Health IT for the Care Continuum Task Force (HITCC)

Transcript
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Virtual Meeting

Speakers

Name	Organization	Role
Carolyn Petersen	Individual	Co-Chair
Chris Lehmann	Vanderbilt University Medical Center	Co-Chair
Aaron Miri	The University of Texas at Austin	Member
Raj Ratwani	MedStar Health	Member
Steve Waldren	American Academy of Family Physicians	Public Member
Susan Kressly	Kressly Pediatrics	Public Member
Chip Hart	Physician's Computer Company	Public Member
Lauren Richie	Office of the National Coordinator	Designated Federal Officer
Cassandra Hadley	Office of the National Coordinator	HITAC Back Up/Support
Stephanie Lee	Office of the National Coordinator	Staff Lead

Operator
Thank you. All lines are now bridged.

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back Up/Support
Thank you. Good afternoon, everyone and welcome to the Health IT for the Care Continuum Task Force meeting. Today we'll be discussing some of the HITAC feedback from the last meeting on the final recommendations and the transmittal letters that the group is working on.
With us today we have Carolyn Petersen and Chris Lehmann, the co-chairs for this task force. In addition, there's Steve Waldron, Chip Hart, and Susan Kressly. So, I will pass it along to Carolyn now to get us started.

Carolyn Petersen – Individual – Co-Chair
Thanks, Cassandra. I just wanted to welcome everyone again to our meeting. I appreciate the willingness to change the time so that everyone could meet and we could hopefully work our way through the transmittal letter today addressing the feedback from HITAC that is still outstanding. And perhaps agreeing on a final doc that Chris and I can sign and submit to HITAC. So, with that, I will hand the mic to Chris.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Thank you, Carolyn. I appreciate, just like Karen said, your flexibility because it's my fault that we're meeting so late. I can't meet currently in the morning because of the fact that I'm in the NICU. And there is a small chance that I might get called away. If that's the case, just continue without me. And I will turn it over to our friends at ONC to get us started at the right place. Thank you.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Sure. This is Steph. If I could have sharing screen rights I can go ahead and share my screen and we can dive right into the transmittal letter. Hopefully it will open. There it is. Okay. Hopefully everyone can see that. So, we can go straight to the substantive material. Sue, I think you made this comment on the previous document. Does this implementation consideration seem okay to you or do you want anything changed here?

Susan Kressly – Kressly Pediatrics – Public Member
Okay. Hold on a second. I had to make you bigger.

[Crosstalk]

Susan Kressly – Kressly Pediatrics – Public Member
So, I wanted to make sure that it says – I'm okay -- liquid oral medications, right? We've got to make sure that we're talking about liquid and oral because there are liquid eye medications that are not appropriate. Right? So, the wording should be liquid and oral. And then –

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Can I interject there? It should be enteral because it might be **[inaudible] [00:03:10]** entry.

Susan Kressly – Kressly Pediatrics – Public Member
Intraoral, okay. And it should be liq—and again, we want to make it – and I don't know where this is – if it's implied or I just don't – once our hands touch this it gets a life of its own. Right? And it needs to be where appropriate. Because there are enteral medications where weight-based dosing is not appropriate. Like liquid Claritin is based on age ranges not on weight ranges. So, I don't know how we communicate that. I just don't want it to get lost.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Yeah. So, that's easy to clarify by saying, "When the dosing is determined by weight." So, that's fairly easy to fix. But I have a question for you, Sue. I've been chewing on this. Because a vendor might want to go ahead and have dose calculations for all kinds of medications that might be in tablet form as well and I don't want them to think that they shouldn't be doing this. How can we formulate this so that the requirement is limited to the liquid enteral medications that are dosed based on weight? That was for, I think, Stephanie. You are typing, right? Liquid enteral medication dosed based on weight. Dosed with weight-based dosing. Liquid comma –

Susan Kressly – Kressly Pediatrics – Public Member
Liquid comma enteral.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
– enteral.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
I'm sorry. Can you spell that for me?

Susan Kressly – Kressly Pediatrics – Public Member
E-N-T-E-R-A-L.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Is that right?

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
There's a "t" missing.

Susan Kressly – Kressly Pediatrics – Public Member
There's the "t" as in enteral. E-N-T-E-R – E-N-T. There you go. Limited to liquid enteral. You got rid of the wrong "e". Enteral. There you go.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Got it. Thank you.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
That's perfect. Medications that are dosed based on weight.

