

**HIT Policy Committee  
Meaningful Use Workgroup  
Subgroup #2  
Transcript  
May 13, 2013**

**Presentation**

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act  
Program Lead**

Thank you, good afternoon everybody, this is MacKenzie Robertson in the Office of the National Coordinator for Health IT. This is a meeting of the Health IT Policy Committee's Meaningful Use Workgroup Subgroup #2, Engaging Patients and Families. This is a public call and there is time for public comment on the agenda and the call is also being recorded so please make sure you identify yourself when speaking. I'll now take roll call for the Subgroup. Christine Bechtel?

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Good morning.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act  
Program Lead**

Good morning, Christine. Neil Calman? Paul Egerman? Leslie Kelly Hall?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Here.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act  
Program Lead**

Thanks, Leslie. Paul Tang?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation &  
Technology Officer**

Here.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act  
Program Lead**

Thanks, Paul. Charlene Underwood?

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Here.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act  
Program Lead**

Thanks, Charlene. And Mike Zaroukian?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief  
Medical Officer**

Here.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act  
Program Lead**

Thanks, Mike. And are there any other Meaningful Use Workgroup members on the line? And are there any ONC staff members on the line?

**Michelle Consolazio Nelson – Office of the National Coordinator for Health Information Technology**

Michelle Consolazio Nelson.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead**

Thanks, Michelle. Okay with that I'll turn the agenda back to you Christine.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Great, well, good, well half morning, half afternoon for some of us. Welcome back this is the continuation of our work to respond to the comments that we received through the public comment process. So, we are going to essentially pick up where we left off, as you guys recall we had some sort of "to do" items left over from the last call and we are working through those.

On the next slide, if somebody can control the deck, there we go, you will see that today we're going to try to get through the responses and questions raised in clinical summary, patient education, secure messaging, patient communication preferences and clinical trial query.

We will use the May 29<sup>th</sup> call if we need it to either finalize any kind of remaining issues that we have from the first or the second call if we feel like we can do those, you know, in other ways then we'll certainly do that so you can free up some time, but please do continue to hold the May 29<sup>th</sup> call. So, any questions before we start diving right in?

Okay, terrific, well I thought we made great progress last call so we're just going to keep up the pace. So, let's dive right in and look at the next slide, please? All right, so clinical summary, as you guys recall this is the after visit summary that patients receive when they hopefully leave the office and we had received some feedback from Stage 1 implementation, you'll recall that this was a core requirement in Stage 1 and we had received some feedback that essentially the summaries weren't particularly helpful in some cases because they were very long or they weren't in plain language, etcetera. They also tended to be a summary I think of sometimes the entire record because of the type of fields that were required under Stage 1.

So, we had posed a question in the RFC, which is in the far right column, what specific information should be included in the after visit summary to facilitate the goal of patients having concise and clear access to information about their most recent health care and understand what can they do next as well as when to call the doctor if certain symptoms or events arise.

So, we were really looking at this as something that we could make some refinements to, to kind of ease the process. I will say that we've also heard that a number of practices took a really great approach in that they sat down with their patients and they said "hey, what's most useful to you" and they redesigned the clinical summary together and then worked with vendors to implement those changes. So, the question that we were really trying to get to with the public is, you know, are there ways and things that we could change here to reduce the burden associated with this particular objective. So, let's go to the next slide.

So, there were 88 comments specific to this generally supportive of having the measure be adapted in some way to make it, you know, fairly relevant to the office visit and there were lots of things suggested that, you know, needed to be included but the really common theme here was, you know, what we suggested which is, you know, very specific to most recent health care, very concise, very simple, very clear.

So, you can see the list on the slide of things that the public suggested might be included and they were things like changes in the treatment regimen, changes in medication, immunization, reason for visit findings, etcetera, but there were also questions about what is pertinent to the office visit mean. So, and again the vendor or the summary format's people raised concerns.

So, next slide, we also had feedback from the HIT Standards Committee and so this was sort of interesting in that what we essentially heard, at least from John Halamka, back in February was that there wasn't a standard that was, for lack of a better word, temporally oriented in other words, you know, specific to a particular point in time, i.e., you know, the most recent of office visits and that's probably why we ended up with, you know, a lot of folks doing a format that wasn't helpful and it was extra long if that's the case. So, there also is a request from the Standards Committee to ensure that it's not duplicative of care plan requirements, progress note requirements, etcetera.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

This is Leslie, Christine?

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

And I would be happy to take that one on in the technology committee of consumers because there actually is a temporal way to find information out within the EHR in a current standard in Meaningful Use so I'd be happy to take that one on.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Well, let's think about that, but, thank you.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Okay.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

And that may be where we go here, although it has to be, I think, fairly specific in terms of time.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Yeah, because it has – it identifies the most current visit, the reason for the visit, the problem, principle diagnosis, chief complaint, medication list and labs.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Now is that not used already?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

No, it's used.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Or is it?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

It is used it's in Meaningful Use, it's the InfoButton standard does more than just call out, it actually gives you, in an EHR, the ability at a particular task in the EHR to go get supporting material including the development of a clinical summary, which in the clinical summary has a section for patient instructions.

So, I would be happy to kind of take on the harmonization between the clinical summary, the patient instruction and the patient context because I think there is much more there that's already being used and being put forward for the clinical decision support group Health eDecisions as well.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Well, it seems like where Christine was going with the previous slide about items suggested for inclusion those sound very consumer oriented and I think we want to make sure we address the consumer's needs first and then use standards to fill in rather than try to do it the other way around.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

I agree, Paul, but I'm just challenging the idea that we don't have the temporal information to get to that we do.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Oh, okay.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

So, it's just the context is there, the other things that are consumer focused we shouldn't let the standard be the excuse is my point, we have a way to get it.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

That's very helpful Leslie. I think that's good. I think the – what I'm trying to pull up now, separate from that – so, I think we have two goals here, one is make this really useable for patients and for providers simple so that the kind of templates that the vendors are developing are, you know, more streamlined and more specific so it sort of raises the question of what's the problem if all those standards are in Meaningful Use already, are they just not linked to this particular objective in the certification rule. Do you have any sense of that?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Once –

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

What we have – oh, go ahead.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

No go ahead?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

What we've got is a disconnect on the front end and the back end kind of thing from the standards point-of-view, but they're used in a variety of ways and in the clinical summary document it talks about patient instructions, what you've got on the slide before says "here's what's important to consumers" and we need to make sure that's there. What I'm simply stating is there is a way to get to that information using existing standards and I could help walk through that.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Well, so that seems reassuring that there are standards to communicate the information we're interested in. I think Christine part of the answer to your question is, well, so what happened, I'm guessing that a lot – some vendors may have just sort of reused existing either templates or reports and then just spit it out that's not addressing the problem to solve and maybe we weren't clear enough about just by saying here's some fields that wasn't maybe as clear instructions as we could have provided and the things that you listed or came from the public sounds very consumer oriented to me, you know, like, okay what just happened and what do I need to know about what happened in this exam room just now and what's my next step, that seems like the – those are questions the consumer wants.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Correct.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

And we should be directing our attention to defining what the consumer would like and then Leslie is giving us some reassurance that, well there are ways to – there are definitions for fields that would fill in those fields in that template.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right, so it sounds like, so maybe Leslie you could help with some of that work but it does sound like we need to probably be a little clearer about what we mean with respect to which fields we're talking about and, you know, we're talking about those that are more consumer oriented. So the items that were suggested by the public commenters were changes in the treatment regimen, so I'm on the slide previous to the one on the screen.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Yeah.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Medications, immunization, I don't know if that means changes to medications or just current lists, because it seems to me to be valuable both ways, immunizations, now granted they'll have the, you know, medication list and immunizations also in on-line access through view, download, transmit. So, perhaps the clinical summary is changes to medications or immunizations for that visit. I mean, what do you guys think from a clinical perspective? I know Michael is on the phone and Paul as physicians as well.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Can we move the slide back too? Are we working on –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Thank you.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yeah, so this is Mike maybe I'll take a run at it first Paul if that's okay?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yes.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Sure, so in addition to what you've just mentioned maybe I'll back up just one step. I think my patients want to be able to see what was their agenda, so what did they come in basically their chief complaints from their perspective, what was the provider's agenda, same or different from that, what was indeed assessed at the end, so I know I talked about my diabetes but at the end of the summary there is no statement that there is an update on the diabetes.

The medicines I think the key issue for the patients and for me talking with them with their clinical visit summary or after visit summary in hand is can we get all the stuff up at the top that matters the most, which is the change in medicines but not all the medicines. So, I think all the medicines can be useful if we're also using the after visit summary as the summary of care record that goes to the next place or the thing to check against at home, but my patients and ones I've seen in the practices have trouble when there is too much complexity between medicines that are changing, being added, being removed in the sea of other medicines and particularly the order and the clarity of the instructions.

So, I would say we want to focus on what's new or different or emphasized and at least have that first and if we're going to have larger lists those lists should somehow be distinguishable from what's new or different because patients do get lost.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, I would probably just add to that. I think the biggest thing they want to know is the summary of what just happened and so we used to call this after visit summary and one of the vendors complained because they used that term, but I would say that that is one of the most descriptive ways to describe this because clinical summary I can see how people say, well that's just a summary of all your clinical data.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**  
Right.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

And that's confusing and maybe we need to come up with a better name for this requirement as I said, after visit summary is a very descriptive name it just happens to be something somebody else uses. But that's the point and Mike said that.

I probably would include, but in a very differentiated way, the total list of medications and the reason is then you can come home and check your bottles, because we may not know everything, of course, and what we're declaring there is that's our assumption of what's going on and if there are other things you, and as you know in Stage 3 we actually even asked for a way for you to propose updates to your record can come back through your on-line portal and ask for those changes.

