



**HIT Policy Committee
Advanced Health Models & Meaningful Use Workgroup
Final Transcript
May 19, 2015**

Presentation

Operator

Thank you all lines are now bridged.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you, good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Advanced Health Models and Meaningful Use Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Paul Tang?

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

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Paul. Joe Kimura?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Joe. Amy Zimmerman? Art Davidson? Charlene Underwood?

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Charlene.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation
Hi.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Cheryl Damberg?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation
Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Hi, Cheryl.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation
Hi.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Devin Mann?

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center
Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Hi, Devin. Frederick Isasi? Ginny Meadows?

Ginny Meadows, RN – Executive Director – Program Office – McKesson
Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Hi, Ginny. Jessica Kahn? John Pilotte? Lisa Marsch?

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College
Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Hi, Lisa. Lisa Patton? Mark Savage? Marty Fattig?

Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)
Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Marty. Mike Zaroukian?

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

Here, good morning.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Good morning, Mike. Neal Patterson?

Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Neal. Norma Lang? I know Norma is here. Patrice Holtz? Robert Flemming? Shaun Alfreds? Shawn Terrell? Stephan Fihn? Suma Nair? Sumit Nagpal? Terry O'Malley?

Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Terry. Terri Postma? And from ONC do we have Alex Baker?

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Yes.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Alex. Samantha Meklir? Is Sam here?

Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology

I'm here, sorry, I'm with Alex.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Sam. Anyone else on the line?

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Yes, Norma Lang got inadvertently put on mute so I'm here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Norma.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

And Mark Savage is on as well.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Mark.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Hi.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Okay with that I'll turn it back to you Paul and Joe.

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

Great, thank you, Michelle and thanks everyone for attending. And Altarum could you give me the hands up screen please. So, welcome to this call we have two hours and we have three major topics, one...can you go to the next slide please?

One is to hear from EHRA about, and one more slide please, from EHRA about some of the sort of due diligence they've done with respect to how additions play a role in the timing. We heard a little bit about that before but we're going to have a more in depth briefing on that for our consideration in terms of we've already sort of laid out a few of the options with respect to how...which addition you require the vendors to go up on how that effects the timing and their level of effort.

The second piece is an update on the hearing that is occurring in just a couple of weeks, June 2nd and 3rd, and that actually is quite exciting, we've gotten a lot of good people to agree to participate.

And the third is an update on an HHS listening session related to eCare plans or however we want to term that. As you know that's sort of a key piece of good care coordination. So we're going to hear about...there was a listening session held and I think Kelly maybe summarizing that for us and then next steps and public comment. Next slide, please.

Okay, so we've invited EHRA representatives and I don't know whether Sasha or Mark are going to be presenting this slide, but to talk about their analysis in terms of the certification requirements of 2014 versus 2014 and how that impacts development efforts. Who is going to be talking about this slide?

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Yeah, hi, Paul, this is Mark Segal Sasha and I Chair the EHRA, as you know, Sasha who heads our Meaningful Use Workgroup will be presenting and I'll be available to provide any additional color or clarification.

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

Okay, thank you.

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

And we also really appreciate the opportunity very much.

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

Thank you.

Sasha TerMaat – Legislative Analyst – Epic Systems Corporation

This is Sasha TerMaat and thanks Paul and Mark. The EHRA, the Meaningful Use Workgroup and several other Workgroups have been doing a detailed analysis of the Stage 3 proposals and as we did that we came across kind of a question that we wanted to pose to the Policy Committee for consideration.

As we looked over the proposed Stage 3 measures and the corresponding certification criteria it sort of became clear, as we reviewed measure after measure, that some of the measures could be accomplished with 2014 edition certified EHR technology that providers already have but the regulatory construct of Meaningful Use Stage 3 would require them to upgrade to 2015 edition EHR technology sort of as a prerequisite to being able to do Meaningful Use Stage 3 at all.

So, our question or proposal was that if the Policy Committee were to recommend allowing the use of either 2014 edition certified EHR technology that providers have already made investments in or 2015 edition, which will be the new one that ONC has just proposed, that if it were to be allowed to use either of those where a measure could be met with either version of the certified EHR technology that this would seem to meet some of the new policy goals of providing appropriate flexibility to providers. It would give them more flexibility around when they implemented the 2015 edition and how they roll out software updates as part of that process and they could do that more conveniently without a hard cutoff date of January of 2018.

So, our suggestion for your consideration would be that where measures could be met with either 2014 edition certified EHR technology or the 2015 edition that CMS permit use of either version in their final rule.

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

And Paul, this is Mark, just two quick things to add to Sasha's excellent summary, one is we would see this approach as working in both, you know, a highly modular context as well as situations where people are using what, you know, has I think, until recently, been called a complete EHR but in effect you would sort of be able to stage in both the edition and the implementation of a particular new functionality.

Secondly, really wanted to emphasize and follow-up to your prior conversation that from our stand-point we don't see this as primarily a 2017 issue, but really one that would be potentially a more general principle that's applicable certainly beyond 2017. I think in general we're really not expecting that you're going to have a lot of new functionality...a lot of 2015 editions available sufficiently early in 2016 to support a full year of 2017.

So, I realize that is somewhat of a separate issue but just wanted to highlight that the fundamental principle that we're suggesting could be the basis for a recommendation is not one that's primarily focused, in our view at least, on 2017.

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

Okay, that's helpful. I do have a couple of questions. So, in following up on what you just said I can understand how modular you can say, okay, I'm going to use this module to accomplish this objective when you have a "complete" or "comprehensive" EHR wouldn't you...if you have to go live with 2015 for any of the functions wouldn't you then have to go 2015 essentially for your EHR and then how would that help you if you had to do that?

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Right, yeah, I mean that's a great question Paul, let me do that first then Sasha you certainly weigh in. So, obviously that's going to depend a lot on sort of the architecture and the development strategy of a particular, you know, vendor and particular product, but increasingly, as you well know, we're seeing a much more agile development approach where, you know, holding sort of Meaningful Use issues aside, sort of smaller bites, smaller changes are made to software over periods of time, you know, more frequent but smaller releases which I think certainly we've found is easier and less disruptive for customers to take up.

So, again, you know, exactly how it would work out, you know, is going to be somewhat company specific but the idea of staging in, you know, new functionality over a period of time is really consistent with I think generally the way the industry is going.

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

So, one follow-up to that for both of you, will it be clear, and maybe what Sasha should do is go over this slide, will it be clear when you do need 2015 versus 2014 to the customer?

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Yeah, so two things on that, one, yeah, I think it would be very helpful for Sasha to walk through the slide giving some examples, but I think our thinking is that this would be a situation where we would absolutely, you know, want CMS to adopt a specific policy position that then is applied very specifically to each final Meaningful Use objective and measure so there is no ambiguity from the stand-point of either the federal government, vendors or most importantly, you know, providers and users on what to do. So, with that maybe Sasha if you could just kind of walk through the slide and highlight some of the examples.

Sasha TerMaat – Legislative Analyst – Epic Systems Corporation

Sure, so Paul that's a great question and I think that I would agree with Mark, I think ultimately providers...I think it would be specified clearly by CMS per objective whether either edition were acceptable or whether 2015 were a prerequisite to avoid ambiguity. As CMS determines that the types of examples that we considered in our EHRA discussion are kind of reflected on the slide.