Susan Kressly – Kressly Pediatrics – Public Member
I just am afraid by the time this gets to somebody writing a testing requirement I want to make sure that's clear. Right?

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Yes, but let me go back to my question. I don't want somebody who says, "I want to have my EHR also do dose recommendations if you want to dispense tablets." So, how –

Susan Kressly – Kressly Pediatrics – Public Member
So, this should be a minimum. This should be a minimum standard.

[Crosstalk]

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Yes, the minimum standard includes liquid enteral medication at a dose based on weight. Can we rephrase it that way?

Susan Kressly – Kressly Pediatrics – Public Member
Yes. And in front of the "should" should be "minimum standard includes" –

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
No, the minimum standards it should be – it's limited to the liquid enteral medication. It's limited to.

[Crosstalk]

Susan Kressly – Kressly Pediatrics – Public Member
Yeah. Is limited to.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Perfect.

Susan Kressly – Kressly Pediatrics – Public Member
The minimum standard, right? And that way, if you want to go about it you're good. Are we copacetic there?

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
I like that so much better because I didn't want to discourage anybody from going beyond that.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Okay. Good. And then we got this question during the last HITAC meeting. They asked, "What is to be the standardized nomenclature?" It's up to the task force if you guys want to expand on that or keep it broad as we have it.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Well, there currently is no standard. Isn't that correct? There's just the ability to document guardians and others. As far as I know, there's no standard terminology for that. So –

Steven Waldren – American Academy of Family Physicians – Public Member
There's some standard.

Susan Kressly – Kressly Pediatrics – Public Member
Yeah, there is. There is.

Steven Waldren – American Academy of Family Physicians – Public Member
There is. I don't think it's wholly complete though.

Susan Kressly – Kressly Pediatrics – Public Member
It's not robust enough.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Can you reference it to us? Do you know what it is?

Steven Waldren – American Academy of Family Physicians – Public Member
Well, there are two things. Number one, there is a whole on the billing side of things, the relationship to the patient field exists. But HL-7 has a table. I know, Sue, we looked this up back a long time ago in CCHIT days. I wish I could reference that off the top of my head, but there is an HL-7 relationship table that –

[Crosstalk]

Alex Kontur – Office of the National Coordinator for Health Information Technology – SME
This is Alex. It's a relationship and a subset that includes the responsible party.

Steven Waldren – American Academy of Family Physicians – Public Member
Oh, that part I didn't know. So, there it is. So, it sounds like there is –

[Crosstalk]

Alex Kontur – Office of the National Coordinator for Health Information Technology – SME
Yeah. It's a subset of the relationship. But I can get – I'll dig up that reference and put it in the chat box.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Oh, that would be fantastic. Awesome.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Okay. So, we can move on to the next one anytime.

Susan Kressly – Kressly Pediatrics – Public Member
So, wait. Before we move on, we all agreed that the set is not as robust as it needs to be. But I think we should put documentation in it to start with that standard nomenclature **[inaudible] [00:08:39]** and then identify gaps and work to make the standard more robust or something in your speech.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
We want to point to what HL-7 has and say that there are still gaps in there and that needs to be further developed. And that's what we're saying here.

Steven Waldren – American Academy of Family Physicians – Public Member
So, could it be, "encourage more robust nomenclature development toward a standard nomenclature for this content"? Because you're wanting a standard, right? Because there's –

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Yeah.

Steven Waldren – American Academy of Family Physicians – Public Member
If I remember right because I don't remember either off the top of my head. I was looking it up online real quick. There are also some other vocabularies in the UMLS that have some of these concepts as well. But I don't think there is a standard that we all say, "Oh, that's the one."

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Okay. So, are we okay with this?

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Yes. I am in.

Steven Waldren – American Academy of Family Physicians – Public Member
I think just the last T-O would go.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Yeah.

Steven Waldren – American Academy of Family Physicians – Public Member
Right?

[Crosstalk]

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
It reminds me of a bad joke. So, where are you all from? You know, I don't know if you have heard it but I'm not going to go there today.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead

Okay. Well, if we want to move to the next one. So, Carolyn, I think this is your comment. And if we want to refer to the USCDI work here?

