



**HIT Policy Committee
Interoperability & Health Information Exchange Workgroup
Governance Subgroup
Final Transcript
September 12, 2014**

Presentation

Operator

All lines bridged with the public.

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 Interoperability and HIE Workgroup's Subgroup which is the Governance Subgroup. This is a public call and there will be time for public comment at the end of the meeting. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Carol Robinson?

Carol Robinson – Principal – Robinson & Associates Consulting

Here, Michelle.

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

Hi Carol.

Carol Robinson – Principal – Robinson & Associates Consulting

Hello.

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

Chris Lehmann?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Good morning, Michelle.

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

Hi Chris. Anil Jain? Anjum Khurshid?

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

Hi, I'm here.

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

Hi Anjum. Anne Castro?

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Hi, I'm here.

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

Hi Anne. Barclay Butler?

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

Present.

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

Hi Barclay. Beth Morrow? David Sharp? Deanna Wise? Elaine Hunolt? Jitin Asnaani? John Blair?

A. John Blair, III, MD, FACS - Chief Executive Officer – MedAllies

Present and good morning.

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

Good morning, John. John Lumpkin? Kate Black, I'm sorry, I'll get to you Kate. Mariann Yeager?

Mariann Yeager, MBA – Executive Director – Healtheway, Inc.

I'm here.

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

Hi Mariann. Melissa Goldstein?

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

Good morning.

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

Hi Melissa. Tim Pletcher? Tony Gilman?

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

Here.

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

Hi Tony. And from ONC do we have Kate Black?

Kate Black, JD – Health Privacy Attorney - Office of the National Coordinator for Health Information Technology

Yes, good morning.

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

Hi Kate and Kory Mertz?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

I'm here.

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

And I think Lee Stevens is on as well?

Lee Stevens – Policy Director, State Health Information Exchange Program – Office of the National Coordinator for Health Information Technology

Yes, I'm here.

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

Hi, Lee.

Lee Stevens – Policy Director, State Health Information Exchange Program – Office of the National Coordinator for Health Information Technology

Hi.

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

Is there anyone else from ONC on the line? Okay, with that I'll turn it back to you Chris and Carol. And actually, I should mention Micky Tripathi is on the line, who is the Chair of the Interoperability and HIE Workgroup.

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you, Michelle, Chris do you want to start off with any opening comments this morning or...

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

No, thank you, Carol, if you want to go ahead and proceed, that would be great.

Carol Robinson – Principal – Robinson & Associates Consulting

I will and I think that Chris has had a very, very long day yesterday taking care of sick babies so I will take the lead here and invite a robust and I hope very productive conversation this morning in terms of our work that we have to do today. So, if you want to advance to the next slide this is our agenda today.

I want to give everyone some feedback about the Health IT Policy Committee presentation that was made on September 3rd and what we heard back in terms of comments from the committee and I will invite Micky as well who was there for the day too to make some of his own observations and comments about that meeting as well. The JASON Task Force also presented that day and so Micky will have some feedback on that as well.

We also want to review our progress to date it has been a little while since we've met as a Subgroup and we'll be doing a little bit of reminder here is where we were and here is where we hope to do today. We are really going to focus today's discussion on the scope of our governance framework and really try to drill down to some decisions in terms of that direction and then talk about next steps in terms of getting what we need done out of the next two calls for the following two Friday's that are coming up.

So, that's what we have today. Are there any questions or comments about the agenda this morning? Okay, then I'll keep going I guess.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Hi, Carol, no comment, just wanted to let you know I'm here, this is Jitin speaking.

Carol Robinson – Principal – Robinson & Associates Consulting

Hi, Jitin.

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

Jodi Daniel is on.

Carol Robinson – Principal – Robinson & Associates Consulting

I'm sorry, who besides Jitin?

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

Jodi Daniel.

Carol Robinson – Principal – Robinson & Associates Consulting

Hi, Jodi, good, good and has anybody else joined since we started this morning? Okay, well we'll probably stop and pause a couple of times as well for new members joining a little late to announce themselves as well so we make sure that we have a clear idea of everyone on the Workgroup who is on the phone.

So, as I mentioned, I was presenting to the Health IT Policy Committee meeting in Washington, DC on September 3rd and the day was kicked off that morning by Micky Tripathi and Dr. David McCallie who have Co-Chaired the JASON Task Force Report and I've put some links here on this slide to direct people to more information than we will present today about what I was able to present in terms of our progress and our process and our observations as we launched into a very difficult, thorny topic with very little time and I think an ambitious agenda for us to be able to finish our recommendations and be able to present those jointly with the JASON Task Force to the joint meeting of the Health IT Policy Committee and Health IT Standards Committee on October 15th.