So, for several of the examples that you can see in row two, ePrescribing, CPOE, clinical decision support, patient education, secure messaging, sending a summary of care, clinician information reconciliation all of those are certification criteria that existed in the 2014 edition and where as we read over the measurements that were proposed for Stage 3 we were like, it seems that the functionality that was already included in the 2014 edition would be sufficient to meet the measures. In some of those cases the measure for Stage 3 is simply a change in the threshold and sort of the logic for calculating what has to be done is still the same. So, those would be cases where I think it might be very straightforward that CMS could say, yes, it seems that this measure, our policy goal could be met with either 2014 or 2015 edition and we could sort of allow that flexibility.

There are other cases and if you look in row three the view, download, transmit sort of measure where now they have a new API option would be a little bit more complicated for their consideration. If the API option is determined to be sort of a critical priority then that would have a dependency of the 2015 edition software where that's newly introduced.

If the flexibility for providers to choose whether they accomplish this with view, download, transmit or with an API is preserved, the view, download, transmit feature, as folks well know, are already in the 2014 edition. So, there is I guess a little bit of more area for determination there and CMS would have to list what they expected as a prerequisite in their final rule.

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

Okay...

Sasha TerMaat – Legislative Analyst – Epic Systems Corporation

So, those can maybe help illustrate as examples.

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

Yes that's helpful. So, let me remind the group of the context for this discussion then I would like to open it up for comments and questions. So, the context was last time we...super majority voted to keep the NPRM, the MU 3 NPRM proposal that 2017 be optional for providers and 2018 be mandatory for everyone and by the way those were all required in the 2015 edition.

So, the consideration on the other side was the lead time for development, testing, implementation and use. If it's 2017 then at least the vendors would have to have that in place, the 2015 edition in place.

So, one of the hedge ideas was what's being proposed here which is if you allowed 2014 edition for certain things, and again, as Mark said that would only apply to either vendors or products where you can take it sort of modular, in a modular approach, then that off loads some of the development time necessary to achieve 2015 certification. So that's what I think...what Mark and Sasha are proposing from an EHRA perspective as a way of offsetting some of the time pressures in development. So, let me open this up for comments and questions please. Mark?

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Yeah, thanks, this is Mark Savage; can you explain a little how you see what the change would be in the two proposed regulations that we have so that I can understand sort of how this would get...how your proposal would get implemented and I'm asking because the two regulatory packages together are not just about certified EHRs on the Meaningful Use side but also about more broadly for Health IT and I'm guessing the issue is that you would need...you're asking for a change on the CMS side where the 2014 edition module can provide the same function using the same standards that this be allowed but it doesn't necessarily change ONC's 2015 edition rulemaking. Anyway that's...

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare
Yeah...

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

I'm trying to understand...

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare
Right, yeah.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

What the actual release is that you would like to see.

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Yeah, Mark, this is Mark Segal, just I'll take a first crack at it. I think, first of all it's an excellent question, I think in general we would be seeing the regulatory action being needed primarily on the CMS side, you know, to Sasha's point I think in that second row the issue becomes how CMS defines certified EHR technology, which as you know it now kind of takes on that burden from ONC, and then one of the things it incorporates, if I'm remembering this correctly, is the base definition that ONC drives.

So, I think largely it would be how CMS framed sort of what was, you know, in effect how it was defining certified EHR technology only for purposes of the Meaningful Use Program. I think the one other conforming change which might need to be made, and we haven't looked at this in any detail, is the extent to which ONC in effect sunsets the 2014 edition and sort of just what other interdependencies are.

So, I guess my view is this is probably about 90% a CMS framing and a 10% kind of ONC conforming but it would not...I think our intention is not to effect the broader ONC focus on not having the certification rule and the certification program solely focused on Meaningful Use. I don't think we're looking at affecting that at all.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Sort of a follow-up question, when you looked at whether the 2014 edition and the 2015 edition provide the same function did you verify that the standards and everything are the same? So, for example there is an effort to move up to the Consolidated CDA Release 2. In the situations where you said they provide the same function are the standards the same, everything is the same?

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

I think, Mark, first of all, I don't think we're necessarily saying that it's the same function, in fact, you know, in some cases the function would be different by virtue of a difference in certification criteria and what's required.

I think what we focused on is not whether it's the same function but on whether in effect the 2014 edition functionality could support what CMS defines as the objective and measure for the item and in effect sort of making the argument that...and again we sort of did it at an example level.

I think ultimately, you know, CMS would have to really kind of trace through, but what we're really suggesting is that if the current level of functionality can support what CMS is focusing on for Meaningful Use than the current level of functionality should be sufficient. I think there probably would need to be some special attention around those aspects that specifically relate to interoperability.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

So, if for example CMS wrote out an objective assuming that ONC's 2015 edition would be providing it, it might actually have intended some greater functionality.

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Correct, I think what...and Sasha should elaborate on this, I think when we did this analysis we really looked at what CMS was actually calling for and in effect looked at situations where from our perspective what CMS had chosen to call for in its proposed rule could be met with the 2014 edition. Sasha anything to add to that?

Sasha TerMaat – Legislative Analyst – Epic Systems Corporation

So, Mark, I think it varies per measure and we did discuss that in our conversation. Secure messaging for example the 2014 and 2015 edition proposed certification are identical. So it seems like a wash.

For patient education for example they proposed an update to the InfoButton standard that's used for educational linking.

And so if there is a change to the standard the change would presumably require products to do development and then that would be a prerequisite if 2015 edition is required but the question we asked ourselves was could the measures set forth by CMS about how many patients are provided access to electronic education suggested by the system be met with 2014 edition or 2015 edition and we felt that it could regardless of the proposed update to the InfoButton standard.

So, providers could make separate decisions about how they meet the measure and say “yes, we’re going to meet the measure to the threshold proposed by CMS” and then separately prioritize when is the new standard in 2015 edition important to meet and implement. If the new functionality that’s part of the updated InfoButton standard is a high priority they might choose to prioritize that and tell their vendor it was important. If it weren’t they might, you know, prioritize other work like R2 C-CDA and so I think that was kind of the question and the way we framed it.

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

Can I also ask about row number four where you talked about some items in CEHRT without a direct link to MU objective, new standards for demographics, although there is not a separate, that’s one of the things in...there is a not separate MU objective it’s sort of incorporated in summary of care for example. So, wouldn’t that require 2015 edition for example if you wanted to be compliant with the summary of care using these standards?

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

I would say probably yes. I think what we wanted to do is...as you know and I think there was a good, but somewhat complex...very, you know, complex, but thorough ONC slide where they looked at the different categories and so I think we were...that was an area where we saw the dependency and, you know, if that was needed...if CMS felt again, from a policy perspective that the upgraded demographics standards or family history standards were important for interoperability or what have you then, you know, that would be a basis for them to say you have to use the 2015.