Carolyn Petersen – Individual – Co-Chair
Yeah, I just noted that because it was something that the HITAC brought up. And this maybe is a way to work in that perspective that we need to think about them without giving away something that we care passionately about that they don't agree with.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
If it will make the larger group happy, I have no objections to it.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Okay. We can have that added in then. In the meantime, this also comments that we received from the last HITAC meeting. They weren't sure what is meant by free text as in what sort of format we are proposing here.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
That pertains to item 3 on the left, right? Can you scroll up to what is above there?

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Sure. So, this is the – yeah, the supplemental requirements.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
So what was there – so, these are parents, foster care, guardians, et cetera that can watch it. And what we wanted was that the vendor provides a dictionary that the physician can choose from. That's really what it says if I recall that correctly.

Susan Kressly – Kressly Pediatrics – Public Member
We want discrete data. We don't want just whatever. So, they –

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
We wanted a pick list.

Susan Kressly – Kressly Pediatrics – Public Member
A pick list. But that is not a techni—a good – that's too prescriptive if you tell a programmer that. We want the user to choose from a –

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
A vendor provided list of terminologies.

[Crosstalk]

Susan Kressly – Kressly Pediatrics – Public Member
A – of vendor pr—yes. A vendor provided a list of roles.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Terminologies.

[Crosstalk]

Susan Kressly – Kressly Pediatrics – Public Member
That's perfect.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
– terminology for non-clinician users access whatever it was. For non-clinician – what was it? An authorized non-clinician viewer. Provided terminology of authorized non-clinician viewers. Lovely.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Okay. So, here I just went ahead and redlined this. I guess the HITAC was a little confused by this bullet, "Allow HR to grant user access level to tag." So, I kind of edited it, but we can change this however you think is more correct or more accurate.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Any thoughts there? I thought it was pretty clear. I think what was unclear there was that this was a way for a user to identify items that he or she wanted protected. So –

Susan Kressly – Kressly Pediatrics – Public Member
So, just say that. Just say exactly that. Then there's no confusion. Let's not try to legal speak that.

Steven Waldren – American Academy of Family Physicians – Public Member
Yeah. Don't make it – don't provide the solution. When we start talking about tagging, we're actually identifying a solution. The way you said it is actually better. I agree.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
I'm sorry. Could you repeat that Chris, then?

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
I know. I've got no recollection of what I just –

Susan Kressly – Kressly Pediatrics – Public Member
Of course not. There are no brain cells left.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
We are recording, so we can always go back and get it perfect.

Steven Waldren – American Academy of Family Physicians – Public Member
Can't we scroll back on the screen? Because I maxed this up. It should – hold on. I've got to click the right button.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
I think I used the word "identify". Right?

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
We can check the transcript later.

Steven Waldren – American Academy of Family Physicians – Public Member
Yeah.

Susan Kressly – Kressly Pediatrics – Public Member
Yeah. Check the transcripts. We'll never recreate – don't waste brain cells. We've only got five left.

Steven Waldren – American Academy of Family Physicians – Public Member
The transcript won't let me scroll back, so I can't even get it.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Okay. No problem. We'll go back to there. Okay, let's go to the next one. So, here also the HITAC wanted clarification on this. But there is a comment bubble that Beth put here if everyone's happy with that or if we want to change it.

Steven Waldren – American Academy of Family Physicians – Public Member
I'm still digging through the –

Chip Hart – PCC – Public Member
I think the suggestion there on the right is actually more easily parsed

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
It's pretty good. Yeah.

Steven Waldren – American Academy of Family Physicians – Public Member
I like that. It's well written. I agree. That's a good edit.

Susan Kressly – Kressly Pediatrics – Public Member
Accept changes. Check. That's when actually Microsoft is better than Google Docs for accepting changes. The only time. The only time.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Although you can set Google Docs so that you make suggestions. You can accept them too.

Susan Kressly – Kressly Pediatrics – Public Member
Yep. Done that too. Accept – right.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead

I think for here – Sue, I think this was also a comment from you on a previous version of this. IS there anything – does this sentence look okay or is there anything else you want to be added to this section?

Susan Kressly – Kressly Pediatrics – Public Member
No, that looks good. And again, yes. It was just my let's not recreate the IIS debacle of multiple different standards in our PDMP and have the same trouble supporting an ongoing -- everybody's changing everything differently whenever they want to.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Right.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
So, you like it is as it is right now or do we need to edit it?