And before that we will be bringing the recommendations on October 3rd to the newly forming HIE and Interoperability Workgroup of which we are a Subgroup too, so Micky and Chris Chair that. There is a lot of synergy here, but that gives you a little bit of an idea of where we will be going on a timeline which we'll review again at the end of the meeting.

The interesting thing about the Policy Committee meeting was that it was really kicked off with very detailed recommendations from Micky and David on what was the original JASON Report that came out last spring I believe and the Task Force really had gone through that report and analyzed it and responded with a series of recommendations that we will be giving you some homework and analysis on following this meeting.

And so at the beginning of the week you may expect to get some more documentation around the report. So, if you have time over the weekend to look at the slides on that link I would encourage you to do that.

The Health IT Policy Committee comments, after the presentation that I gave, which was much higher level because we frankly have been at this for a little bit shorter time than the JASON Task Force we have not had as much time to make as detailed of recommendations at the point of time on September 3rd, so there was a contrast between the presentation in the morning, which was from the...really around the technical standards for the future and moving to open APIs and I'll let Micky tell you a little bit more about that and I'll pause.

But I just want to acknowledge the contrast of where the Task Force has gotten to by last Wednesday and what I really felt that I could bring forward to represent our work thus far and so that was a little...I think that did influence the comments, but we'll go through a few of those comments that I've put together on the slides after I pause and let Micky tell you a little bit more about the JASON Task Force Report, because as you will hear, the one really important thing that I want to emphasize is the desire for our bodies of work, the Task Force and the Subgroup to inter-coordination as we move to our presentations on the 15th.

So, Micky, I'm going to pause there and if you don't mind just giving a very, you know, brief summary knowing that we'll be getting more materials out to the Subgroup about the Task Force Report.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Sure, yeah and I'll do it very briefly I know we've got a lot of work to do on this call. So, these were preliminary recommendations that David McCallie and I presented and I guess if I was going to sort of summarize at a very high level what the direction was and the Policy Committee seemed, at this level, to be, you know, sort of in agreement with, again, we weren't presenting our final recommendations there was no vote or anything like that, so, we were really just getting directional guidance from the Policy Committee, was, you know, first off supporting the JASON call for more modern open APIs both at the document level and the data level than are in existence today in the industry so that was, you know, that's sort of a call to arms that the JASON Task Force, that the JASON Report put out there and as a Task Force we, in general, are very supportive of that call.

We did note that they...that the JASON Report, and I'll just mention this because it, you know, pertains directly to this question of governance, implicit in that is a high degree of what we would call central orchestration to accomplish the software architecture, they call it, for a nationwide system that meets the goals and objectives that they lay out, and we, as a Task Force, believe that that's where we depart a little bit from the JASON Report recommendations in terms of assuming that there is some kind of top down central orchestration that is desirable or necessary to move the industry forward.

So, you know, that's at a high level in terms of, you know, sort of thinking about how our recommendations relate directly to the governance, you know, that's one point of departure I think from the JASON Report that could also have a little bit of overlap here in the consideration from the Governance Sub-Workgroup perspective.

The other things that we described in that are, you know, a recommendation, again, these are preliminary recommendations, to fast forward the development of an open API kind of concept in anticipation of Meaningful Use Stage 3 being another important lever for the industry to move forward with respect to standard-based exchange and also noting that there is a tremendous amount of activity and energy in the market now specifically along the lines of query/retrieve or find/use, as the ONC report calls it, architectures and our preliminary recommendation is that ONC focus more on, you know, a concept of loosely coupled architectures to achieve the 3-year objective of search, receive, find, use I think I got all those words right, in the 3-years timeframe that leaves open the possibility of, you know, sort of photo-delineation of governance structures once, you know, we sort of have kind of a little bit more settlement in the understanding of where, you know, sort of the standards are headed as it relates to query and retrieve in particular.

So, unless there are other specific questions maybe we can talk a little bit more about the details later but that's in general I think what we presented and that seemed to get at least a fair degree of head nodding around the table. Again, we've got final recommendations coming up later and we didn't ask for a formal vote or anything. So, I certainly don't want to say that the Policy Committee has officially endorsed everything that we said.

Carol Robinson – Principal – Robinson & Associates Consulting

Thanks so much, Micky, I really appreciate you doing that, giving us that concise and helpful overview. And we will talk more about this and where the overlaps will be around the recommendations from both of these groups. So, if you will move to the next slide and we're going to jump right in.

I'm going to go through a number of the comments that were received back from the Policy Workgroup, I mean, the Policy Committee members after the presentation that I gave in terms of where we are and so they had heard the JASON Report in the morning and they had heard a report on how we have been thinking through the various use cases of HIE and those governance needs and the problem list that Jodi had presented to us on our first meeting and I also summarized the listening sessions and some of the key points that were made during those listening sessions as well that we had gone through in our last meeting.