Sasha TerMaat – Legislative Analyst – Epic Systems Corporation

So, in some cases, just to add a little bit of detail, the new standards for demographics exceeds the granularity expected in the C-CDA and one of the expectations is that you would actually map to a higher level standard for expression in the C-CDA. So, I’m actually not sure that the new granularity proposed for demographics capture the C-CDA prerequisite.

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

And that would be probably similar for...because I was just looking at this, if I’m remembering this correctly for tobacco use...

Sasha TerMaat – Legislative Analyst – Epic Systems Corporation

Correct.

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Where I think things needs to be mapped to the current eight but the proposal is to support kind of a broader set.

Sasha TerMaat – Legislative Analyst – Epic Systems Corporation

Correct.

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

Okay, so I don’t see any more hands, let me ask...

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Paul, could I ask? I do have another question if that's okay?

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

Okay.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

So, taking the summary of care and transitions of care that's one where in the 2015 edition it does look for including the common clinical dataset which does include some of the items that Paul was just talking about, it also includes the upgraded C-CDA release. It seems to me that that's an area where just...where there would be a significant difference in function between the 2014 edition and the 2015 edition is that correct?

Sasha TerMaat – Legislative Analyst – Epic Systems Corporation

I think that, you know, I would agree and I think that if you were to say that some of the interoperability focused sort of summary of care and transition of care pieces were significantly changed enough that 2015 should be a focus, I mean, I think there would be a lot of rationale for sort of drawing a line there.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

And one final question which is one I had asked on a previous call, have you guys talked to ONC or CMS to ask them what they think about the idea that you're proposing?

Sasha TerMaat – Legislative Analyst – Epic Systems Corporation

No, we started our discussions of this just recently within our own association and we have framed it to you today for your feedback, very interested in feedback from others but we haven't had conversations with them yet.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Thank you.

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Yeah and just two things I'd add to that. I think one is we like you have not finalized our recommendations so I think, you know, your questions will be useful for us as we finalize this.

I think secondly, I think it has been our experience just under the Administrative Practices Act that ONC and CMS are pretty constrained from talking about these kind of proposals, you know, given the comment period being open.

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

True. I'm going to set a little context for the question to the group and then get to Mike. So, the question for the group, our position as it stands now is that we recommend staying with the proposal that we make 2017 optional for providers, 2018 mandatory with the use of 2015 edition EHR technology.

So, the question for the group is, do we stay with that as just recounted or do we make any...and we had discussed, we made available the options that we talked about which includes this, do we want to take a position on this particular issue? So, that's the question for the group to think about and I'll ask that question, but next is Mike.

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

Yeah, so thanks, Mike Zaroukian, so I want to make sure operationalizing this maybe with an example and then asking people to think about whether this adds complexity to providers and staff trying to implement this and then to vendors where it seems to potentially certainly make it easier for them to focus on specific aspects and maybe improve usability or the speed with which they can achieve them.

But the two parts I want to make sure I understand is that the first ask is that instead of having to use Stage 3 you could use a mixture of...I'm sorry, instead of using 2015 certified edition you could use a mixture of 2014 and 2015, and achieve Stage 3 certification in 2017 and beyond. Do I have that part correct?

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Yes, you wouldn't achieve...it wouldn't be the certification it's that from a Meaningful Use perspective a physician would be able to use a mix of 2014 and 2015 as specified, you know, with no ambiguity from CMS to meet Stage 3, you know, in 2017 and sort of beyond as long as CMS chose to have that policy in place.

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

Okay, great, so my follow-up question then would be then using the example that I think was mentioned earlier, the API, so let's assume for example that CMS finalizes the Stage 3 rule that says an API option must be included but that there are a number of other things that could be met with either 2014 or 2015 certified EHR technology then the vendor would then have the option of adding that in some kind of modular or other way acceptable to ONC and CMS to offer that and that would be, if you will, a special update or some kind of a partial upgrade to the EMR system that would allow the provider and organization to do that relatively easily and for the vendor to put that into general release and still have that count, if you will, as that mixture of 2014/2015 technology.

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

I think that's correct Mike and I think, you know, or it could be, you know, that CMS felt that, again the API use is optional on the provider's side, it's I think...it's mandatory in the certification side, so CMS might feel that having that capability was sufficiently important that this in effect would be required from a functionality stand-point but on the other hand that the remaining, you know, view, download and transmit, and obviously you'd have to look at the dependencies on what version of C-CDA that this did not need to be updated.

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

Okay, so thank you. So, my final question then for the group is whether some of this flexibility, which is in general desirable, ends up being pretty complex as people try to understand and be sure they're compliant with it and whether that benefit exceeds the risk.

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

Okay. Any other comments before I want to call the question?

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

This is Mark with...that last exchange generated one other thought which is we can have people with 2015 edition modules of technology sending to people with 2014 edition modules of technology and we sort of back into the same situation of can people process what they're getting that sort of synchronicity principle that we had talked about earlier.

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

That's a good point.

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Yeah and Mark if I could just...again, this is the other Mark, just again, as I think Sasha and I had indicated, I think on those items that involve interoperability, you know, this particular principle, you know, in many cases might not be applicable, but I think there are also, you know, many instances where, you know, again whether it's existing ePrescribing where the way that works, which, you know, has an element of interoperability, you know, where you're not looking at provider-to-provider exchange or just other elements that are not related to the interoperability concerns that you talked about.

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

Okay.

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

But I think definitely if you're looking at interoperability there is a strong argument to have people, you know, on the same edition.

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

So, as Mike pointed out simplicity is one of the goals of this is meaningful use. So, Charlene and then we'll call the question.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Yeah, this is Charlene, I wanted to comment on Mike Zaroukian's comment, one of the requests that I think has emerged on this one, CMS and ONC in for instance Stage 2 made it really clear to meet an objective exactly which certification criteria had to be required and again I think that, regardless of the direction we go in this particular vote or this, you know, consensus, asking for clarity of exactly...to meet an objective exactly which certification requirements are necessary is very helpful in the implementation process. So, it would be supportive of reducing the confusion.

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

Okay. Okay, so the question being called is do we stay with our current default position which is exactly as spelled out in the NPRM including use of...uniform use of 2015 edition of the certification or...and then of course the EHRA would supply their comments that are similar to what's being said here or do we want to, as a group, support the concept of a hybrid, and of course EHRA would still supply their comments.

So, is there any in favor of modifying our recommendations to include support of the concept of use of hybrid certification? And I think we'll go ahead and use the hands raise so it's the hand raise, if you look at the pull down there is an agree/disagree. So, for agreement would be to add the support of this...add support of the hybrid concept in addition.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Paul, just to make sure I'm understanding...

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

Yes?

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

You're sort of switching it, so it's not...agree is not to stay with our default position.

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

No, you're right Mark, let's...

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Okay.

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

So, agree is to stick with our existing which requires 2015 certification uniformly let's make it that way please.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Okay, so can I revote? Because I...

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

Yes, yes, thank you, yes, in fact you already did.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

I voted on your first one.

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

Yes. Okay, so I'm going to count. This is to stay with our existing which is 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. Okay and to support the hybrid explicitly I have 1, 2, 3. Okay so it's 10 to 3. So, we still have a super majority wanting to stay with our existing which is as proposed in the NPRM optional 2017, mandatory 2018, and 2015 edition. Okay, well, thank you Mark and Sasha for bringing that to our attention and of course I'm sure you'll be writing in those comments because I think it's helpful for CMS to consider that.