Susan Kressly – Kressly Pediatrics – Public Member
No, I think it's fine.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Then we'll resolve it. Okay. Thank you.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Perfect. So, another feedback from the HITAC was – so, Chris, I think I saw in an email that you already responded to their question on whether hiding data is a safety issue with data segmentation. And I read in an email –

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Yeah.

[Crosstalk]

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
I was a little bit flippant there. I said the last time I looked at the Constitution I didn't see that access to all data was a constitutional guarantee and right for physicians. So, I think there is a decision that needs to be made by patients that weighs between the desire to have privacy and the desire to disclose information to providers in order to get treatment. And I think that's not for a physician to have. That would be too paternalistic, in my opinion. And I think it's perfectly legal for a physician to ask, "Is there anything else you need to tell me that you haven't told me?" Nothing stops a physician from doing so. So, I think there is no additional need for any additional work there.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Okay. So, then I guess the last item –

Susan Kressly – Kressly Pediatrics – Public Member

So, hang on. One question. And I'm pushing back because that's what I do. What do you do if the patient is unconscious?

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
That is a great question. And you know, we could now go down that rabbit hole that we say that we have the greatest right to glass functionality so the physician can see everything if a patient is unconscious. However, I think it's reasonable to assume that when a patient decides that he or she does not want to be transfused, for example – to give you a more concrete example that happens all the time – that when that patient becomes unconscious that this decision is presumed to be maintained and that the patient doesn't get transfused. I think the same thing should be true for decisions that could be made on data segregation.

Susan Kressly – Kressly Pediatrics – Public Member
I'm totally cool with it. I just want it to be out there. Right? And so, the question is – because somebody's going to ask it. So do we leave it implied or do we state it implicitly?

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
I think when the decision is made, we should – once a patient has decided on data segregation, this segregation should be maintained even if the patient is no longer able to consent or deny consent, or whatever. That's a philosophical and highly personal decision. Let me just ask how –

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back Up/Support
I think it's actually technically also a legal decision though. I mean, that is how the laws describe consent. And patient rights of access that is one thing. But consent and disclosures, that is in fact how the law defines it. So, I don't think it's just philosophical.

[Crosstalk]

Susan Kressly – Kressly Pediatrics – Public Member
So, would you then say that it doesn't need to be here because it's already accepted as the law?

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
I think we should just put a sentence in there that says, "Patient decisions on data segregation should be maintained even after the patient is no longer able to provide consent." Yeah. The decisions made on segregation should be maintained even if the patient's no –

[Crosstalk]

Susan Kressly – Kressly Pediatrics – Public Member
Yeah. We want to just basically point out the DS4P's data segregation complies with already the legal precedents for patient consent and whatever else.

[Crosstalk]

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
How about we can have – then we ask ONC to get a lawyer to help us formulate that properly?

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back Up/Support
I can do that. We can talk to Catherine.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Perfect. Love that.

Steven Waldren – American Academy of Family Physicians – Public Member
Just a comment though. So, the notion that the DS4P protects patients' privacy I don't think is 100% accurate. Because if you still transmit that information, then you're dependent upon the entity that is holding that to maintain that confidentiality. So, the standard itself does not. And that was one of the things with the article that was sent around. I think it was a great article. But I think also there is this notion that even if it was implemented 100% correctly, this DS4P, it doesn't ensure privacy nor confidentiality. It's just an aid to get us closer towards that. And then lastly –

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
That's right.

Steven Waldren – American Academy of Family Physicians – Public Member
I'm just going to say – I was going to ask, does the DS4P have a break the glass regards to describing the permissions or the accessibility of the data? I don't remember that because I didn't dig deep enough, unfortunately. Sorry.

[Crosstalk]

Chip Hart – PCC – Public Member
The standard has markings for data elements that have to be interpreted by the system according to whatever the local rules are. So, the data may say do not disclose or sensitive information or a sensitive condition. And then it's up to the system to recognize what that means.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
And not transmit it.

Steven Waldren – American Academy of Family Physicians – Public Member
Well, that's – if nondisclosure is one of the markings, yes.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Yeah, exactly. But Steven, your point is well taken. If it gets transmitted, then the only way that it doesn't get disclosed is if the receiving entity sticks to the same rules that the original entity does and applies the same ethical and privacy considerations. Right? And I don't want to imply that this protects

data 100%. It just provides a framework on how people who are dealing with that data should be handling it in order to abide by the patient wishes in regards to privacy.

