver Public Health Department

So, let me give you an example, which goes back to what George was saying about this bidirectional process that goes to the point of care. Let's say I have an asthmatic kid and that kid is being seen by me today and that kid has two hospitalizations or two ED visits in the last six months that were not in my EHR, and that the all payer claims database has that information and it could push that information to me to say, this child is poorly controlled at the point of care, that's the kind of thing that we're thinking might be possible from claims data. Now it should be possible also to get that information through the HIE, you know, if there were a query to the HIE, but it may be possible to just push that claims data directly to that point of care, that is what we're thinking might be a way to use these data, the secondary use of the data to support a clinical activity or intention.

Amy Zimmerman – Rhode Island Department of Health & Human Services

All right, so well that helps clarify, you're talking about taking data into the EHR and then whatever as opposed to just pushing out, which I think is fine, and again, this is just in the weeds, so I'm going to get off this topic too, I don't mean to keep bogging us down. Most APCDs as I understand them are completely de-identified in doing something like that would be difficult and/or potentially illegal based on the state, but I understand the concept now, so thank you.

Arthur Davidson – Denver Public Health Department

Okay, yeah and I'm not saying we have this whole thing worked out, but this is sort of the, I mean is it a learning healthcare system and where are the data that can support that learning healthcare system, you know, and this may not be the right example, that maybe beyond where we think we really could go, but you know, for Stage 3 we might want to suggest something that demonstrates the ability of the EHR to consume the data and somehow influence provider behavior or patient behavior, whatever, you know.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yeah, so one other activity that is going on, and I don't know if it relates at all, but as long as we are making sort of a list I'll put it out there is, there is an effort going on at CDC to sort of use or to try to pilot using Stage 2 Meaningful Use standards to collect through HIEs preventive care measures around the ABCDs because I know they've approached us to be involved and I'm just wondering, I'm trying to think about is there any nexus thinking about pushing the envelope and going further in that arena? We're still

trying to understand a little bit more, I mean I've got the name of the person at CDC who is heading this up, so I didn't know if anyone else was aware of this?

Yael Harris – Human Resources and Services Administration

We're actually very active in what they're doing, so we're working very closely with them in and I think coordinate all of our measures with what CDC is doing here at HRSA.

Arthur Davidson – Denver Public Health Department

Yeah and Amy earlier I mentioned, maybe it was before you got on, that we were doing some of this work with our community transformation grant in the Million Hearts Campaign.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Okay.

Arthur Davidson – Denver Public Health Department

And I think that, you know, New York City as well and we mentioned that also that, you know, probably having Jesse Singer speak with us would be valuable because I think there is a model for how this is playing out in various other places around the country.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Okay.

Arthur Davidson – Denver Public Health Department

Yeah.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I'm covered on that, fine, sorry if I missed that.

Arthur Davidson – Denver Public Health Department

No, no, no that's good to re-enforce that, so you know, I've got a list now of, you know, I don't know maybe 20 bullets, so they're all coalescing into maybe some number much smaller than that, but, you know, when I get to revising them I can send them around to everybody and we can work on them as a group and say okay how would we prioritize and begin to set up some sessions where we would hear about this and maybe, you know, begin to frame out some questions for the people who would come to speak with us.

So, we're getting close to the end of the hour and, you know, I think this has been a very productive discussion. Are there any last comments from our group? I know we need to open it up for public comment. We have not set another meeting date and I am getting the sense that we don't necessarily have to meet every two weeks to finish this work on the NPRM. We are going to do a lot of that as a group with the Meaningful Use Working Group, so maybe we could set up another meeting in 3-4 weeks when, you know, through e-mail we would have concretized a list of bullets of what we want to cover as a group, at least a starting point, and then maybe, I mean, do we think that our next meeting should be someone speaking with us or should we still have discussion amongst ourselves?

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

I think we're ready for some education, because I think we're just trying to get our level up to kind of the level that, you know, if we applied a potential framework between now and then that might be good, but then it might be, you know, I'm ready to start to, we're on the boundary.

Yael Harris – Human Resources and Services Administration

This is Yael, I concur, I think we should, if you could send us the list of issues of what we just got maybe through e-mail we could prioritize who we'd like to hear from first and arrange for that person, who are people to present at the next call.

Arthur Davidson – Denver Public Health Department

Okay. So, I'll try to get this list out before the end of the week and then should we set our sights on, we have meetings in DC the next couple of weeks.

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

This is Mary Jo why don't I just remind you of what's sort of on the agenda?

Arthur Davidson – Denver Public Health Department

Yes.