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Well, Paul, in the Workgroup we really appreciate the time and the great questions and dialogue.

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

Yeah, hopefully the feedback will help you as well...

Mark J. Segal, PhD – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Absolutely.

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

With your comments. Okay, thank you everyone. We'll move to the next agenda then...sorry? Next agenda is an update on where we are with the hearing and Alex are you or Sam going to be presenting that?

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

I think we're going to trade off Sam is going to start us off.

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

Okay, great, thank you.

Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology

So, good afternoon everyone, can folks hear me okay?

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

Yes.

Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology

Okay, super. So, just to provide an update on the hearing, which is approaching for early June, thank you all for all of the support and input as we've been planning this over the past few months it's truly been a collaborative effort and so we wanted to loop back with all of you and provide an update before June.

So, to look at our purpose statements, again, really looking at how we can scale advanced health models in support of looking at the delivery system reform goals. So, when we started to plan this hearing early in the fall it was before the Secretary's announcement and we were looking at and talking about accountable community health models and integrated holistic models and really think this hearing is well timed so that we can look at exemplar models to inform how we can support using HIT to help reach a lot of the goals the Secretary announced a short time ago as they relate to delivery system reform efforts.

So, the hearing objectives on the next slide, again, really there are four key objectives I won't read through them all they really resonate with a lot of the earlier discussions that we had in planning and shaping this hearing in the fall. But again, really looking at how we can support health and healthcare for individuals and communities and clarifying and looking at the functional specifications of the key HIT elements that are required to support these models and then focusing on understanding how these different data sources support a longitudinal comprehensive view of an individual looking at clinical and non-clinical and human services, and social services, and supports, and behavioral health services, and data from different sources such as plans and employers, and generated by patients themselves.

And then again, really focusing on understanding the opportunities and challenges, and the policies needed for scaling and sustaining the IT infrastructure that will help promote these models across communities so that we reach a point in delivery where the exemplars are less than exemplar but more the norm.

So, the format for the hearing is, there are two days, the first day on June 2nd will be a full day, will be broken into three key panels and the day will kick-off with opening remarks from HRSA, CMS and ONC, and then we'll segue into our three panels.

In our first panel we'll have four individuals providing testimony and then the second and third panel each consist of three panelists. And each session will have time for public comment. I'm on the hearing format slide, is that okay?

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Could you move the slide forward?

Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology

Sorry, I forgot to tell you to...yeah, thank you, apologies. So, for day two that will really be when we come together as a Workgroup to talk through what we heard on the first day and really focus our efforts on drafting those recommendations that we'll present to the Health IT Policy Committee from what we heard and learned. So, that will very much be a working session for this Workgroup in drafting those recommendations and that will be a half day on the 3rd. Next slide.

So, again, there are three panels. Panel one is really looking at this, the advanced health models that integrate data in support of health for individuals, really the holistic health models, the full view and whole perspective and looking at how they integrate data across the continuum of care as it involves medical and non-medical service providers.

In the second model we'll transition to really focusing on the wellness for the individual across the continuum and this will be interesting, folks will really be talking about the approach and their intervention for helping people to stay healthy and really what it means to have an advanced health model where it's not about the clinical visit but it's really about supporting individual's health in the setting of their choice which is often the community or by collaborating and having partnership in place with key organizations. And so we will hear...and we'll move into that.

And then the third panel will really look at some of the interventions that are supporting individuals with complex chronic conditions. Okay, next slide.

So, Alex and I are just going to speak very briefly about the different organizations that will be part of each of the panel and we will be team tagging this back and forth. So, first we have Hennepin Health based in Minnesota, Alex did you want to just provide a few remarks on Hennepin?

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Sure, so, I think a lot of folks are familiar with the work that's done in Hennepin they really have a unique model that includes both the county health delivery system, a number of specialty providers, behavioral health providers, etcetera that are located at the county but then they also have incorporated a number of the other social service providers in a governance structure that tries to support shared accountability for the core population of patients that they're focused on. Supporting that is an EPIC-based platform as well as...in which they've also integrated other data sources from some of these social service providers and have really grappled with a lot of the issues of how to make the core data that they're collecting available to a wider range of providers across the community.

Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology

Thanks, so the Institute of Family Health is based in New York and we spoke to them about their intervention that really they refer to as their social HIE or their community portal and it includes providers and organizations, it brings in developmental disabilities, foster care, substance abuse, food pantries and they walked us through a use case, an example of how this community portal, this social HIE works and it is really about supporting the individual and all the different community settings so if you show up at a food pantry and you tell the person, you know, that stuffs the bag at the food pantry that, hey, you know, the doctor said you need to watch your diet but you don't really remember what that meant or what kind of food you're supposed to eat or stay away from, they actually can log onto the portal and find out that health information that they should be...they're able to access and they should know to help you fill that bag at the food pantry.

So, they talked through some examples with us, shared some results with us through articles that are forthcoming that look at outcomes and impact and they also talked about their vision for getting claims data for behavioral health and some of the challenges in that space and some efforts focused on looking at the high utilizers. And really their vision for having, you know, all community-based workers empowered to provide health services as individuals need so like having someone who is providing the Meals-on-Wheels ask a PHQ-9 type question and record and enter that.

But they are accessing...folks are routinely accessing and using the community portal through this social HIE right now. So that is...and the Institute of Family Health is a health centered controlled network so there are a lot of different safety-net providers that are part of the institute in New York.

What's the next, Community Care of North Carolina so they created regional networks, this was beginning about 15 years ago and looking at a central program of community networks and they have a robust statewide informatics platform that they develop with community partners beyond the doctors and the hospitals. They are really focused on interventions around transitional care and they have a care management share camp they call it their CIS, their exchange care management that shares care plans across settings and it makes longitudinal patient records available to the care team and this involves...the folks that access and use the CIS include social workers and a range of various disciplines like all part of the local network infrastructure. So, they have a rich experience and model.

They are not doing the direct exchange execution it's more that they're capturing the data, what's important, they call it the patient context, but those social determinants, the information on the individual that they realized early on is really important to help provide wraparound services and it's more than just clinical information.

So, they have over 1600 care managers that use this as their native system and the information flows with the patient because a lot of people with common user interfaces are accessing this and they have a backend infrastructure to use the CIS and so they'll be focusing on trying to...now they're thinking about how to liberate the data and getting it more into the workflow but it's used routinely by mental health and social workers and different user groups. So that is a collaborative model in North Carolina. Alex do you want to talk about Dallas?

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Yeah, so the Dallas example, the organization is a research arm of Parkland Health System in Dallas. They are a large integrated health system but have been working for many years on issues around the impact of social determinants of health on their patients and in the past number of years have looked to extend that integration through better HIT infrastructure.

They have actually created a piece of case management software that's been adopted by hundreds of different community organizations across the metro area and their current work is to integrate the data that is received...that they have access to by setting up that network with the HIT infrastructure that supports the health system with the goal of really having a pretty sophisticated network infrastructure that covers both the clinical delivery system and the services that are being provided by all of these organizations in the community.