Steven Waldren – American Academy of Family Physicians – Public Member
And I don't think that changes what we've done or what we should recommend or anything at all. I just wanted to be clear. Because I think – I don't know that this group, but others may assume that.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Yeah. I think that's a great clarification. And maybe if you want to write a sentence that we can squeeze in there that would be fine. But only if you feel like it.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Okay. So, the last item is basically the privacy resources and literature to endorse. I think a few of you had a chance to look at the paper that Dr. Galvin sent over. But we can do that off-line if people want to have a longer time to read her paper and the literature before endorsing it here.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Carolyn, I think, already volunteered to find the most relevant resources. I'm going to try to look at it again over the weekend too, but I thought it was good.

Susan Kressly – Kressly Pediatrics – Public Member
Yeah. I didn't read all the resources, but let's pull out the ones that we think would have the biggest impact. And I trust you guys.

[Crosstalk]

Carolyn Petersen – Individual – Co-Chair
Why don't I look at doing that tonight and send out an email that lists a small number that I think is appropriate and relevant? Then you all can weigh in as your time permits over two or three days.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Thank you.

Susan Kressly – Kressly Pediatrics – Public Member
Terrific.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
That would be wonderful. Thank you so much.

Carolyn Petersen – Individual – Co-Chair
Yeah. That'll be good.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead

Okay. Well, I think that's it for the transmittal letter then. Other than the changes that we still need to make after today, I think that's it unless there's anything else the task force wants to discuss.

Susan Kressly – Kressly Pediatrics – Public Member
I have nothing else, but I'm happy to entertain anything else that anyone else would like to discuss.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Well, there's one thing that I would like. I've said that multiple times. And Carolyn and I had a discussion at some point of the meeting about that there is so much more need in the form of defining functionalities for pediatric EHRs. One topic that is near and dear to Carolyn and my hearts, for example, is the requirements needed to follow up of children who are long-term survivors of oncology diseases. But the most important thing that I want somewhere in the letter is the fact that this is a start. And this is, in my eyes, a very good start. But it will not get us the perfect pediatric HER. And we should really emphasize this. That this is a way of improving EHR functionality for children and that it is a wonderful first step that we think will have a major impact, but it's not the end of the journey.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Sure. We can write a few sentences. And then you can review and see if it captures –

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
That would be lovely.

Susan Kressly – Kressly Pediatrics – Public Member
So we can all spend an infinite number of hours together continuing this work. Is that what you're suggesting?

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Well, Sue, we like you so much. We want to conscript you to this working group until 2047.

Steven Waldren – American Academy of Family Physicians – Public Member
I hate to sound like a downer. But to add to what Chris was saying there, I think it is pretty clear that a vendor could meet all of these features and still not be very friendly to a standard pediatric practice flow. And the next part – what happens after this? You can be friendly to a pediatric flow and not have these features and you're not really accomplishing very much. So, it's that next part, the part that comes next, which is really starting to connect some of these dots and to really get to the core of – and also making clear that when we talk about a pediatric HER you're really talking about four or five different things.

You've got your general pedes EHR and you've got your in-hospital EHR at the very least. Those are two very different functions. And on the hospital side, you could split that into five pieces. So, I'm just agreeing wholly. This is just the start. But anyone who thinks that putting a checkbox on these items suddenly makes you pediatric friendly is disingenuous at best. So, I would like to keep going. I think that we can go a lot farther to make this technology actually improve child health than what we've got so far.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
I want to phrase it a little bit more positively.

Steven Waldren – American Academy of Family Physicians – Public Member
Oh, absolutely, 100%. I totally agree.

Carolyn Petersen – Individual – Co-Chair
And let me just say I would be happy to do whatever kind of administrative stuff is needed with ONC or through ONC to facilitate any further ongoing efforts or contribute in any way that I can as a resource for patient advocacy, and survivor groups, and whatever else. I certainly don't wish to conscript you all and I can't anyway. And I realize that you have many, many important other things to be doing like taking care of patients. But I'm here to serve. So, if that's something that's of interest to the group, I am behind it wholeheartedly. Tell me how I can help you.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
That matters a lot. As the co-chair of the HITAC, that's a great support. I appreciate that, Carolyn. I'm sure everybody else does too.