The most important thing is that everybody's on the same page. So, if we, as Michael said, have up front, at the top here's what happened, here are the changes we made and we discussed and then maybe have a check your work kind of thing, but clearly delineated and here is what we have on record for you currently on medication then you are more empowered to one know what we think and what we're basing our decisions on and have your opportunity to update it.

So, it's a really important function and it certainly helps in care coordination of the kind between provider and patient, which is, I mean, we talk about provider to provider but we really need to make sure provider and patient are on the same page.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, this is Christine, but did somebody else want to jump in first?

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Yeah, this is Charlene on this one, again, I like the use of the word function as opposed – you know, vendors are pretty good at – and I don't think we're probably here yet, what we don't want – like I think some of the reason this happened was because, you know, it was so prescriptive in terms of, you know, you've got to create, you know, this document and sometimes there are different interpretations of the content, right?

But if you can create a definition which is more the functionality that you want, because vendors can create different kinds of templates for different purposes and, you know, for different patients you might want to do – you don't want to prescribe this so much that you limit the, you know, flexibility of how this gets created. So, that would be my only –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, I agree with that Charlene and I actually was going to build on that. I think on the one hand you're exactly right, on the other hand when we say pertinent to the office visit dah, dah, dah then I think when we do articulate the purpose it does still invite all of these questions of "yeah, but what's in it" you know and we need more specifics than that it's like what happened with the care summary where we said pretty clearly everybody understood the purpose, which is facilitate care coordination, this is a provider to provider care summary you send it for these types of patients, you know, transitions or referrals, dah, dah, dah and then no one chose it because they didn't know what to put in it, right?

So, I think we have to get a balance between the two and do both, but I will say that one of the things the public comment said was be careful about, you know, like differentiating from care plan or context of progress notes or whatever and here's – let me try this out on you guys in terms of how we're thinking about this particular piece.

I've started observing patients in a primary care practice and a gentleman came in the other day uninsured, Hispanic, Spanish-speaker and brand new diagnosed with diabetes, like sent over from the urgent care facility, and I think when we think about a care plan in this kind of a context that's someone who definitely you want to have a longer term care plan that will say, you know, well my goals are I need to be able to be healthy enough to be at work every day and support my family, and do this, and I want to, you know, feel this way or achieve these goals, and there's a longer term plan.

But then what this gentleman really needed was what do I do now, what I do next, what did you just prescribe for me, what's my action item list, what's the providers action item list so to speak and I think that's really what we're talking about here.

So, I think, Paul you're right but on the other hand, you know, how do we give guidance to folks that what we're talking about is what are the goals with respect to the purpose that you were here for, whatever that may be, what are the, you know, medication changes or editions that need to happen, when do you need to come back, what do you need to do if this, you know, something happens, you know, here and there, but differentiating that from wellness reminders, your larger medication lists and things like that. I'm not sure how to give guidance on both of those purposes or if we should, but anyway I wanted to throw the construct out and see if people agree that we're really talking about kind of the action item list for the patient and provider in one place.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

This is Leslie, so we've been doing that for about 10 years and there's a common theme across all of the education providers whether it's us or somebody else and it generally gets to all the things you've discussed plus when to call a doctor so you know when it's an emergency and what to do next, and so there is a pretty good common structure if we wanted to survey all of the education that is going on now in a clinical summary or after visit summary.

I think Paul's right everybody calls it after visit summary but a particular vendor it's unique to that vendor, but it gets to the same things. Do you want me to come back with a review that says what that common construct is that's available today or do we want to even be that prescriptive?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

I think Charlene had an interesting comment, this is Paul, when we are very prescriptive people just do that and it doesn't – and actually the majority of the time it doesn't actually fulfill the purpose and yet as Christine pointed out when we say pertinent to the office visit which seems like, you know, that's a test you could apply in your own mind, they ask, well what does that mean.

So, I wonder if we do a bit more in the preamble of saying here's the problem we're trying to solve so when I have this piece of paper or refer to this report or document then I will know the following things, I'll know what changes have been made in my diagnoses, I'll know what changes have been made in my medications, if I've been given any immunizations, etcetera, and then we have some examples or something and we list them as examples, we've done that before.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**  
Yes.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

And that means that they would include changes in medication, blah, blah, blah and so that's a little bit – but we drive it with the former which is here's what a patient should know when they read this document. Does that make any sense?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, Paul, this is Mike.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yes?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, I think that make great sense the other thing I'll just throw in, again, we don't want to be too prescriptive but I just want to talk for a second about what I think our best practices in both of the EMRs I currently use and that is I try to orient my patients around here are your diagnoses or problems or issues that we're dealing with and then if I can use my technology to pull in exactly what you're describing, here are the medicines and any changes in them that relate to that problem, and here are the lab results or the lab orders that are related to that problem, the imaging orders, etcetera, here are the instructions, here are the goals that we set for it.

And actually the reason I like both of the EHRs I work is that both of them support the ability for me to stay problem centered and problem focused both with my patient and my workflow and to be able to gather in those things, inspect for redundancy so I don't need to – I know if I've got it in the goals and that's going to be in the after visit or clinical visit summary I've got it covered. I don't worry about redundancy, but I know it's captured. And so, again, we don't want to be prescriptive but on the other hand we might want to describe some best practices that are out there in the industry or some for example, one might do it in this method.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, that's what I meant by for example because then that isn't – you know, what let me – the solution might be a little bit easier than we're talking about. So, for vendors what they would, so this is reacting to what Michael just said, so for vendors they just need to know, they have to be certified that in a report that the user builds – they can draw the following things into it, right?

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Yes.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

And so that's, every vendor should be able to do that I don't think that should be a problem and yet there will be two things, one there might be an example template that vendors supply with their products that has a "after visit summary" information that fulfills the function we've described, but the user like Mike was just describing can tailor it, if he decides to do problem oriented you can do that. The vendor is responsible for making sure that all of the fields that we are listing can be incorporated but they don't have to have it all set up. They don't have – let's see –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Well, I know –

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

They don't have –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

I know where you're going, but I would say one thing we have to account for is the fact that this is already being done, so, you know, we don't want to just sort of let people off the hook for not having to go back and create it or redesign it, I'm not sure the way that that might work the best.

But, the other thing I think we have to understand from ONC and CMS is what the kind of governing documents are, because I think it's probably both the certification rule, but it's also the CMS tip sheet, right? So, I'm looking at the tip sheet now and there's a very, you know, specific definition of terms, clinical summary and it says, an after visit summary that provides the patient with relevant and actionable information, and instructions containing and then it lists the fields basically, right? So, I think the question is, and it's a long list, and that's probably why –

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Right.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

It looks like what it does. So, do we need to – in other words, should we just circulate the definition of terms and make revisions to that or I'm not sure what would be the most helpful to CMS and ONC.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

And this is Charlene, I think, you know, there is so much content that has to be looked at, it could be that people miss some of that too Christine, so using that as a starting point and I know CMS is doing more outreach and education now, might be a good step.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, I mean, I think the outreach and education is good, but I can see why they base it on the definition of terms, I can circulate the link now too to folks, but, you know, it's a very long list and, I mean, it does say things like immunizations or medications administered during the visit, you might want to say changed or whatever, you know, summary of topics covered, it does say those things, but it also says and updated medication list, updated vitals, reason for visit, procedures, which is very general and instructions, you know, so, I mean, I'm struggling in some sense to understand why people had such a difficult time and why it looks the way it, you know, appears.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Because they were presented a list.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

And I would say that there are people that just implemented “the list.”

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Yes.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

If we made the list into the certification requirement then every vendor must make those accessible to the user who is building the report.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

But it describes what does Meaningful Use mean, it means letting the patient know, giving actual instructions to the patient that they both understand the disease and know what to do next and we may give some examples to help people and they'll follow those as well, you know, many byroads, but I think forcing these long lists into this or summary of care just begs for people to just implement a long list and it does not accomplish our goal.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

I mean, I just don't think by forcing people to do lists that it is a service to our mission.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

No, I agree, but on the other hand with the care summary where we gave zero lists but a very clear purpose nobody did it, because they all said, well we don't understand what's supposed to be in there and we didn't want –

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Well, because we didn't make certification requirements probably.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Ah.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, you have to give people the tools. Right now the vendors didn't provide anything and the users didn't have anything to work with and it's like – so if we gave the function, it's like what would you need to do if you're receiving this patient what are the key things you need to know in order to go further that's a bit. Now we have to be more – expand on that, but we have to say and here are things that are going to be in every EHR that's certified for you to be able to pull into it. Now, I'm not saying that – guaranteeing that will work, but I can certainly see how we ended up where we ended up.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

With people producing long lists.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah and I can as well. So, let me try to recap what the suggestion on the table is. The suggestion is essentially, well I'm not sure how to operationalize it, but, so we might refine the types of information, the list that's in the certification rule, but what would we do with respect to the Meaningful Use policy? Because, at the end of the day they still have to –

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Right.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right? And recall just one quick reminder that in the consolidation process we hooked to this communication preferences so it needs to be delivered in the medium that patients would prefer.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Right.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So, it is an important thing to preserve.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, starting with –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

But, we want to give people flexibility to do the right thing.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Starting with the language you have on the screen, I don't know where I can – I mean, we can expand and make more precise what's stated there but it seems like that's the gist of it.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Well the – I mean, but what we would have to write is that would go in certification, so maybe I'm totally missing something here, but that will go really in the certification rule, we would suggest that to the Standards Committee, but the – like for example the Stage 2 final rule said, provide clinical summaries for patients for each office visit.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Right, okay, but we would say – we would define – and I almost think we really do have to change the word because clinical summary –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, I agree with that.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

You wouldn't walk up to somebody and they would know what we're intending. So, it would be we want a document that is accessible by the patient, so it doesn't matter whether it's on-line or on paper, that explains the changes in treatment regimen, etcetera, so we would write that better but that becomes the Meaningful Use objective.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

For which there is some test, but then we also have a section called certification requirements and it has – and these are the following things that are available in every EHR to help populate this something.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Something like that, I mean –

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Yeah, because – I think you're now – the outcome as opposed to the means.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yeah, yeah.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So, we'll call it the what? What do you want the office visit summary and plan, visit summary and next steps? I agree this can't be clinical summary.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

No. Well, but you're right, you're on the right track of saying office visit.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

– patient instruction guide.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yeah, actually that's not a bad start, office visit summary because then it clearly means it's related to some event and it's a summary, yeah that's good.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

I think – I'm trying to also get in this plan –

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

It should be applied to –

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

It's really not –

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

It should be applied to both inpatient and an office visit there is the same – many of the same things that would apply is it just a patient instruction –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Well, we –

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

A patient summary?