Do we want to pause for a moment and see if people have responses to both the framing material that Sam gave or to anything about the panel structure or the first panel organizations?

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

Why don't we go ahead, we are time limited so in fact I'd suggest even shortening up the description of each panelist.

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Okay.

Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology

Okay, sure, panel two, next slide, okay so South Central is based in Alaska they're comprised of many different health centers and they really talked to us about how they've been transforming their delivery system to focus on the customer and really what it needs to support the customer so reducing the need for an actual clinical visit and kind of flipping the paradigm or changing the paradigm I should say.

They talked to us about their central data warehouse that contains information from social services and how they collaborate with the sexual assault center. They also run a Head Start Program and they really described to us their vision for kind of like the Amazon customer experience going forward and they worked closely with Cerner on kind of looking at neighborhood resources and mapping a lot of that information.

So, moving onto the Alliance of Chicago, the Alliance Health Center Control Network based in Chicago also supporting REC, they have done some work with the University of Chicago with Stacy Lindau's group, the Community Rx Program where they can integrate in the EHR that social determinant type information along with the community resource information and there are a number of other related interventions that they can speak to as part of their advanced health model as well, and Dr. Rachman is a pediatrician as background and can offer a pediatric perspective as well.

SASH Vermont we spoke to they are kind of part of Vermont's overall blueprint, it's a 3-year-old program that looks at coordinating health and wellness using affordable housing locations. So, they talked to us about how they support high need individuals, those are the patients they want to reach, those are the ones that are in housing how they build relationships and have bundled payments out to support, you know, a patient centered care planning and using the community health workers and teams based in housing, in public housing units. Next slide.

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

So, then the final panel we have an innovative project from Buffalo this is done under a healthcare innovation award in which...and it's focused on using ADTs sent through the Regional Health Information Exchange, these are received by nurses who are then able to determine which are high risk discharges that require additional coordination and identify those for additional interventions. And then they use an assessment tool that captures social determinates of health information as part of how they build their plan for each of these identified high risk populations and that information is shared back with the entire team.

Advocate, another one that folks maybe familiar with, this is a large health system in Illinois, wanted to include these folks so that we had a good example of how this is really being done in a large sophisticated health system that has a wide variety of types of settings across the care continuum including a number of long-term care facilities that they've been able to do clinical integration with and are implementing different interventions in which they're able to risk stratify patients based on the information that they have in their own enterprise HIE.

And the final one here is the San Diego Community Information Exchange, this is a platform that is similar to the Dallas example that we talked about before. They are building interfaces with a number of community-based service organizations across the San Diego area in order to bring that information together and put it in the hands of both case managers at these organizations as well as teams fielded by the county to focus on high utilizer populations.

Their initial focus for using the data has been on the downtown homeless population and trying to ensure those individuals are connected with appropriate services and reduce their use of acute care, but they are expanding that to focus on a senior population aging at home and in the future also are planning to connect with the San Diego Health Information Exchange.

So, that is it for the panels. I think at this point Paul we'll turn it back to you if you want to get questions.

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

So, thanks to both of you. They've been doing a lot of research work trying to find...as you recall from our earlier discussion what we're trying to do is get people who have experience doing some of these things, you know, coordinating across the continuum, using the information in a shared way that is pretty hard to come by in today's world but as you know that's the desired world for the future.

So, we're trying to get people who really have experience with this both to understand the information required, how you build it into the workflow and what are the HIT requirements for that. So, I think they've done a great job at putting together some of these panels and panelists. But let me open it up for comments. Lisa?

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Yes, thanks so much this is just terrific and it's so clear that so much careful time and care has been put into identifying all these participants for the panelist's testimonies and I'm so disappointed because I was able to join the meeting in the first set of dates that was identified but since it's been rescheduled I can't join next week and I'm wondering if there is any plan to have a summary available to folks on this committee from the panelist's testimonies next week?

Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology

So we will...there will be a transcript available from the hearing and the hearing I believe like our FACA, all FACA meetings will be recorded is that correct Michelle and should be accessible to folks soon after?

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Yes, there is also a summary that's always created after the hearing as well.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Yeah, so that would be great, thanks.

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

And any of the written testimony we receive will all be on the website.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Perfect.

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Which is...documents.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

It looks like a terrific line up.

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

And Lisa if you're available the following morning when we're discussing recommendations, you know, we can tie in.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Okay, unfortunately I'm committed both days, but perhaps I could join for a subset of the time depending on when it starts.

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

All right, thank you. Norma?

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Hello, I don't want to bring up a whole different...this is really...they did a wonderful job, my concern is in the first slides when we define this and I'm still struggling with the use of medical, non-medical and that sometimes is so determinant as to what really gets into the real data repository. I wish someplace along the line we could come to some agreement on that.

These terms we sort of just throw in there but they do ultimately make people choose, so medical, non-medical, health, social determinants and clinical services sometimes get all mixed up. So, if we could be careful or at least make some attempt...I know that you've used that term a couple of times as well. So, thanks.

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

Well we certainly can change the clinical, non-clinical or some other proposed...yeah; we definitely can change that before it gets posted...

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

But even that, if you go to “a clinic in the community” is that clinical or is it...it’s just I know out in the real world kind of confusing, thanks.

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

Yeah. Next is Mike.

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

Yeah, so thanks, I noticed that Advocate Health System was called out specifically in terms of some of its efforts and how they’re supporting different value-based payment models so I think that’s great and again kudos for how this was put together. Do we know explicitly whether other or how many other organizations are going to be able to speak to the issue of how they’re supporting different value-based payments and if so how it’s working so far?

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Yeah, we’re definitely going to ask folks to speak to the business case and, you know, in our calls have definitely heard a lot from folks about how they’re, you know, looking to new payment models as part of their sustainability plans. So, it’s not as clearly called out in these short little summaries, but we’re definitely planning on getting that input so that will be tee’d up for discussion.

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

Thank you.

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

Anyone else? There was somebody who withdrew their comment? So, my...is this group okay with proceeding forward? I think these people have been invited and accepted is that correct Alex?

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Yes these are all confirmed.

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

Okay, so this...it looks like a good group, we’ll have quite a bit of information coming to us and we’re inviting the Chairs of the other Workgroups to this as well, did I get that right? And then we’re expecting to turn this around very quickly so we’ve adopted a style where we sleep on it and so we have some initial discussion at the end of the hearing and then we sleep on it and then we really develop our recommendations the next morning so that really gets a quick turnaround. We’ll present them back to the full committee to vet and then we’ll get that off to HHS so that it can then be...it can help influence some of the rules that are coming out. Very good, thank you very much. Okay, thanks Alex and Sam.

And our final topic is, is it Alex or Kelly going to present this?

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

I'm going to present this.

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

Okay and this is on the listening session for eCare Plans or the plan for managing your health across your lifespan rather than just at the very end and how can we do that in a shared way and that of course includes the person and their family. So, Alex is going to brief us on that.