Steven Waldren – American Academy of Family Physicians – Public Member
Absolutely. And when – from my perspective, when the AAP says, "Jump," we'll say, "How high?" Because Carolyn, PCC, and ONC could coordinate all day long, but it really needs to be from the AAPs perspective. And I think that three-way combination of the ONC, the AAP, and the vendors are the way to go.

Carolyn Petersen – Individual – Co-Chair
Yep, absolutely. Even if it's entirely separate meetings and efforts from the ONC structure, I'm happy to do whatever I can to help it down the road.

Steven Waldren – American Academy of Family Physicians – Public Member
I'm just not used to an offer like that. That's great. Thank you.

Carolyn Petersen – Individual – Co-Chair
It's like if you want to get stuff done, ask a patient. Because we're the ones that have so much to gain from all of this. And people who have children with these cancers now and are dealing with it certainly don't have the time on their plate or the resources. So –

Susan Kressly – Kressly Pediatrics – Public Member
Well, thank you on behalf of the greater patient population of which we are recipients as well.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Okay. So, Carolyn –

Carolyn Petersen – Individual – Co-Chair

What I have as action items is for me to go through the paper that Dr. Galvin sent and pull out some resources and suggest those to you all by email. Is there anything else that anyone or ONC has for me to do in the next immediate time? And ONC, what are you thinking about in terms of a timeframe for Chris and I to sign off on the transmittal letter?

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Well, Cassandra, feel free to jump in. But I think our deadline is next Wednesday, the 8th. Correct?

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back Up/Support
Yeah. It's close of business on the 8th. That's when we are looking to send all the transmittal letters out so the full HITAC will have time to review those before the 13th meeting. So, this task force – technically, if you guys could get it done by Monday and get acknowledgment from the broader task force that the recommendations are approved as it, then they could come to us by close of business on the 8th.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Okay.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
And Stephanie, when you write some sentences about this is just a start thing, I would be happy to edit them if you just send them my direction.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Sure, will do. I will email them straight to you.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Thank you so much.

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back Up/Support
And Steph, I can help with getting in touch with Catherine and seeing if we can get a sentence about consistency with what is allowed – how consent already works in law.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Perfect.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Yes, thank you.

Susan Kressly – Kressly Pediatrics – Public Member
One last thing, are we done now or are we still meeting Monday to review the last piece of this one more time?

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead

Chris and Carolyn, I think that's your preference. We could either do this all through email and just sent this around on Google Docs or we can have another meeting if you think it's necessary.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
One thing I see, but I'm going to defer to Carolyn on this. But one thing that I see is that we have had, at least on this line, very little dissent and a great deal of consensus. And I think that has to do that we have people on the line that really have an interest in making care better for children. So, my suggestion is that we probably can do it offline. But I'll let Carolyn be the deciding voice there.

Carolyn Petersen – Individual – Co-Chair
I think that would be outstanding as a way to best accommodate everyone's schedules and be respectful of people's time.

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back Up/Support
So, can we open the line for public comment?

Operator
If you would like to make a public comment, please press star one on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press star two if you would like to remove your comment from the queue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys.

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back Up/Support
And operator, do we have anybody in the queue?

Operator
No public comments at this time.

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back Up/Support
Thank you. Carolyn?

Carolyn Petersen – Individual – Co-Chair
I am so grateful for everyone's efforts to do some good work around the care continuum and pediatric EHR. Again, let me express my thanks and wish you all the best as we go forward to create a better record and greater functionality for clinicians and patients both.

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back Up/Support
And Carolyn and Chris, do you want to do a quick debrief or are we good?

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair

I'm good. Carolyn?

Carolyn Petersen – Individual – Co-Chair
I'm good.

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back Up/Support
You guys are good? Okay. So, we could just cancel the debrief after this then.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Perfect.

Susan Kressly – Kressly Pediatrics – Public Member
Awesome. You just gave me an hour back of my life. Thank you, everybody. It's been such a pleasure working with you.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Yes, thank you. This has been –

[Crosstalk]

Carolyn Petersen – Individual – Co-Chair
Thanks, Susan. Thanks, everyone.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Thank you, everybody.

Carolyn Petersen – Individual – Co-Chair
Have a good weekend.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Thank you.

Steven Waldren – American Academy of Family Physicians – Public Member
Have a good week.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
Good night. Bye.

Carolyn Petersen – Individual – Co-Chair
Good night.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Bye.

Steven Waldren – American Academy of Family Physicians – Public Member
Bye.