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, it's a different criteria that's around the discharge summary from a hospital visit we separated them. So, this is actually EP only, but EH has the discharge summary separately.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Right, but they're very much – we should make sure we're in harmony, because they're very much the same things, those consumer focus things that you asked for are also asked at every stage.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right and they are.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Yes, okay.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Because it's where the VDT comes in, is we did that harmonization, but I think what I'm looking for is something that says, office visit summary and plan or something that sort of indicates we're really talking about an actionable document not just the summary. Do you know what I mean?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Right. Is it an instruction?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Well, it's more than an instruction, well, we can –

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Yeah.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Maybe we can work on – I mean, Christine has the concept, you know, the editing can go on later on.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

But, her concept is it's one tied to, in this case for EPs an office visit, two it's a summary and three it's actionable. So, somehow we get those words in without having too many words.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, exactly. Okay, so why don't we do this, why don't we – we'll call it, you know, office visit summary and plan for now until we can come up with something shorter and then I think it makes sense to circulate the – Michelle, I don't know what makes the most sense to you, either of the CMS tip sheet, I think it's pulled directly from the NPRM or I mean the final rule or maybe it's from the certification rule, the language on the tip sheet.

**Michelle Consolazio Nelson – Office of the National Coordinator for Health Information Technology**

Okay.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

I think it is, we should just double check that, but if it's the same then let's just circulate the tip sheet and then we can look at slide number four again and kind of do a cleaning up. I mean, I think what Mike said on the last call about cutting through the noise here is definitely applicable. So, I don't know if someone on the group wants to kind of take a first shot at it or if Michelle – if you all want Michelle and I do to that and circulate it. What do you guys prefer?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, this is Mike –

**Michelle Consolazio Nelson – Office of the National Coordinator for Health Information Technology**

I'm happy to share – sorry.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

I'm sorry, this is Mike, I'm happy to help in whatever way I can, but I am still very troubled by the long list of items.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Patients with more than one problem and what for me is as yet an unproven ability to meet the definition of conciseness and relevance to patients, because right now my patients get 8 page summaries to try to get in everything and many of them are lost or just aren't interested. So, we need to define what does concise mean.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

– so that the provider can make it meaningful to their consumers, you know, so – Paul, haven't we done this under another objective where we've, you know, provided the flexibility – I don't know whether we did it under dashboard or something where we gave flexibility for tailoring or something?

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Oh, it is ringing a bell.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

I don't know where –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

It may have been a certification only thing too, but here's what I would suggest, tell me if you guys have a different idea. I think that if we took the definition of terms, which is the long list, there would be a lot that would probably be deleted so that we could really come up with a shorter list. The only other way I can think to do it is to say, you know, the core of it is, you know, should include this and it could also, in a separate area, include this. I don't – I'm worried that complicates matters.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, let me build on Mike's suggestion. In this office visit summary and plan the least, which is the minimum, the threshold, is that you need to say what changes came out of it and what do I need to do. And then if, and I expressed an opinion on this about having, you know, a final list, but you don't – we shouldn't require that. So, the office visit summary and plan should be what Mike described as what happened, what do I need to know, what do I do next and let's just talk about minimum, that's getting away from this whole prescriptive.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

And so it does not prevent anybody from doing anything more they can decide what they're comfortable with, this is how we're getting to be more minimalists which, you know, invites better innovation and more localization and that's I think where we're at now.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay and I agree with that, because this will be Stage 3, they've already been doing it for Stage 1 and Stage 2.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Right.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So, if we just say at a minimum it needs to include and it's a handful of very visit specific items then people can, if you want the full medication list in a separate area you can add that.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Right.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

But right now we're going to focus on these. I think that's a good idea.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Yes.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay, so everybody on board with that?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

And yet we're prescribing in a certification criteria there are going to be a lot of things that they have access to but we're not mandating that it becomes a list from the user point-of-view.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Providers – right?

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

I'm sorry, Charlene?

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Yeah, I'm good with that.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay. Okay, so maybe – so Michelle maybe you could circulate to me and Mike and then we could create a smaller core list that's the minimum and then we'll bring that back to the group.

**Michelle Consolazio Nelson – Office of the National Coordinator for Health Information Technology**

Okay.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

And, you know, what might help is just this, you know, if you send the preamble –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So people – it's almost like the preamble of any Reg, what are we trying to accomplish anyway and that will help people set a context and expectation.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, I think that's right. So, that's a great point. Okay. All right, so ready to move on? Okay and then Leslie, perhaps what we'll do is we'll bring it back to the group once we have agreement here you could do some work, you know, as part of the – I don't know if it's the normal Standards Committee process or if it's through the Consumer Technology Group, but just to help people identify a nice set of standards that are more temporally oriented to support those.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Be happy to.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay, great. Okay. So, next slide, actually we're probably going to have to skip a couple here, keep going, one more. All right, so here we are on patient education. So, Mike you're newer to this group but this is an important objective that we really struggled with because we were trying to figure out how to evolve patient education materials so that they become provided in more than English to patients who prefer some other language than English and we did go back and forth a lot about how to structure that, but what we came up with was for the top five Non-English languages spoken nationally then providers would have to deliver 80 percent of patient specific education materials in at least one of those languages, you know, based on whatever is right for the local population where those materials are publically available.

So, if it's Spanish and its diabetes and there are publically available diabetes patient education materials in Spanish you're already collecting language preference information you have been since Stage1 80 percent of the time you would need to deliver those in Spanish. So, that was the criteria. So, next step or I mean, next slide.

So, we got 100 comments on this and what – oh, we struggled with this too, so they recommended referencing the top 5 Non-English languages locally not nationally because obviously there are areas where they don't match up.

There were also concerns about a financial burden to implement, although I think we were trying to avoid that by saying publically available. Wanted to know how it would be measured and then many Non-English speaking patients may not be able to read the materials or the materials maybe printed at too high of a reading level, so that's more of a literacy issue I think, and need to add visual pictorial materials and Braille, that was something from the disabilities community that we have heard previously.

So, do we have a next slide on this one? No, that's the next one, okay. So, please go back one more, great. So, this is a challenging one. What do folks think?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, this is Mike, since I'm new maybe I can speak without the background and see if that helps or hurts, but, so I think, especially when we're trying to engage eligible professionals to be on-board with the requirement I think it does help if we're asking them to record language preference anyway. We also then have the data to be able to say what are the five non-English languages that they have in their population and ask them to be responsive to that for a certain percentage.

I think they would need a little help with the publically available definition so that it's clear whether what they're looking at is that way and if so what are some recommended resources for that whether it's through MedlinePlus or other kinds of resources.

The argument that was made in the comments is exactly why organizations like mine did indeed go out and purchase products that can meet all of those needs because it is for us the easiest way to try to both provide the best service for our patients and also to easily meet this requirement, but it would be nice to be able to leverage other governmental agencies that are already creating patient education materials like the National Library to be able to help achieve that through that mechanism.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

And this is Paul, I certainly would agree with the public comment that says it's the 5 that are relevant to you versus nationally, that totally makes sense. The definition of public, we intended, but I can see how this would, you know, people may not be aware, the description would be license free use that's what we meant by public, so there is no financial – it is one accessible, available and no financial commitment to implement, to access it, so such as the National Library of Medicine.

I wonder about our 80 percent that's pretty high and I don't know how you – is it 80 percent because – for a specific common diseases or I'm not sure how we –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

No, it was, it was actually 80 percent because it was essentially, hey if you know that for people whose language preference is Spanish and the materials are publically available you should almost always give those materials to them in that language, that was our logic, because it was a fairly specific sliver, it wasn't 80 percent of your whole population has to get materials in their preferred language, that would have been a much larger threshold. Does that make sense?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Wait, so it's 80 percent of those who indicate Spanish is my preferred language is that what?

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes, right, when they say Spanish is my preferred language then 80 percent of the time materials should be in that language if they're publically available.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, this is Mike, I'm going to jump in on that in a couple of ways, one is the notion of whether they need it.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, 80 percent of my patients don't need a new patient education material during the visit, I've been caring for them for a long time and it would be hard. The other part I worry about is how do you administer that from the perspective of declaring we know that there is something out there publically but you didn't provide it and it might be, but it might be 5 different sources to get to those public things and your office, your small physician office has to figure out how to link to 5 or 6, or 9 different public sources to be able to meet the threshold.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

And does the threshold – is that a measure of – so NLM may have diabetes instructions in Spanish but they may not have it for Raynaud's disease. So, what is the denominator?

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Public – yeah, right I think that the way we constructed it, which again, we're finding some problems with, would be the denominator is condition where materials are publically available in some other Non-English language. So, there is a fair amount of complexity I think.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yeah, that's what I think is –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Having –

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

And it was originally the language was put forward as a way to handle a price objection, right? So, the concern was that the small provider couldn't support the cost of implementing and so that was one issue. Now there is a wide range then of content available in style and materials and we get back to sort of that definitional thing, because if you think about this, this is what would be inserted into that care summary we just talked about the after visit summary to make sure it is in their language.

So, we have to make sure we've aligned what do we consider materials, what do we consider those top languages. I mean, it could be argued that we want 100 percent of Spanish, but if you get to local languages you might have 20 different languages.