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Sure, could you go to the next slide? So, this listening session was a joint effort by a number of different HHS agencies, we have internally for some time had a lot of interagency discussion about this topic and as folks know in the 2015 edition for the certification rule there is an optional criteria proposed related to the new C-CDA template or new care plan template in C-CDA release 2 which was the product of a lot of S&I Framework discussion in addition to HL7 and our broader concern is, you know, we can work on these standards a lot but unless there is greater adoption out in the world of working with these documents and these tools within clinical workflows we're not going to make a lot of...get a lot of traction on the actual use of the standard.

You know this is definitely something that ONC is interested in but we understand that there is only so much that we can do from our position and so have been trying to really build a collaborative kind of approach both with our partners across HHS, partners elsewhere in the federal government and stakeholders outside of the government which will really need to own and drive this work.

So, we held this meeting sort of a fairly small meeting designed to...a listening session to involve some outside experts and just further our thinking a little bit as we continue to try to address this issue and here are some of the objectives that we put forward. Next slide.

So, I have a lot of bullets here which I'll try to run through quickly and take questions. These are organized around some of the discussion questions that we had posed to those who were at the listening session and again, just to be clear, this is a listening session where we were receiving input from individuals outside but, you know, it was very different than the kind of work that you all do in terms of coming to consensus on specific issues.

So, at a higher level I think we heard a lot of really strong points about what folk's vision is for shared care planning that involves really a virtual care team across the continuum. As Paul just said there was a lot of focus on how we should move away from the idea of a care plan and really think about a plan for health. The current approach is very focused on what some folks term the disaster recovery plan when something has gone wrong for an individual and what we need to move towards is a plan that's pre-emptive and that is able to track warning signs and issues before negative consequences happen.

Folks suggested plans that would be...instead of organized around, you know, problematic issues, could be organized around life passages for patients. There was also a lot of interest in how better care planning tools would support clinicians to have more realistic conversations about tradeoffs between quality of life and continued treatments and procedures that this is a key use for this tool.

Also a lot of interest in the kind of data that could be captured through care plans both to support immediate decision making but also to support broader community planning. And then finally, a lot of interest in this tool as a way to ensure that “downstream providers” home health, other providers like that are able to engage in a feedback loop with hospitals and use this as a tool to do a better job of closing gaps in care. Next slide.

So, certainly heard a lot about the barriers to establishing these kinds of processes for care teams in the real world. The fragmentation across the system just continues to be a major challenge for implementing these kinds of approaches. For patients who...despite the need for this, in that patients that increasingly are only seeing or seeing many players only once or twice there is a real need for tools that can support better care coordination but at the same time challenges in terms of finding...identifying the right care team member that’s really responsible for supporting a tool like this.

Heard a lot of discussion that I think validated some of our earlier thinking about how there are, you know, many different approaches to this concept across disciplines and that’s a challenge that the training which nurses receive, which is very focused on care planning, is very different from how physicians prioritize this and we need better alignment around the common elements of these tools that different types of providers could use in order to really make these approaches work.

Heard a lot of concerns about the ability of vendors to really build tools that will meet the needs of physicians in this area and that in a lot of cases they are still focused on Meaningful Use.

Also heard a lot of issues around how folks do not...would not want to see electronic care planning tools exacerbate the data dump problem that a lot of clinicians are currently feeling in terms of having, you know, huge amounts of non-prioritized, non-filtered information sent to them that doesn’t include actionable information. Next slide.

Sort of a corollary to that heard a lot of good suggestions about where the Health IT tools need to go in order to support these approaches. Heard a lot about the kinds of data that the care plan needs to include which are currently included in the standards but...or much of which is included in the standards, but will need to be more robust including functional assessments, social determinants of health information and patient surveys and assessments.

A big theme that we heard is that the standard that we have, the new C-CDA R2 standard is fairly agnostic about implementation and we need a lot more support from different sectors in order to put better guidance around how to use that standard. For instance there is a section there about patient goals and folks suggested that it needs to be common practice to ensure that those goals are captured in the words of the patient and that we could do a better job of understanding best practices around how you have that conversation and appropriately record patient goals in a common way.

Heard, similar to the data dump problem I mentioned before, a lot of interest in tools that are able to filter information and drill down to just the actionable information that a specific clinician needs to see. A big challenge is currently around how that...you know, the C-CDA is focused on a static document and there is a lot of interest in getting past that to move towards a document that’s really dynamic and can be updated by many different users in real-time which is part of the work of ongoing standards efforts I know but definitely heard that validated from the group. And then also heard a lot of support for being able to use care plans to do task tracking and help clinicians to better manage the interventions. Next slide.

So, also heard a lot about how we do a better job of making sure that this tool is used to effectively engage the patient and indeed how we should be moving past a patient centered care plan and really be thinking about this as a patient or individual directed care plan, or health plan.

Heard a lot of need to focus more on these different processes such as what are best practices for patient caregiver proxy access, what are standard ways to ensure patients and caregivers can input assessment data and monitoring data that can be found in the care plan, how do patients input and prioritize goals and how do we use the care plan in order to engage patients in meeting the goals that are listed there.

One challenge that was put forth is that the sort of traditional care plan document is going to...we're going to need to do a better job of understanding how that works within mobile Apps and other future forms of technology that will be of more interest in the future.

And then a lot of interest in insuring that patients have 24 hour access to the care plan and that it is described in language that patients can understand as opposed to a lot of the jargon that's currently used to describe things like activities of daily living. Next slide.

So, I'll move a little quicker here. This item I think a lot of folks are wrestling with how we build this into care team workflows and, you know, just heard a strong sense of the need to understand things like who is the appropriate steward of a care plan, how do we ensure and create rules around access, role-based access for different care team roles.

There was definitely a lot of support for the patient centered medical home as the kind of entity that could be the steward for the care plan, but folks also identified a lot of cases where that would not be true and that would need to be flexible in terms of how we think about those models. Next slide. So, at the end of the day we got into some more of the specific ideas that people had for what role government should play in this work and heard a wide variety of suggestions but a pretty strong sense that there is an important role for government in both accelerating this work and in ensuring that requirements are aligned and pointing to the same kinds of processes and tools.

A lot of interest in more reinforcement for payment policy of the kind that was finalized last year with the chronic care management service in terms of better ability to reimburse providers for non-face-to-face services that are used in care management.

A lot of interest in focusing through MU policy and other incentives on how we sure up the ability of long-term care settings to participate in these processes. Sorry, my computer just went off...and especially in terms of how MU criteria for patient engagement map onto LTPAC settings and some of the challenges there. Next slide.

Heard a lot about quality measures and that outside of specific incentives this is a potentially fruitful area for driving better use of care plans and that we should continue to explore a lot of the different measures that are still in early stages of development that could give people credit as part of quality frameworks and value-based payment for use of care plans.

Then also heard a lot of interest in using technical assistance programs like what we're going to see as part of the transforming clinical practice initiative to really disseminate best practices and guidance around eCare planning processes and tools that can be used by providers who are working on clinical transformation projects.

A lot of interest in, and this is not necessarily something for HHS, but folks definitely talked about some of the legislative activities around ensuring that different providers can practice to the top of their licenses and that this is an important issue for care plans in terms of other providers being able to write orders, conduct additional assessments that are part of the care plan. Next slide.