So, these, just jumping right in, were some of the comments that came out of that listening session. Paul Tang, the Chair of the Health IT Policy Committee, started or he did not start the comments, but his comment starts our discussion which was really around the theme of "why now" and so not necessarily reading every one of these comments word-for-word, but I do want to be cognizant of the those who might be not at their computers or traveling while they're listening and so I'll go through these in a fair amount of detail.

So, Paul's question was really around "why" and saying the bigger question is "why now?" Being a physician, Paul said one of the tenets that he had heard early in medical school was "never operate on someone without pain" and so his comment went onto reflect that people in the past, and I think whereby saying "people" I think he meant really ONC and the industry together, they were not in the trenches trying to do it and "it" meaning HIE.

That for a number of years thus far there has been the development of HIE plans and there have been, you know, a lot of movement of course with the HITECH Act and the tenets and incentives for Meaningful Use, but really his comment was about the more palpable demand that is starting to bubble up from the industry.

So, he says, we do recognize there is a gap and the gaps are both from the technical side and the non-technical side around policy. So, I think there was a lot of variability in the comments and one of the things he said, he's not sure that we can necessarily set a full policy model for the country but maybe there is a policy that needs to be between entities. He said to us, you on the phone as far as the Governance Workgroup, he said, I don't think our charge is to solve the patient ID, etcetera, but more about how to get it to go in the right way so rules of the road, maybe two things actually he said, rules of engagement as well, get people interested, engaged.

Second, he says, how do we work...how do those work together, the rules of the road, and maybe that's as far as we go. So, that was Paul Tang's comments.

I'm going to go through the rest of the comment slides and then I'm going to ask for some discussion. So, if you'll hold tight for a little bit we are going to try to get some real dialogue going around the comments, but let's go through the next few slides.

So, the second theme that we heard bubble up out of that discussion after the presentation was around scope and there is where I'm going to show you some variability in the comments and the thinking, and I think that this is something that we're all maybe struggling with and have been trying to grabble with in terms of the enormity of the idea of governing HIE and how that could be a very big thing or it may be broken down into smaller things and that's really part of some of the discussion that we need to have today around the scope of the governance framework that we are going to bring forward.

So, another comment was, and I believe this came from the Veterans Affairs representative on the committee, but the concern right now is how to constrain our scope. So, the clear interoperability goals that we did mention in the presentation reminding the Policy Committee and ourselves of the three, six and 10-year interoperability goals in ONC's vision for interoperability and acknowledging that they are working in parallel right now with our work on the 10-year roadmap, the question really is what is the scope of governance that we need to ensure that we can meet the 3-year goals knowing that governance can be iterative just like technical development and perhaps that we should look at focusing on what we need to get to the three year goal acknowledging that it's substantial. So, that was one perspective that I want to reflect and then if you go to the next slide.

There were quite a few comments that were reflective of the two presentations that were made during the Policy Committee meeting which was about a 6-hour meeting I think. So, the acknowledgment of the intersections between the JASON Task Force looking at the recommendations around future technical standards development and the charges of the Governance Subgroup which was, I would say, more vague and less specifically designed.

So, the three comments that I captured and again if you want to read the whole transcript you'll get the full flavor of how these comments fit in, but I hope that I've done this fairly, so one, saying it's difficult to understand the difference between the morning JASON session and this one being the governance session. It would be helpful to be very concrete about what the Governance Subgroup is focusing on and how it is related to the other group. So, that's a real more specific charge for us to think about.

A second comment was similar and thinking about we must look at the technical standards and the governance and it may be necessary for the two groups to come together and then finally a comment that was really around how we view, meaning the Policy Committee, views the JASON Report or the JASON recommendations, they need to be viewed through a lens of understanding what governance, if any, is going to be applied to that. Going to the next slide.

The next theme similarly but a little bit different was how a governance framework can be applied to enforce technical standards. So, this is a little bit longer comment, but the gist of this is really around the question of enforcement and the link between a governance framework and whether there are enforcement mechanisms or other types of behavior modification mechanisms, for lack of a better term as a parent of four I would say, when there are bad actors in a governance approach.

And so this commenter really, I believe it was probably Paul Egerman, said that to him it's important as he looks at governance issues to say they can't be viewed in a silo separate from the technical issues because these are not two totally different and independent things. He adds that in the conclusion on governance the question really is ONC going to issue some rules of the road because the rules of the road may end up being more like guidelines if there is not any entity that has power to enforce them and when you have that kind of a governance approach the real question is whether that has an impact and what type of impact that has on the technical approach. I am coming close to the end so bear with me and thank you for listening; we'll go to the next slide.