Are we trying to get critical mass or, you know, what is the objective? So, for instance if I had to do this for 30 percent of my patients speak a different language and of those I have a certain percentage that speak a very, very infrequently used language how do I get those materials, are they embedded into the EHR? Are they in the after visit summary?

So, I think we just need to align these a bit and make sure we're meeting the issue about price objection and we're also meeting the issue about burden to implement.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Right, so this is Mike again, and I just need to clarify a couple of other things, so publically available is where I get really confused in the sense that when I tell my patients to go to publically available sources for patient education I tell them start with MedlinePlus don't leave anything that hasn't been approved sanctioned by that, because that gives me relatively high confidence that this publically available stuff has been vetted by people who are experts and is likely to be helpful.

If I go outside of that just like I did when we purchased a vendor that can do 6 grade education versus 10<sup>th</sup> grade, versus various languages and pictures and all that, we didn't do it just based on pricing we did it based on who had high enough quality patient education information for us to trust them with our patients care and safety, and I worry if we don't provide a single or at least very limited list of publically available sites that not only help decrease the financial burden but also are ones that ONC and CMS can stand behind as a source of high quality patient education information then we may have some unintended consequences.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

There are other bodies, this is Leslie, like URAC and others that certify the quality of content. So, we can use that body rather than prescribing very specific sites, because there are all kinds of sites and so URAC is one accreditation body that can be recognized and they handle both the publically available and private.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, I wonder if this is the way for us to use the method we just used before which is there are certification requirements and then there is meaningful use objectives. So the certification requirement states that all EHRs need to have a way that with the flip of a switch, in other words reading the patient preference, language preferences can deliver said material in one language in English or another language based on that preference so that's a function that must be present in EHRs.

From the provider point-of-view I think it's pretty complicated to say any threshold. As we go back to – and I think we're just more mature at Stage 3, as well as providers, we know that if something is useful they will take advantage of it. We're trying to create something useful by creating a certification requirement that has vendors delivering services that are sensitive to the language preferences stated by patients.

On the provider's side if they connect, if they make available patient education instructions in one non-English speaking, non-English language that is triggered based on patient's preference then I think they've fulfilled that objective. Now can somebody just –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Can you say that last part again Paul, if somebody –

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, if they have hooked up, so the vendor makes available this feature, if they have hooked up that feature to one non-English language provider of services let's say MedlinePlus then they have met that and delivered some content that way, make available some content that way, then they've met the meaningful use objective. Can somebody just skimp by and just make one disease in that language, yes, but at this stage of maturity people just need to – they need to – they will do things that benefit their patients as long as we make these things available through the EHRs.

So, instead of making it complex, adding to the burden, adding to the description because all these denominator questions, let's just make it that they have implemented it and are using it. I mean, that's my proposal.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So, Paul, I have two things with that. I mean, in general I agree with you, as you know, but on this one I feel like this one is slightly different because it's so patient oriented. So, it's not – right, so we can create the capability for them to easily provide and that's a good thing, you know, in a language other than English, but, you know, again I was observing patients in a primary care practice the other day and actually it was the same individual I described before he is clearly, you know, he's bilingual but barely and the question that was posed to him by the provider was "okay, I'm going to print out some education materials for you on diabetes" brand new diagnosis you know "do you want me to print them in Spanish, because it's not a problem, but otherwise I'll print them for you in English." And he said "okay, well English is fine."

But he was so overwhelmed and his English wasn't that good I have a hard time believing that, you know – and it was almost like he was embarrassed to say that he doesn't, you know, read English as much, right? So, that's what I worry about, where it's just as easy but it's not part of our culture in the workflow – and maybe we haven't made it as easy as it should be, so I'm a little bit concerned from that perspective.

So, I'm wondering if – certainly we need to create the capacity as we did in Stage 1, because this was menu and I think it went to core in Stage 2 and what we said was, I have actually the tip sheet in front of me if I can actually scroll, which is always an issue, all right, the denominator and numerator where pretty straightforward, they had a very low threshold for exactly the reason we raised earlier about not everybody needs them, so we basically said, take the number of patients that you saw and then the numerator is the number of patients in the denominator who were provided patient specific education resources.

I wonder if we could do something very simple just like that but it's, you know, the number of unique patients that you saw whose primary language was not English and in the numerator it's the number of patients who were provided patient specific education materials in their language of preference and it's either a very, very low threshold, right, because now we're talking about like a percent of a percent or it's reporting the number or something like that, but something that's going to give people the flexibility they need but really incentivize doing this actually for patients.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, this is Mike, I want to dig into that just a little if I can, because your scenario confused me. So, the patient who I assume listed Spanish as their preference language, preferred language but then was offered a handout in either Spanish or English and chose English that would have technically not counted for Meaningful Use even though the provider was following their request and that concerns me of course.

If it were me I might have suggested, if I really thought it would be helpful to give it to him in both, but I can also imagine the scenario and I've had it with my patients where the patient is not only not very literate in English they're not very literate in Spanish or they're not very health literate.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Sure.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

And it's going to actually go to a family member who would prefer it in English because they're the ones who are going to help them manage the disease. So, I can just imagine all sorts of reasons why –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

We might not want to go quite down that path and to Paul's point I think having people do it is one thing. I thought the clinician you mentioned actually did a great job of suggesting that.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

I thought so too.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

That approach and so, again, maybe –

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Okay.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Flipped it, but yeah, you're making some really good points. So, what if we did – what if we, you know, go back to an offer that way it's just offered in English and Spanish, and you know, delivered per their preference or whatever, or even just an offer kind of a thing, you know? Does that do it?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Well, I think we used the word provide before.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, because you cannot measure offer unless you videotape every –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

I know.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yes.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, your scenario was a good one because I think the clinician did exactly the right thing because he or she had the tools and the connection which where we want to be. And it's not for us to force the patient to take it in some other language it's to make that – it's to provide that service. So, I think we can get all of the benefits – people either are or aren't going to do this and we can get all the benefits brought by getting to the point where they are providing this service without all the measurements. The measurements cause all kinds of burden and angst really and, you know –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

That's what we've learned and at this stage, as I say, we need to make sure that we get the useful tools in their hands and turn it over. Now, the other thing, Christine, is as we move towards the ACOs, small "a" people are going to be more and more incented as part of just general practice to make sure the patients are fully engaged and obviously it requires information in their language. So, people have that motivation we just want to make sure they have the tools to do that, to act on that.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So, I think the combination is very helpful and Mike I think the points you shared are right on and very helpful for me to hear. So, how do we make – it doesn't though – if we go with – what I think I'm hearing is certification only.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

No.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

No?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

No, so I would say, if I were to try to operationalize it myself I would say let's make it really crazy but, you know, I have a 90-day reporting period and during that time I saw 15 people where English was not their preferred language so that's certainly enough patients where if I needed to give handouts I'd be surprised if I didn't have one patient who wouldn't have preferred it their preferred language. So, to Paul's point I think it could just be one however and therefore any evidence that I've done any of that in a language other than English would probably suffice.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Well, I mean, I'm simpler even.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yeah, go for it?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

If they've hooked up diabetes which is a really good case for diabetes in Spanish, if they've hooked that up and made that available, i.e., provide, then I think they've accomplished the objective. Measuring use you could give this perverse disincentive to each even capturing preferences because then that would make you not have to do it. So, do you see what I'm saying? I'm trying to get rid of all the gaming and just say, look you've – the vendors make it possible, you've hooked up diabetes to Spanish language on patient education materials, you've done your thing and you must provide, you've attested, you provide this to patients, it's about as good as it gets.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

I'm trying to understand the measure that's where I'm – it sounds like certification only, but –

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

No it's attestation that I'm providing.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Because you're saying you've turned it on.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yeah, I've hooked it up. One, I have found –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

What does hooking it up mean? Maybe I don't understand what you're saying?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Oh, okay, so in your system, so the vendor has a feature that you can plug in this knowledge base of Spanish language document, you have put that in your database, you have enabled it so that it will look in patient preference language and make that available to the person sitting in your office. So, that's what makes what you observed in that situation possible, the provider was able to, had they not built it and hooked it up then the provider wouldn't even have that choice so that's the difference.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay, let me ask a clarifying question. In patient education materials previously what we did was it was basically used the HL7 InfoButton standard to identify, you know, the people who need patient – you know, identify patient specific education materials, right? You with me so far?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Correct, which includes language, height, weight, chief complaint, diagnosis, medications, labs and all of those things so that you can pull unique specific education material for that patient for that encounter. So, that's what the InfoButton standard does. So, it enables the function, what we could say further is that for certification then you have to activate the language standard and bring up language specific to your patient and we could make that as the criteria and then measure just how many patient education, Non-English patient education materials were provided specific to that patient.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right, so Paul what I'm getting at is I think you're saying you have to enable the function is the same as saying the HL7 InfoButton is part of the EHR so that's why I was worried about that. But, I think what Mike is saying as an alternative might be and what Leslie basically was just saying too, might be that you report the number of patients that you provided patient specific education materials in a language other than English and the number has to be more than one that's it, but that's the –

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

And in the certification criteria they have to activate the language portion of the HL7 button.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

They do.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Which accommodates any of them. So, that would work. Where – I don't know how to resolve this, but what we are hearing is the vendors will certify and test that they are using the standard and then deliver a product that isn't using the standard. So, we want to make sure that we're not – that we're carrying these standards through and that the certification somehow also requires that when you attest you're attesting that you're meeting this functionality.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, you might want to defer the certification – how it's done over to Standards Committee, but –

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, yeah, so this is Mike I'm leaning more towards what Paul said only because I can also imagine the situation where in a 90 day period, which would be the first year potentially, nobody is asked for it in a language other than English and I'd have to game the system –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

But where are we getting the 90 days Stage 3?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Well, I'm not, well –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

It should be 12 months.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Well, let's just say, okay, so let's just say, well that was supposed to be Stage 2 too but that didn't happen so I'm just assuming.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Well, only for one group.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

I'm just assuming, yeah, so – for one group?