And then finally, heard from...besides the government what can stakeholders do outside to advance work here. Definitely a big one that was mentioned before is that we need better visibility for these issues in training for physicians, for nurses, for other disciplines to really think about how to deliver care in a team-based way and understand the use of something like the shared care plan as a common tool that is really integrated into how clinicians are trained to deliver care.

And then a lot of ideas about some of the additional research that needs to be done that could be done by the private sector or potentially sponsored by government. While there is a lot of interest in this work there is a recognition that we need more understanding of where the market demand is going to come from for this for both vendors and developers creating these systems and for the providers that will need to adopt and implement them. And also a lot additional need for really rigorous evidence of the impact of folks who are implementing these kinds of interventions so that we can start to understand a critical mass of evidence here.

And then finally a need for continued strong communication between physicians and a broader set of care team members to help interface with vendors and really understand what we need here in terms of tools and how these tools should evolve.

So, I will stop there. Do folks have questions about any of these things that we heard during the day or next steps?

I guess I'll just mention we're taking this input as sort of part of our ongoing project around here and trying to think about what this means for work that's being done within the department but also, you know, very interested in other things that this can spur in terms of outreach with outside groups but also want to think about, you know, to what degree there are questions here that the Federal Advisory Committee would be interested in taking on and adding value on.

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

Well, thanks Alex and before I get to questions, what are the explicit next steps you're looking for? What is the agency and department want to do with this?

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Yeah, so again, you know, a lot of this is the internal next steps are about an ongoing process of understanding, you know, all the different places where department policy touches the care plan issue and ongoing conversations about how we can get better alignment and do better acceleration.

So, I don't know if there is one specific item there, but, you know, this touches a lot of regulations that are, you know, always in the process of being updated and also touches a lot of programs like things like TCPI where we have opportunities to educate and build awareness among staff that's working on those projects and make sure that we're sending a common message and guidance about care planning approaches.

Definitely another next step for us is following up on some of these, in terms of external stakeholder outreach, following up on some of these training issues. We had some folks, some relevant folks on the day of the meeting but definitely have more folks that we can, as ONC, reach out to so that will be another issue.

But then I think the following step is really what we do within the term of certification policy and the Policy Committee work and I think we're still trying to figure out what that next step should be.

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

Well, when you say, this touches a number of rules or Regs then...so you've listed a bunch of findings which are very interesting, informative, I don't know that they're specific conclusions. Were you looking for, let's say the Policy Committee to help look at this and draw some recommendations or how do you get from what you heard to what the government should do as it relates to various Regs or programs within the government that wasn't necessarily clear...

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Yeah, so again, this is a listening session that we wanted to use to get some other folks in the room and, you know, hear ideas and validate some things that we'd been hearing as opposed to this is not an immediate vehicle for recommendations back to us and was also an opportunity, you know, for some of our HHS partners to hear more about the on the ground challenges around use of these tools.

So, I think the question of how we get from this to actual recommendations is kind of the period that we're in right now and thinking about what next steps we would need in order to turn this into, you know, in the context of ONC Policy, Standards Committee recommendations out of those groups.

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

Are you planning to ask something specific from us or...

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

I think that's...you know, we've discussed having this topic on the AHM agenda in the future.

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

Okay.

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

And I think we want to, you know, continue to have that dialogue to figure out how to scope that kind of work.

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

Okay, thanks. Norma you still have a question or was that your question?

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Yes, thank you.

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

Okay. Then Charlene?

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Yes, this is Charlene Underwood, I wanted to make two comments. Number one, I think the observation that was made that this should be a health plan perhaps rather than a care plan was pretty powerful. So, again, in the dialogue I think that's something that should be considered for the recommendations and perhaps sooner than later.

Secondly, what I think would be incredibly valuable if we're investing a lot to move from Stage 2 to Stage 3 as part of the community and the sooner there could be, if you will, a roadmap for that discussion, you know, to get to this cross the continuum plan, whether it's a health plan or a care plan, would be very powerful to make sure that the trajectory we're on and the investments that we're making will get us there.

And I'm going to give you an example, I think at the Policy meeting last week the comment was made that, okay, we don't even have eReferrals down, well eReferrals is going to be an important that's automated as part of managing a care plan so that trajectory of steps to get us to kind of this vision I think is important to do sooner rather than later and it may organically grow but on the other hand the guidance to start to discuss it from that context would be very helpful.

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

Thank you that's also helpful. Mark Savage?

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Thanks. Thanks Alex, I wanted to lift up an example from the 2015 edition NPRM of birth plans which is added in the patient information capture, I forget the exact name of the criterion, but it struck me that that's also a good example of care planning but from the affirming side not sort of responding to a chronic condition and one that's quite prevalent in practice right now we just haven't really thought about it that way perhaps.

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

Good point. Mike?

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

Yeah, so just, I thought this was great background, great areas of detail but to maybe try to describe sort of the main thing from a PCP or PCMH perspective where I live in terms of what is needed, I think, you know, the key thing for making progress early on is, whether we call it a care plan or something else, this agreed upon documented and dynamic plan for condition or health specific, you know, actions around who will do what by when with follow-up on status or progress revisions, expansion, you know, completion or even removing it with a real highlight on usability and interoperability so that we can confidently make progress with patients, other specialists, primary care physicians, staff, everybody being able to contribute to it and having the really main focus on who does what by when with follow-up would be a key. And I think the rest of the detail in here really helps flesh out some of what's needed for that, but I'd really want to make sure we stay focused on those goals.

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

Thank you, anyone else? As Alex mentioned we did have care plans, I don't like the term, but the health plan on the agenda...oh, somebody and there was a mention of life plan or life stages or something like that, but this, as Charlene pointed out, this would be a central infrastructure tool in order to conduct care coordination as an example or referrals, or a whole bunch of things that have been sorely missing because there really wasn't any place to put it.

Now that we are developing this electronic infrastructure we do miss this tool that we can all agree on as sort of like a problem list and I think it is important and in the absence as we move towards interoperability and care coordination we don't have around "what" and we don't have the patient's voice and the person's voice in it.

So, does this group feel that it is a worthwhile project, a Task Force for us to take in this feedback, which is really rich, and try to formulate recommendations about how HIT can contribute to making this a reality and a useful tool? What are people's sense of that? Terry?

Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital

Yeah, you know, I think this is the core of what this Workgroup is all about and if you think about, you know, we have plans and care plans, and life plans, and health plans, and...

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

Birth plans.

Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital

Yeah, birth, death we have a whole bunch of plans, but, you know, the plans all share a couple of common ingredients. They all have an index, you know, your problem list or list of health concerns, but they all need to have an organizing principle that allows you then to assign priorities to the issues, to assign people to deliver, to identify outcomes, to identify when the process doesn't move forward or does move forward, so they all share that, what they don't share is there is...well they all share that common organization and if you think of them being nested, you know, so there is an LTSS service plan, there is an LTPAC service plan, there might be a patient centered medical home service plan.

But there is also going to be a sort of comprehensive overriding organization that creates the ultimate, harmonized, reconciled, prioritized master index for the individual and the individual obviously probably runs that piece of it. And if you think of it in that structure we can go around building plans at all these different levels as long as we think about the infrastructure we're going to need to support the ultimate reconciliation and harmonization of the plan. So, that's my two cents. But I think its key.

