

- We had an AHA call on Friday to get a better idea of what this first set of definitions meant.
- Some say the matrix is not aggressive enough but Dr. Blumenthal insists that they keep it the way it is for easier adoption by the providers.
- The HHS committee is now going “back to the drawing board” to develop a 2<sup>nd</sup> set of definitions by July 16<sup>th</sup>. No word yet if they will be a new set or a supporting set of the first definitions. We will do our best to find out.
- Final definitions will be due out 12/31/09.
- In the 2011 objectives, CPOE, e-Meds and EMR are all big points.
- OP means physician-based; IP means inpatient/hospital-based
- Major concerns from group about CAH’s ability to achieve the 2011 goals.
- A big reason for the large amount of objectives and measures due in 2011 is the fact that ICD-10 codes will be implemented starting in 2013.
- HIPAA rules to be published in the fall so making comments on that area is difficult at this time.
- Questions asked (the first 3 will be asked in our comments to the HHS):
  - Are clinical summaries the same as discharge summaries?
  - What vendors use evidence-based order sets?
  - Should the bar coding that is in 2013 objectives be in the 2011 ones?
  - Is CCHIT the certifying body? (As far as we know to this point, yes.)