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right?

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

No.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

For everybody.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Everybody in Stage 2 is 90 days for the first year.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right for the year group one who – right, this part, the next year basically but then after that for people who are doing Stage 2 subsequently it's the 12 month reporting period I think.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yeah.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Yes.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

It was just the exception we made for the very early adopters in year one.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

No.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

No that's –

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

No, my understanding is –

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

I think it's for everybody.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Everybody in Stage 2 year one is a 90 day reporting period by my reading of the rule.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

And that's correct.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, if that's not true I need to give lots of people an update.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

No, no, no that's correct.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Oh, maybe I missed that, I thought that it was a 12 month reporting period once like in 2015 or 2016 if you're doing Stage 2 then.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

No, it's – so I think we are at risk of it happening again, because if we have the kinds of, for example interoperability or other standards that people, we get close to that start time for Stage 3 and people aren't there yet that's why I think we have the 90 day for Stage 2 is there won't be enough vendors and customers ready, if you will, January 1, 2014 to be able to meet a whole year's worth.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

That's correct for that year.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Anyway that's the rationale we don't have to go too far into the weeds on that, but that's why I keep saying 90 days, because it's possible and it's also more plausible than 365, but it's conceivable, in my own patient population somebody might not ask for it in Spanish, I'm not sure anybody did last year for my particular patients and so I'd have to game the system like I did when they asked me to do an electronic request for information that's no longer a requirement I had to beg patients to say, wouldn't you like and electronic copy of your records so I can test my system and prove I did it.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yeah, so that's where I'm headed which is hopefully we're beyond that and that the other market forces are driving you to use this tool and we're beyond the point of us pushing you to use the tool.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yeah.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Because it just – it causes that kind of behavior.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

You know, if this is where the group wants to go obviously this is where we'll go. I just, you know, it was one of the least selected menu items I think in Stage 1, we haven't seen Stage 2, so maybe after Stage 2 I'll feel more comfortable, but, you know, this is something that the consumer community has felt very strongly about for a long time and we're just not seeing it happen and we want to make it easier for providers to do, but we also want to know that they're doing it.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, Christine, can I tell you why I think it was least selected? We almost didn't select it at MSU because our vendor almost had no way to do it, in other words, we all believe in giving patients patient specific information what we couldn't do is make sure our EHR could do the identification and if I told you how my vendor is doing it at MSU you'd be embarrassed, but the point is it was the only thing they could cobble together in time to be able to say the EHR itself was identifying the patient specific information in order to meet the standard.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Right, this is Leslie and most of the vendors have switched – most of the vendors have evolved beyond that now and that was the case –

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yes.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

In the early stages, but also remember of those organizations that chose this they had in the high 70 percent percentile of delivering patient education.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right, but that's not in the preferred language.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

But when it was chosen it went very well, so we want to now get more adoption of it.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Well, but remember also we're talking about preferred language not just the materials.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, what do we know about people not getting it in their preferred language.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

But, wait, wait, wait. Can I just ask a quick question?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Sure.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Are we confident that the same thing isn't going to happen with the vendors with this particular part of language that they're going to cobble together stuff?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

No.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

The InfoButton standard that they've had to adopt now in Meaningful Use 1 and 2 requires language – language is in the context.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

It's not an option.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So, they just have to activate it?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Yes, they have to actually select under that language.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay, good.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

And it's a requirement.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay. All right, so what I heard from the group the latest proposal on the table is that you just have to activate the language standard in Meaningful Use, you don't actually have to deliver patient education materials you just have to have the function activated. Is that correct?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Well, I heard that you had to deliver to at least a unit of one language and I also have to deliver patient education materials in a language other than English and not prescribe which one.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, Christine, I might suggest the word "implemented" and I think most of us understand implemented, so that means you put this database in and whatever language you chose it is hooked up to the system and now available to all your providers are the materials in this other language that's implemented.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay, so Paul, what I'm hearing is Paul and Mike are on the side of implement the functionality of making patient education materials available in languages other than English.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

In at least one language other than English of your choice.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Why, oh, just at least one? I guess it doesn't really matter at that point.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Right, right.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So, okay, so that's a proposal that Paul and Mike have articulated Leslie so that's not exactly what you were thinking in terms of actually deliver to at least one or more than one, or whatever? Charlene where are you at?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Where I agree that as a minimum we have to get certification so that the language is activated and patient education materials can be selected in a language other than English. But, you know, we have – Spanish is prevalent everywhere and it would be a shame if we didn't name Spanish at a high percentage or a percentage or that we're asking for some sort of delivery in a foreign language for use. I think we need to address that community in some way. What would you guys be comfortable with?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

I'm not sure what you're proposing. We're saying have implemented patient educational instructions in at least one Non-English speaking language, there obviously going to choose something that is relevant to their population so I'm not sure what you're –

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

So, you're saying activate it in not only just certification but also in delivery?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yes, that's what we said.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Okay and then would we set a threshold for that delivery? A number?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

I heard Paul say implemented without a number and I can – the only reason I would make any number is to prove it worked but that's what certification is about. But, if you want to make sure it's working at the level you could either set a very, very low threshold like one or you could ask people to demonstrate or test that it's working in a test patient or whatever, not thrilled about that in Stage 3.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Right.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, that Christine's statement can be correct I'll join Mike's – that was an interesting way just to make sure that it in fact works not that it's just hooked up, that's fine with me. So, I'll join that one and now you're still polling Christine for other viewpoints.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

I'm not actually sure what our options are anymore, but this was just to attest by the provider is that where we're at?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, no, I'll try to state it Mike is that –

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Sure.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Okay, that we have certification requirements that vendors have the ability to incorporate patient education resources in a Non-English language to their systems that makes it available to the providers. So, they have that capability.

On the provider's side the objective is that they do provide patient educational materials in at least one Non-English language and that the measurement is that at least one has been – it has been at least delivered in a Non-English language once and the rationale there, Mike explains is that we know actually it does flow through the system it can go to someone, but we're trying not to burden people down with measuring who is in the denominator. If the thing has happened then we know that it is not only activated but it does work.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

And then yeah, so that's exactly right, Paul, then I think to the point I heard otherwise is that that's matching their preferred preference.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yeah.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Which is all about the InfoButton part and proving all that works and that's great.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Right.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Right, so that's implicit in the certification piece of it?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yes, yes.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

The piece that Mike said.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Yes.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

That is connected up to the preference.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay, so that is actually the only proposal specific that we have on the table. Does anybody want to make another one?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

It's Leslie, I'm comfortable with that. I think that perhaps saying that the – and the provider then – yeah, I'm comfortable with that.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

I'd love it to go stronger, but I think that what you guys have articulated is a way that can actually be done and be done broadly.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yeah and I think the good news just to maybe give you a little more confidence is once we know it works we also know that the vast majority of providers when they can give patient instruction information in the way the patient wants it. So, if it's easy for the right one to queue up when they go to print it will print the right one.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

And if the patient creates an exception so be it that will be fine.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Okay.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So, I'm okay with it, I kind of share Leslie's I wish it were stronger, but I understand the practical points that you guys are making. I do have one question which is actually coming back to Stage 1 race, ethnicity, language, gender data has been being collected since Stage 1, my guess though – I'm wondering how practically the language question is asked and collected?

Is it, you know, is it – I guess what I'm wondering is it really about patient preference so that you really would have the data in your system that you need to know not just I speak Spanish and I speak English, right? But I actually want information in Spanish or level of – do you see what I'm saying? Like do we feel like the systems are capable of giving the doctors what they need?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Well, we certainly make that a certification requirement that they can handle the notion of preference versus “I can” and clearly if you’re looking at it from the provider’s side that’s what we want to know is there a preference how they like to – what’s the main language they’d like to be communicated with, right?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, I think –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So, you think that’s already being done is that what you’re saying Paul?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yeah, I think so.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

The other part – this is Mike though, the other part that I heard in that is that sometimes face-to-face conversations between providers and patients or staff and patients leaves them to say English when it’s actually something else. So, it just gets back to that whole –

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yes.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Patient portal process where people have the ability to enter information that flows to the EMR which at least some research would suggest they’re more honest when they’re able to do it that way.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, okay and I just went and looked at the tip sheet and it is preferred language and it says the language by which the patient prefers to communicate.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yeah.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So, hopefully that’s working. Okay, terrific. All right are we ready to move on?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Ready.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Yes.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay, alrighty, here we go, so next –

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Did we want to tackle – I'm sorry, though did we want to say anything about the visual pictorial, Braille that sort of thing?

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Oh, thank you.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

I'm sorry, yeah.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Currently the standard that is used, the content standard and the government requires that education materials be provided in – oh God Christine, what's the standard for impairment that you have –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

It's like – conformance thing?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Yeah, that's in there now for if I were to certify content, patient education materials that has to be – is a requirement. So –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Well, there's a requirement –

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

It's not under Meaningful Use.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right, it's not in Meaningful Use.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

It's under the requirements of URAC and others, and HEDIS, and many other organizations that do require that it be compliant. There's nothing in any of the certifications right now that require sort of a graphic novel approach which some organizations have come forward as saying it's much easier to address health literacy and multiple languages by using a graphic novel approach which would be things like how to handle a fever in a wound and basic, maybe the top 50 things in a graphic novel approach, that's been discussed, but the Center for Plain Language has also discussed this. I don't think anyone has come up, at least on the health literacy and the literacy side in general with any specific recommendations.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So, I think that the focus there though is the materials themselves which is out of scope for us like we can't say, you know, well it has to be this.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Right.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

You know, what I mean, like this sort of high quality or visual. I think what this is connected to though is disability status which is one of the things that has been proposed for collecting through Meaningful Use like race, ethnicity, language and gender so that if you knew that you were working with someone with a visual impairment, you know, then hopefully we would, you know, be able to – I think what this comment is saying, okay this isn't just about patient education materials in preferred language it's also about patient education materials in, you know, that accommodate disabilities. Does that make sense, which has to be connected to the data collection on disability status?