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

Thank you. Norma?

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

I agree, the answer to your question Paul is "yes" I think this is one of the most important things we could do as we proceed with advance models and it does get back to my earlier comment about the essential data that does live in this electronic system and that use of medical, non-medical health data and what is important to the millions of care providers out there. So, yes, I would like to...and I would certainly volunteer to be one of those people if we have any Sub-Task Forces. Thank you.

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

Thank you, Norma. Ginny?

Ginny Meadows, RN – Executive Director – Program Office – McKesson

Hi, so, I completely agree with both the former speakers and as some of you know I've been dealing with really overseeing the care of two of my family members in the last seven or eight months and I see that, you know, we really need to think about what are those building blocks that have to be in place before we could ever get to a shared care plan and I think that Terry actually brought up an important point and that's, you know, thinking about the problem list and how do we get to a truly actionable problem list that's prioritized instead of a list of, you know, with some complex patients 50 or more problems that no one really knows where they fit in the priorities and what should be being accomplished for each one of those.

And the medication list is another important piece, I still don't know that we've really been able to crack medication reconciliation and been able to really get to the point where we can truly have a really concise and accurate medication reconciliation done through the use of HIT. So, I would absolutely think that this is an area we really should focus on.

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

Thanks, Ginny. Joe?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Yeah, so I totally agree with everything that's been said. I think as...if this Workgroup could potentially take the lead around sort of driving and sort of starting to organize that conversation to Ginny's point there too, it does feel like very rapidly the Consumer Workgroup should be involved in this in thinking about it if we're really framing this around and to Terry's point also of consolidating and figuring out what is that uber care or health plan and what the patients or individuals view on that and what that input, and what that would begin to look like feels like that then starts to advance this so potentially thinking of something in conjunction with the Consumer Group.

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

Thank you. I'm hearing a lot of both interest but more importantly I'm hearing a lot of passion around this. I think this is one of the top things that we could do to further the mission towards advanced health policy honestly.

So, I'm almost thinking there is a lot...one it's a multi-stakeholder effort everything from clinicians through the training of clinicians to the "training of individuals" really is a broad stakeholder group who could provide interest, almost thinking of this and I'll have to talk with Michelle off line, this could be a working summit and the reason I'm using the word summit to call to action a number of stakeholders, I'm using the working term because I think we really want to literally break up in small groups around special topics and work towards the first draft of this trajectory, this grand plan of how would we organize ourselves to come up with shared health plans, plan for life that we can all work on together.

So, I mean, I think this could be a turning point for managing the country's health, I mean, true "population health" and definitely fit the new advanced health model approach and definitely needs the HIT support of it and it's new, it's brand new but we have to even conceptualize it to how each of us as clinicians or individuals get trained about looking at health. So, I think this could be a big movement, but that would be a rather significant expense.

I would hope there is...and if anybody on this call can give us pointers or can take the initiative on your own, to get us grant to go do this, I mean, I almost think RWJ, you know, is focused on culture of health for example, this would be a wonderful working meeting to try to just kick off this national effort.

So, let me see if there is...so I see Joe and Norma I don't know which one, whether any of these are new hands, but Joe did you have a new hand up?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

I did.

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

Okay.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

I would also think it does feel like that I've seen lots of activity around thinking about this before too that have been third-party funded or non-profit funded. So, I don't know whether or not there is an aggregation document that's out there that I could also...I could use...on the thinking in the evolution of that as well...

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

Right.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

I don't know if something like that is out there.

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

Right. Norma?

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

No, thank you.

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

No, okay, Marty?

Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)

Yes, I believe...I've been on this Workgroup since 2010 and I believe this is probably the most significant work we could accomplish that we would ever attempt since I've been on the Workgroup. So, I think it's vital that we move this body of work forward.

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

Thanks, Marty. As I say, I would say there is a lot of passion around this. So, Michelle, do you want to say anything now or do you want to wait for an off line discussion?

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Let's talk off line.

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

Okay. So, just...so, everyone else we may need paths to go get some money to pursue this but this really I just...this would be a wonderful and very meaningful work for us.

Well, so see what you started Alex and I think Kelly Cronin also gets kudos for bringing this up. This truly is a core to re-orienting ourselves around health and a planned version of that rather than, I think I threw out the term disaster recovery, what we do at the end is so much less satisfying and so much less impactful to individual's lives than how do we plan the entire life.

So, we'll work on this. It sounds like we have plenty of volunteers. We may form a...form a Task Force and depending on what the budget or how we can go we may need some kind of a steering committee or an organizing committee that goes out and looks for help in both gathering the stakeholders that really should participate and potentially raising some funds if that's allowed, I mean, I'll have to get educated by Michelle. Any other comments on this?

Thank you so much Alex both for helping out to conduct the hearing and please relay that to Kelly and for presenting this. So, we'll follow-up and try to get this going.

Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology

So, Paul, this is Sam, thanks for leading us in this discussion and special thanks to Alex for the presentation and so we anticipate then that folks will probably be asking a lot of focused questions during the discussion period during the hearing when we have these exemplar advanced health models to get their input on how care planning has been happening as part of their advanced health model and that can help inform some of the thinking in this.

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

Excellent point, yeah, we'll definitely include that as part of the questions that goes out to the panel, so thank you, excellent point. Anything else on our agenda from today?

So, the next steps I have, we had a vote on the first topic which was the hybrid approach to certification, we heard and approved the hearing overview and are very much looking forward to hearing from these folks, these are folks to the best of our knowledge and have actually done things and do have some results they can speak to that are sort of leading edge.

And then we have a lot of excitement and passion around an organizing shared plan for health and we will work on what kind of modalities we can have, you know, a hearing, a workshop, a summit, a whatever so we'll work on those. Any other next steps for us?

Okay, so our main next step is we are in conjunction with the other Workgroup Chairs going to present the tweaks based on the committee feedback to the virtual meeting on May the 22nd unfortunately I actually can't so Karen will chair that because I'm going to be boarding a plane, but we're going to finalize those recommendations so that we can transmit them in time for the May 29th deadline. Okay, why don't we open for public comment please?

Public Comment

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Caitlin or Lonnie, can you please open the line?

Caitlin Chastain – Junior Project Manager – Altarum Institute

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. If you are on the phone and would like to make a public comment please press *1 at this time.

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

Hopefully, you all found this meeting to be informative.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Definitely.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Yes.

Ginny Meadows, RN – Executive Director – Program Office – McKesson

Absolutely.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Absolutely.

Terrence (Terry) O’Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital

It was very helpful, Paul.

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

Thank you and thanks for everyone volunteering their time that’s what makes these things happen.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

It looks like we have no public comment.

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

All righty, well we will talk to you at our next call and thanks again and we’ll try to...we’ll have an answer for you as far as what means we have available to further the work on the shared health plan. Thanks all.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Thanks.

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

Have a nice holiday weekend.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Thanks, Paul. Yes, thank you.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Thank you.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Thank you.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Bye-bye.

M

Bye all.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you everyone.