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

The full Meaningful Use Workgroup has a four hour call on the 6th of March. The Policy Committee meets on the 7th of March. There is an all day Meaningful Use meeting in DC on the 13th of March. There is another two hour Meaningful Use call on the 23rd of March and another two hour call of the Meaningful Use Committee on the 2nd of March. And of course all of those.

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

Do you mean April?

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

I'm sorry, yes.

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

Okay.

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

Yes, the 2nd of April. So, that is all leading up to the presentation to the Policy Committee on April 4th of the NPRM recommendations.

Arthur Davidson – Denver Public Health Department

Right. So, should we target the beginning of April, because it sounds like we're pretty packed?

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

Do you want to wait until after the NPRM recommendations are presented April 4th?

Arthur Davidson – Denver Public Health Department

Does that seem reasonable to everybody? Maybe we could do e-mail between now and then and just make sure that we have a list, that we line up someone who will be available to talk or a few people to talk. Would that make sense?

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

Yes.

Arthur Davidson – Denver Public Health Department

Yeah, okay, so I just want to let you know that I'll be gone from the 16th of April to the 7th of May. So, I would hope that we could get at least one call in before my departure.

Yael Harris – Human Resources and Services Administration

Just to let everyone know, I don't know if everyone realizes, CMS's multi-state Medicaid HITECH Conference where they bring in this all state stakeholders for Medicaid EHR implementation is the second week of April, it's April 10th, 11th and 12th in Baltimore.

Arthur Davidson – Denver Public Health Department

Yes.

Yael Harris – Human Resources and Services Administration

So, I didn't know if anyone was planning to attend, but.

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

Everything is so crammed.

Yael Harris – Human Resources and Services Administration

I just wanted to warn people, because that is a pretty blocked week if it's three days in Baltimore.

Arthur Davidson – Denver Public Health Department

Right. So, maybe we could do the week before, is the 4th a Monday?

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

The 4th of April is a Wednesday.

Arthur Davidson – Denver Public Health Department

A Wednesday.

Yael Harris – Human Resources and Services Administration

And the Policy Council meets that day.

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

That's a Policy Committee meeting.

Arthur Davidson – Denver Public Health Department

Right. So, maybe the 6th and that meeting starts on the 11th Yael?

Yael Harris – Human Resources and Services Administration

It's the 10th, 11th and 12th in, I forgot which hotel, it's somewhere in the Inner Harbor in Baltimore. And we are working on the agenda, I haven't seen the final agenda yet, but there will be some really good sessions.

Arthur Davidson – Denver Public Health Department

So, maybe we could start with this, Mary Jo, is that I can send some availability for that week of the, I guess it's the 2nd and the 9th?

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

Right.

Arthur Davidson – Denver Public Health Department

And then we could see if, you know, other members of the committee have availability and then Vernetta can start to work on that?

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

It sounds like a good plan.

Arthur Davidson – Denver Public Health Department

Okay.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Art, just so you know, I'll be at that same CMS Conference.

Arthur Davidson – Denver Public Health Department

Okay, so, you know, we'll work around everybody's availability and then see if we can find an hour for some testimony to get this started. Okay and I'll work on the list and then send it out to everybody and we can start working on prioritizing and suggesting some names for different topics. This has been very helpful. Thank you. I think we need to open up for public comment.

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

You're correct, Art, thank you very much. Operator would you open the lines?

Caitlin Collins – Altarum Institute

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

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

Okay, thank you.

Arthur Davidson – Denver Public Health Department

Very good, well thank you all. We'll be with you on the phone, I think Mary Jo had us down for a call next week, right?

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

This group?

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

The 6th, we talk on the 6th.

Arthur Davidson – Denver Public Health Department

Yes, we talk on the 6th, right, not this group our bigger group Mary Jo.

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

Yes, yes, 10:00 to 2:00 on the 6th.

Arthur Davidson – Denver Public Health Department

Right.

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

Right.

Arthur Davidson – Denver Public Health Department

Okay, we'll be seeing you on the phone.

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

Okay, thank you.

Arthur Davidson – Denver Public Health Department

Thank you, all, have a good day.

Yael Harris – Human Resources and Services Administration

Bye-bye, thank you Art.

George Hripcsak – Columbia University NYC

Bye.

Public Comment Received During the Meeting

1. For Population Health, you may wish to have the ONC's S&I Framework - Query Health Initiative present their work.
2. The Query Health Initiative is working on standards, such as the Query Format (HQMF) and the Results Format (QRDA). Results in QRDA Category 3 would be population data, not at the patient level, results are de-identified.