So, I'm not sure – I think I can think of two ways to approach this comment, one is to understand more what – there are current requirements through the Americans with Disabilities Act and other things about making materials available in Braille for example, I don't think it has anything to do with visual or pictorial, but certainly in Braille as part of compliance with that there is a section that basic – I think it's under ACA the Anti-discrimination section that does get to disability status. So, that may be in play here enough but I'm not sure.

The second way to handle it would of course be to say, well maybe we say patient education materials should be delivered in the language of patient's preference but also if they have, you know, visual disabilities, you know, to accommodate that as well. I'm just not sure if that's necessary given the ADA stuff, but we could ask the disabilities community. What do folks think?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

This is where we could expand the standards and certification to beyond language disability status will also be indicated.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

And so that way we've certified that the system is bringing – is it bringing up patient education materials and a disability flag is noted that we're accommodating that. So, that would be a good infrastructure step to put in.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes, sort of like a certification only approach.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Right.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

But we're not saying you've got to deliver them in a particular format but the system needs to be capable of connecting the dots and recognizing when that's necessary. Does that make sense?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Right, so specifically we would expand the InfoButton standard to include disability status, that would force disability status to be defined and flags to be set at entry point, a registration or at appointment gathering.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right, right which is already –

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

So, we would drive that, that would help to drive the use.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

I think that's a good approach, other folks?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yeah, this is Mike, I agree with that. I'm wondering if there can also be anything applied to the notion of what reading level might be appropriate.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

In general people are using plain language and not reading level.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yeah.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Because technically if you say fever and you suggest acetaminophen you've just moved it to an 8<sup>th</sup> grade level.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yes.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

So, it really doesn't work, it's –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Well you also have to –

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

– plain language works.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

I also think it would be challenging – as much as I'd love to, but it would be challenging to collect the reading level data from patients. How do I know what reading level I am? I can tell you what education level I obtained but I'm not sure that always correlates, right?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

It doesn't, yeah it does not, yeah.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, but I think it's a nice idea and we should kind of keep it on our minds as we move it forward, but yeah. So, all right, so Michelle unless anybody else has an objection I think what we're saying is that we would add a certification criteria here that gets to disability status and Leslie could work with you on the specific language. Make sense everybody?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yeah.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Yes.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yes.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Great. Great, thank you Mike for catching that.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Sure.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay, so next slide is secure messaging. All right so we – I don't actually think that we made a change at all to secure messaging here certainly not to the functionality, I think we did raise the threshold from like 5 to 10 percent, but we had a question around what would be an appropriate increase in the threshold based on evidence and experience, we actually were asking does that make sense. So, let's go to the next slide.

Okay, most, not surprisingly, did not recommend increasing the threshold until we learn from Stage 2 although some did recommend an increase, suggestions including family members, caregivers, healthcare agents and staff from the EP's practice in the measure. Okay, and then again we have the concerns which we're well aware of about, you know, patient action.

So, there is a suggestion of a bidirectional assessment measuring the timing of the EP's response to the patient, family or caregiver, in other words, okay, so let me try to summarize. One, a lot of people said don't increase the threshold but some people did. Two, there were questions about how do we include family members and I would assume informal caregivers in the measure itself so that you could count when a family caregiver sends a secure message, I'm not sure they're excluded from that now by the way, we should check.

And then a suggestion to measure the timeliness of the EP's response to the patient, in other words, particularly for Stage 3 based on how it goes in Stage 2, this is not a requirement for timeliness it is a measurement, it is just a reporting, you know, what's your average response time which system, I think all of them can do automatically without any provider burden.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Christine, this is Paul.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

I would suggest not increasing the threshold. I would say this particular threshold 5 percent is probably one of the most talked about measures in Stage 2 and the reason is the unintended consequence not of course the intent behind it.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

When we force something to be done just even – its nuance just like we started the conversation about the lists, people paste the list and it actually destroyed the very thing we intended for it to do or had the potential to do.

Similarly, by creating a threshold when there are other drivers that's the most important part, if there are other drivers for people in, even today's world, let alone the world where we're becoming more accountable, to communicate with patients in this fashion.

If we drive a threshold, drive people to do certain things just because it's prescribed the unintended consequence, and unfortunately I've heard this a lot, is people are going to basically cause it to happen without fulfilling our purpose.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, I think 5 percent is pretty much not a problem in primary care. I think 5 percent could be actually a significant problem in some specialty care. So, we don't want to drive people where it would be a problem not through any of their fault to do things that are gaming.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

That just fulfill a requirement and basically when you focus your attention on the fulfill the requirement you actually can lose sight of the purpose. So, that's what I'm trying – I think we should be wiser in this stage and we definitely want this again, certification, we definitely want this capability to be there. We would like people to understand how to use it and apply it where relevant.

As I say primary care basically it's already, every time you turn this stuff on primary uses it. So, I don't think it will be a problem for them and they'll use in a useful way and we don't need to push thresholds to make it so. We just don't want to – we want to get out of the business of causing gaming –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**  
Right.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

I mean, we want to avoid stimulating gaming to happen.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**  
Okay, so anybody in favor of raising the threshold? Just so we can keep moving. Okay.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

No, but this is Mike, so I – but I do resonate with what I think was some of the intent behind it. Yes we want patients engaged, yes we want patients not to throw their messages into the canyon if you will, never have them answered and therefore stop using it, but we also don't want them sending messages just because I'm begging them to do it.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**  
Right, right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

When what they really wanted was something before they left the office. So, I guess the – I do resonate a little bit with the notion that says if we think that sending patients secure messages is a good thing maybe that's something we can either think about incorporating or whatever.

If we think that responding to a patient's message matters then maybe that's the more relevant thing than a threshold per se. I'm not inviting any new measures or requirements, but if we were going to do anything different that would be the thing I would do rather than changing the threshold.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay, so I think we can safely say that we want to change this to go back to 5 percent. There is a star next to it that I can see Michelle, do you know what that is by the way? Was that where we said like depending on –

**Michelle Consolazio Nelson – Office of the National Coordinator for Health Information Technology**

It was linking to the question over in the right column.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Oh, yeah, okay, great, okay. So, I think we want to go back to 5 percent, it sounds like that's what the group would like to do and then, you know, I think it does raise this question about like the timeliness response reporting and I wonder if – you know, I think the reason that I would be in favor of just reporting the response rate, that's it, which is an automatic count, is because I think it does represent an advancement over Stage 2 in that we're making sure that it's working for patients and families.

We hear a lot when we did our national survey, you know, and we did some focus groups and we heard a lot that people said, well, yeah, there is some really cool technology, but like the doctor's office doesn't use it because I sent him a message about this question and they never bothered to respond, you know, what I mean. So, I like the idea of just saying what do you think your average timeliness, you know, or response rate is, but not requiring any specific performance on that.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, I might just, this is Mike again, I might just carry it a little step further, so that when we did this 11-12 years ago the first thing we told patients was don't send us anything critical.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

But the second thing we said is, the second thing we said though is you can expect to hear back from us within 2 business days and now 1 business day, so that was our very first promise to them. So, I'm not sure it's a bad idea necessarily to not only see the response rate but to set something reasonable as something everybody ought to be able to get over and does assure that people are actually actively using the system on a regular basis when they do need it.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, let me propose a way to approach this and that is by making it a certification requirements. The reason for not suggesting we have a measure on the provider's side is because it's really hard to do. So, let me also say – so one, as Mike points out, and we have the same thing is our expectation of ourselves in that we commit to for patients or at least we indicate where we think our performance will be and that of course means that you want to measure it, so that's where the certification requirement comes in.

What we find is that people – there are a lot of things that patients send us, it could be everything from thanks or just wanted to let you know that I'm feeling better or all kinds of things where a response is not actually neither required or even necessarily appreciated and then that's where you get into the, oh, gosh are we going to incent something that we're going to force people to have to respond to things that didn't even need a response.

The other piece of turnaround is people will quickly just hit the reply button say "got it" and then again it goes away from our intent. So, I think the main thing is we want to give providers the tools to measure and then, as Mike said, the market says you will return this and you have to find a way how to do that and what kind of measures, but forcing a specific measure on everybody may have or is likely to have unintended consequences.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

I wish though that the market was responsive, it's not, it's not now and they – by the accounts anyway of most of the folks that I talk to they have ways to measure, Kaiser measures their response and timeliness rate all the time.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Right.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

And so they've clearly figured out how to account for – and I'd be curious to find that out, but how to account for messages that don't necessarily need a reply for example, but they have an automated way so it's not burdensome for them.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Right.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

But, I think a lot of what we're dealing with and what we're struggling within this is, you know, if we just use like the Health IT CAHPS Survey we would not have to require a lot, you know what I mean, we would really see that these systems were being used in a meaningful way for consumers, because if you don't respond or you respond, you know, with 3 weeks later, I mean, that's not particularly meaningful.

So, I think it's good to be able to at least create the capacity to measure but before we give up on suggesting some kind of timeline associated with it, as Mike suggested, I would like to talk to Kaiser and some other folks and just see how they do it and if it poses the same challenges that you raised Paul then I think you're right, it's just a certification criteria, but if there are – if they've figured out easy ways to do it then I think we should consider it again.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

So, this is Leslie, one concern that I have is that, and not as much about the timing, but for instance we're proposing that Direct be used in Meaningful Use 2, it is in 2, and that it can also be used for patients so that those patients who have a communications method that they prefer, which is not my sickness portal, but my e-mail where it comes to me in my in-box in e-mail and I communicate securely with a physician in my standard e-mail not a tethered PHR, we want to make sure that we're not prescribing by use of a measurement a technology that would force patients going to 5 different portals or being in a portal when they're preference for communication might be the e-mail. So, I'm not sure how to balance the need for a timely response and the need to be able to communicate in the way the patient prefers.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Well, I guess just to answer that question quickly and then I know others wanted to weigh in, it wouldn't ever trigger it, it would just be this, you know, secure messaging used through the portal, so those – patients could still communicate however they want and that timeliness might not be measured but those going through the portal it would be.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Gotcha.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Other folks?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Christine, just to answer your question about the measurement, we measure it too just don't – but you have to carefully interpret it and that's sort of your workflow and who answers determines how you interpret the measurement. So, it's not that you can't measure it, its interpretation.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Can you say more on that Paul?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, you can measure – the systems allow you to measure okay this was a message that came in date and timestamp, this is when a message, but it can't read the message, went out. So, that's measurable, how do you interpret it? Is everybody supposed to have an e-mail go back within a certain period of time? If that's the way the policy goes then those e-mails will go out they won't necessarily be what's useful to patients. So, all I'm saying is from a regulatory point-of-view you don't want to necessarily force a measure that's not really easy to interpret.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So, what about the idea that I originally proposed which is you should report, because it's an automated measurement, what your response times are on average just so that folks, you know, we know they're using the functionality to measure it and we get a sense of it, you know, in terms of how it's going and data for future stages.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yeah, because –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Because it might give us some really valuable information to, you know –

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Yeah.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

That in a future stage we might say, okay, people are using this so we don't need to require this anymore but what we're seeing is some issues around X and Y and we should do this in certification now instead.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

It's for the reason of interpretation.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

I think –

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, everybody – okay, let me refer to the JCAHO requirement that you have discharge instructions on heart failure and hospitals score 100 percent and the reason is because they print the discharge instructions on all discharge forms so that's a way to get around that and score 100 percent and A+. The same thing would happen with your turnaround time is it's very easy to have an automated reply go out and then your score is 100 percent within 2 minutes and that's not what we want though, right? So, that's why I'm saying it's hard, it's easy to measure something, it's hard to interpret it and then design the kinds of useful feedback to clinicians and to administrators.

I like your idea of going to CAHPS because that's the real problem to solve and if we understood that people had clear instructions on what they should do next, had good response time that's in their judgment, because sometimes it's an update, sometimes it doesn't require a quick turnaround time and sometimes – or it needs further investigation, well let me check with the specialist first and then get back to you.

There are lots of different what's appropriate turnaround time and that's the part that's not easy to measure. So, I love the use of CAHPS to do that, because in the patients mind at least, what did you get – did you get timely turnaround, so that would be a better assessment of the problem to solve.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, I agree with that.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, this is Mike, I agree too, I thought that was a great idea, but I also, just resonating with Paul's statement, which matches a philosophy a lot of us have had which is certification before the measurement, so I guess I skip the notion that said, you know, we probably don't have certification for all the things we'd need to be able to measure here and therefore it's probably too early to measure.

In our own system and maybe Kaiser and some others, I mean, we can discern which ones need a response by the subject that we require a patient categorically enter at least, is it advice, is it a refill, is it whatever and the other thing we might do to make it a patient centered approach is to allow them when they're sending messages if they're using certified technology portals, etcetera, etcetera, whatever that are part of the EHR technology is to have them indicate whether they expect a reply and if so than that's part of what is used to measure the timing of the reply.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Well, that's interesting. So, okay, so what I'm hearing so far is go back to 5 percent and add a certification criterion that helps measure, you know, in a meaningful way so to speak, the response timeframes. And then Michael just suggested another potential certification criteria which is allowing patient to designate if they want a response or not.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Right, so basically whether it's proposed for a future stage or that we could somehow work it into this stage, I doubt it, but the notion that says we'd like to see additional features built in so that we can better discern those messages initiated at least by patients that need a reply or if we're looking at patient engagement those sent by the provider that a reply is requested so we know the patient saw it and we know what their answer to that is, that's equally important.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

You know, so let me suggest, see what you guys think of this, I think it's certainly not too late and I would err on the side of suggesting to include this concept in our recommendations to ONC and they can decide if they want to put it in the NPRM for public comment, but it would, you know, at least we would have another opportunity to continue to explore it in a public, you know, in the NPRM process for example as a certification criterion and let folks, you know, tell us about the utility of it.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Sure.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Sound good to everybody?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

It does.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Great, okay, thanks Mike and Michelle are you clear on that or we can work with you off-line.

**Michelle Consolazio Nelson – Office of the National Coordinator for Health Information Technology**

Yes.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Awesome, okay, great, so –

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Christine, I didn't catch the certification requirement for the patient turnaround, expected turnaround time is that what you proposed?

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, well that and then a potential –

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

A reporting.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

I'm sorry, go ahead, Mike?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

No, that was Paul I think.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

No, I know, but do you want to explain your idea?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Oh, well, no, so I was actually just trying to resonate with Paul the notion that the devil is in the details as soon as you start looking at what are you expecting out of that messaging to and from in terms of additional information to know if somebody is meeting the expectation behind a measure, we need a lot more information on what standards are available and needed to discern the purpose of the message, the content of the message whether a reply is specifically requested by the initiator of the message, whether a response is done, what the timeframe is, etcetera, etcetera. So, I really resonate with that before we go any further with it, but it's great to build that into the certification process if we can.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, great. Okay, so we've about 15-18 minutes or so left, so let's see how far we can go, we're going to skip the next or I mean, yeah, skip the next slide from the feedback from the Standards Committee because we already addressed that, and we have two left, we have communication preferences and we have clinical trial. So, let's see if we can get through these two.

Let's see are we on the right slide, so as you guys recall, yes, communication preference was something that has been consolidated into a certification criteria because the other objectives were adapted to say that, well when you, you know, when you do X, Y or Z, when you give patient education materials or whatever it needs to be in their preferred medium. Next slide, please.

So, there was good support for this idea lots of agreement that it's really necessary, but I think also a request that we kind of articulate the menu of communication types or media to avoid workflow challenges and then develop certification criteria around them.

So, I think and Leslie maybe you can be helpful to us here, you know, it looks like we need to ask the Standards Committee to develop certification criteria but I don't know if we need to develop the menu of options ourselves like say text, e-mail, mail, phone, fax, I don't know about that, but, you know, other. Do we need to specify the types that we're talking about or is that a Standards Committee thing?

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

I think it's a Standards Committee thing and they can go through and say here's where the preference should be gathered which is probably on the intake process and then say and indicate types and they'll list them all, you know, anywhere from paper to you name it. So, I think we should just allow for that in the certification, let standards take that on.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

But this is Mike, but at the end of the day we still have to deliver it at the practice level, right? So, if that's the case we need to make sure that there is a reality check against what typical practices can deliver so that we're not going back to 8-track tape to get patients their information.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Right, so you could say forward thinking and you could say it can be delivered electronically or in print.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yeah.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

And electronically covers fax, e-mail, text, video, you know, electronically is a catch-all.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So, actually, no this is much more specific than that because and this is what folks – what we heard from folks would be very helpful which was to say, to create the capacity of the EHR to catalog preferences by like okay, well, I want appointment reminders on the phone, but I want my labs delivered on the portal and, you know, I want my patient education materials in print, okay?

So, what I think we need to do on a policy side is to articulate, you know, very clearly articulate that concept and then to say, here are at least our first draft list for the Standards Committee to think through, but that the certification criteria simply need to create that capacity for the different channels to be associated with the different mediums. Does that make sense?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

It does to me, Mike, and I would say that is what happens with patients.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

They do have different preferences for different kinds of information sometimes.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right, now we don't want to say, so for example, I want my patient education materials delivered via text or I want appointment reminders via text but the practice doesn't offer text services yet, we can't hold them accountable to that and so I believe that what we did was – you know, because if that costs extra money and it's not part of the EHR system that's a little tough, right? So, you know, I think we said where possible.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Right.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Although, I guess printing paper – well, that comes out of the EHR too, but, anyway. So, we're not requiring the practice to suddenly develop text, but we need to have that in the certification criteria and, you know, which may need to be updated as new media emerge. So, we would just want – does that sound like a good first list e-mail? So, Michelle, help us here. E-mail, paper or I'm sorry, e-mail, regular mail, text, I don't know fax –

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Actually I would leave fax out.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

I would leave fax out of it and put patient portal as an option.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, so add portal, add telephone like phone call.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

How are we ensuring the security and privacy of the data with all these? Because so far the portal is the only thing I've heard of that is secure.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Right.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Well, but remember that's for the practice to do, so for example you're not going to say to me, you know, my appointment reminders, you know, that's different, right? You know, you're not asking for like view, download, transmit that's on-line, that's through the secure portal or through HealthVault or some other thing, so it's still the way that we normally deal with it in healthcare today, but what we need to do is create the capacity for the EHR to begin to have a menu that it can then associate with appropriate information types.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

And it doesn't relieve your obligation under HIPAA.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

So, even if a patient say e-mail it's going to come in a secure way.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yeah, I'm just nervous about my front desk person setting up text and not having a secure process and being patient centered and doing what the patient says, but –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

But we're not telling you, maybe I'm not clear, we're not telling you, you have to use text. We're giving – we're creating the capacity in the EHR for the provider to ask how people prefer but that their list if they don't offer text is not going to include text, if you don't do appointment reminders or anything via text then when you ask the question on your registration forms or previsit forms it's not going to include that because it's not an option for your practice.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

But the EHR –

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yeah, it just needs to be really clear at the operational end and the measures end and the like that that's the case and that people are not – and that it's not likely to be this downstream slope where it's not required this time but it will be eventually.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right, right, right, right. This is certification only criteria again. So, we can work with Michelle, you know, to look at the other requirements and say, you know, where the practice offers them and where appropriate, you know, that's fine. So, do folks feel like we have a good list at least for the certification process? I'm going to take that as a "yes" okay.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Do we need other social media delivery methods?

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, you know –

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Or is text enough or Twitter and Facebook doesn't need to be mentioned and so on.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yeah, I kind of think not but there might be – why don't we have like sort of an "other" question mark and we can ask the Standards Committee to weigh in.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Yeah, because I do think that is a requirement, people are asking now, you know, how do I link this to – and view, download and transmit allows me to have this go to a particular App and maybe that solves it, you know, so maybe VDT is an option.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, I know you have a way around it Christine, but I'm still sitting here very nervous about making possible inappropriate things like this text messaging, I mean, I can imagine people would certainly like to have labs text messaged to them, but it's just not possible in today's world from HIPAA.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, we're making possible choices that are both illegal and unethical I guess, but –

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Well, we could say where HIPAA compliant, because there are HIPAA compliant –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

No, no, no, no.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Because there are HIPAA compliant text vendors now and – yeah.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

No, I think we've got to back up. We're definitely not wanting to make illegal options available, absolutely no, but – so maybe what we need to ask the Standards Committee for is to say, we're only talking about, let me see if I can do this, patient education materials, Michelle help me out, I think there were three, hold on where is my big – there we go.

**Michelle Consolazio Nelson – Office of the National Coordinator for Health Information Technology**

Clinical summaries.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Clinical summaries and then reminders. So, clinical summaries, you know, aren't going to go via text, right, and things like that, but we have two issues we have talked about trying to solve, one is generally creating this capacity for the EHR to record communication preferences generally so that you could say, you could ask, okay how do you want your clinical summary delivered it's either on the portal or in paper because that's the only two options that either we can by law allow or we can just by capacity allow.

But, when it comes to appointment reminders well these are the options you might have. So, we need to have the capacity for the EHR to associate different communication medium options with different items if you will.

So, we can go and either – the original idea was you just have the kind of list of media that then the practice in an operational level could associate with different information types, but then in the consolidation process, because we were looking to get rid of objectives, what we did is tied it back to only those three things, demographics, or four things, demographics, patient education, summaries and reminders. I don't why is it – oh, oh, we put it in demographics that's why, so it's really –

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Oh, you did, family history?

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

No, this is communication preference.

**Charlene Underwood, MBA – Siemens Medical – Senior Director, Government & Industry Affairs**

Okay that's right.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

So we put it in basically like demographics so that it's patient education, clinical summaries and reminders, okay. So what people want in the public comments was a list of information types, you know, or mediums rather, media that's what we were first trying to create, but the thing that they didn't know when they were public commenting was that this is going to get consolidated.

So, now it's a more limited, for patient education it's a different set of media then clinical summaries for the reasons that Michael is suggesting. Okay? But reminders for visits and follow-up care is totally different from that. We just need to create the function so the practice can use it as they need it. Does that make sense now?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

I still have Paul saying –

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yeah, you have –

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

I wouldn't send a reminder for follow-up care by a text.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Yeah.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

And my son would demand a text for his clinical visit summary, so, I hear you but I would say the adjective that has to go through it is secure text, you know, before you even do anything. I mean, it's so obvious that –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

You're not going to – are you going to ever offer a clinical summary on text? Is that going to ever be an option for you?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

I don't know I didn't think I'd be doing half of what I do on text right now.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

No, right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

But in your practice today you would not offer that.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

But, I'd have to read the Reg carefully to make sure I didn't have to offer it though and then I'd have to check to make sure I didn't have to find a way to develop secure texting.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

No.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Because that's the only way I can meet the criteria. I know it's only certification criteria but this is how doctors are looking at –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

No, no, no but it's not – okay, all right, so it's not blanket applying one list to these three features, it is simply saying you need to have the appropriate list and we can have the Standards Committee select that, we can select it that's what I'm trying to guidance on, and then there is – but there's probably a master list of media and then we need to say, okay, patient education can go – you know, you need to collect preferences and it can go in the following ways and we can specify those or the Standards Committee, but we can – right, but that's governed by HIPAA that's not what we're doing here.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

So, I guess what you're hearing Christine is even though Mike and I actually practice in large organizations, even in large organizations let alone the small organizations they're just going to – the system comes configured the following way by default and it will make all those things available that's just the way probably the majority of systems will be turned on.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Why would it come configured that way when what we are doing right now is trying to say of the, I'm going to make up numbers, of the 10 media types there are which 3 or 4, or 1 or 2 are appropriate for patient education materials.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Because they won't do that.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

That is what the criteria is.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Because the vendors won't do that they will just make the whole pick list available to everybody that's just the way it will be delivered.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

And they'll make the category list for that the same for all of them and then you have to customize them to the ones that you're going to allow.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay, I have to be missing something you guys. I am saying that the Policy Committee and the Standards Committee and therefore the certification rule, our recommendation, would be patient education materials can be delivered via the portal, regular mail let's just pick those two, and that's what we're trying to determine the list right now. You're saying that even though we have not said that all those media should be available for this purpose they're going to be made available?

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

No, I think we're saying –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

That doesn't make any sense to me.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

We're saying that this seems like a very, very low level detail that we're trying to prescribe at a policy level when I think the objective is to have – is the communication preference.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

But you just said you wanted to – for each kind of communication to specify the appropriate methods.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

So, let me just –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Because you guys said you can't just have the list because then, you know, you're going to start making clinical summaries available on text so it has to be specified, that's what I heard you guys say.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Right, so, let me just tell you the build that would happen –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

We need a solution here.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Here's what the build would look like here, it would say the vendor provided a communication preference category list, that list contains all the things that are in the certification criteria that has been assembled, you will locally tailor that for your own organization by making communication preference subcategory A, B, C and D for each of those 4 types of documents and attaching that category list to each of those questions and getting it right for every department, practice, specialty you have.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Why wouldn't we do the work for them instead of that approach or is there some other approach?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

I guess you could. I mean, if that was part of the certification criteria is that vendors must only provide certain options for each kind of document.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

And that has to be baked into the certified technology then that might work.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay, this is what I'm saying, because we consolidated it we are at the point where we would need to go to patient education materials that objective and say, okay, the patient education materials would be delivered per patient preference and here are the following options.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Right, so, I guess –

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Whatever we think is appropriate for patients. So, we would – the only way this works, if we consolidated it, is to go back to patient education, the after visit summary or the office visit summary and then the reminders criterion and according to you guys, you know, or the situations that you're describing, and put the media options in there based on what is permissible.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

And how the product – and how they'll be used, so, anything that can be sent can be modified to contain PHI even if it wasn't originally intended to so we have to be careful of that.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay. All right, so here's what we're going to do, we'll pick – I think we're way just – I'm not totally following what our confusion is here, but we're really confused and we're at the hour, so I'm going to pull the plug on this part of the discussion. We will pick it up next time, but we'll try to do some work off-line and it may be that we need to un-consolidate this or whatever, but we need to do some work to understand more clearly the objective we're trying to meet and how best to operationalize it and we probably need to divorce it completely from the structure in which we've had it just so we can think freely about how to accomplish that objective in the most productive way. Does that sound like a plan?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Sparrow Health System – Vice President & Chief Medical Officer**

Yes.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

It works for me.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay, excellent. So, we're going to go to public comment and get ready for that, but before we do just a reminder that we will pick this up, any follow-up items and clinical trial query on our next call which is going to be May 29<sup>th</sup>, I can hardly wait. MacKenzie do you want to open it up to public comment?

**Public Comment**

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead**

Sure, operator can you please open the lines for public comment?

**Caitlin Collins – Altarum Institute**

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. And we do have one public comment.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Okay.

**Alice B. Borrelli, MPA – Intel – Director, Global Health & Workforce Policy**

Oh, Christine, hi this is Alice Borrelli from Intel.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Hi, Alice.

**Alice B. Borrelli, MPA – Intel – Director, Global Health & Workforce Policy**

I've enjoyed the conversation, I've never tuned into one of your committee meetings before, but I wanted to tune in because I was particularly interested in the last item on the agenda, the patient generated health data and I understood the discussion around what the patient gets from the clinician as he or she leaves, but what can the patient provide to the clinician when he or she comes in on a regular visit or more frequently than that, particularly the data that's being captured at home or on the go from a device, a medical mobile device or a stationary device, have you gotten to that piece yet or is it rescheduled for a different time.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

It's a good question, Alice, we have done some work on it and we've gotten into some standards, interesting standards questions, so it actually was covered on our last Workgroup call and one of our to do items is to follow-up in terms of some of the standards that might be available for remote monitoring devices and they're readiness. So, I think there will be more to come on the May 29<sup>th</sup> call.

**Alice B. Borrelli, MPA – Intel – Director, Global Health & Workforce Policy**

Okay, because we would like to be able to provide some information on the standards that are already in place and adopted by the Continua Health Alliance.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Yes –

**Alice B. Borrelli, MPA – Intel – Director, Global Health & Workforce Policy**

So, is there some way I could provide that in advance of the call and maybe sit down with a few people just to sort of bring you up to speed to where we are today?

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Great, Alice, thank you for the offer.

**Alice B. Borrelli, MPA – Intel – Director, Global Health & Workforce Policy**

Oh, you're welcome.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Any other public comments?

**Caitlin Collins – Altarum Institute**

No more comment at this time.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

All right everybody see you or hear you on May 29<sup>th</sup>. Thank you again.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Well, thank you Christine, you got us through a lot of challenging but good topics.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Great, thank you very much, have a good day guys.

**Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation & Technology Officer**

Thanks.

**Leslie Kelly Hall – Healthwise – Senior Vice President, Policy**

Bye guys.

**Michelle Consolazio Nelson – Office of the National Coordinator for Health Information Technology**

Thanks, Christine.

**Christine Bechtel, MA – National Partnership for Women & Families – Vice President**

Thanks, Michelle.