Here is an important question and I think one that Chris has indicated that when we pause after going through these comments this is something that he may like to speak to as well and that's really about the theme of setting policies and standards versus managing policies and standards.

So, and I believe this came from Marc Probst from Intermountain, but he indicated that he believes that it is one thing to think about and decide on the gauge of the railroad and another thing...and to build that according to standards and specification around the width of the tracks for example, and another thing to manage the railroad.

And so his comment to our Governance Subgroup was that our scope probably has to be broad right now but he adds that it would be very nice to address that up front in terms of who will be setting the initial standards, the architecture, the gauge of the railroad, the width of the tracks so to speak, and then how managing that governance process long-term. He really kind of indicated that would be a charge for us to discuss and that would be a helpful discussion and I think that's really where we hope to go today with our conversation. The next slide.

There were a number of comments about the patchwork quilt of governance that is starting to develop around the country and the theme being in the absence of a national policy or set of policies, a federal governance framework that states are stepping in.

The Representative from Florida who is a State Legislator, Gayle, said, at the end of the day she was stating that she didn't want to be the one in the State of Florida who is helping to write laws because there is not a federal governance structure set up and the discussion was really around the states that currently have some regulations in place and states that are discussing it.

So, you know, her comment is that is where it is going to go and what will happen at the end of the day is that this will end up hampering exchange. She states that as part of the Policy Committee that she would like to ensure that we are facilitating exchange not hampering it and in terms of the patchwork quilt of various state laws across the nation we would have trouble achieving the vision of HITECH under those various state policies.

There were other comments in with the same theme, one being that as new payment models are moving forward and being implemented, and penalties, financial penalties start to move forward in new payment models and with quality measurements attached to those some states will start to address the issue of governance for HIE more strongly than others and I think that also is referring to requiring HIE as part of contractual opportunities both on the state level and on the private sector level.

And then finally, on this slide that the request for our recommendations to bring together, how to bring together the different rules in states whether we're ensuring privacy as being maintained across states or even that one state would be able to receive data from another with differing policies across the states. The next slide.

The question of where does responsibility rest, so again, around enforcement. When someone does not follow the rules of the road where does the responsibility of enforcement sit and who will take action. There needs to be consequences so that there is trust in the public. If ONC, by statute, is the appropriate authority to create mechanisms and consequences for bad actors we have done what the public needs so they can trust the system.

And finally, is there one more I believe? No, okay there is not. So, I want to pause now because I know I've gone through quite a bit of...quite a number of themes and open this up to discussion. And I'd ask Chris if you could kick that off for us and then I will hope that people will participate vigorously. And if anyone else has joined the call since the roll call and announcements have been made would you please announce yourself at this time?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

It looks like we didn't have any additional members join. Thank you, Carol, that was a really great report of the meeting and I'm sorry I abandoned you and let you do this by yourself last week. I think you highlighted a number of issues and I just want to add a little bit to it.

I think, you know, I heard...we heard Micky talk about the JASON Report and I think one of the things that the JASON Report clearly points out and makes no doubt about it, the JASON Report concluded that Meaningful Use Stages 1 and 2 have not achieved any meaningful interoperability.

And I think it is very important to point out that we, you know, interoperability and exchange have been driven by a process that has, you know, mutated and developed over a number of years and now we are far into the stage where EHRs are penetrating hospitals and offices throughout the country, however, we have not achieved interoperability.

And, you know, the JASON Task Force is a recommendation for a unified software architecture and I think that's not a bad suggestion, however, I think it is very clear to me...again, let me stress I'm fairly new to this group and, you know, sometimes you see things where you just don't know how things developed and don't realize what pitfalls have been navigated in the past and you say something really stupid and put your foot in your mouth, but sometimes you also see things that you haven't been able to see from the inside and I want to point out that I think the existing forces that have prevailed so far are very unlikely to result in different outcomes, you know, the system that we have is designed to achieve exactly the outcomes we currently have and unless we modify this system we will not...in my opinion, we will have a very low chance to radically change interoperability in the near future.

So, with that said, I believe and I might be alone on this, I don't suspect so, but I believe that, you know, we have a responsibility with this Task Force. You know, number one is we need to preserve and protect the public's interest in health information exchange. We need to think about why we're doing this. There are people out there who's life and well-being depends on this and they have a bigger interest in my mind than anybody else and we need to come up with a meaningful government model that address not only the fact that we have a really disappointing status quo but also that creates momentum to create this interoperability.

I am referring to the fact that it may be time, and, you know, I might be differing there with Paul Tang, it may be time to be more aggressive in the governance approach and, Carol, as you pointed out, think about structures of enforcing behaviors and driving adoption.

I believe interoperability, health information exchange is a threshold view. An example is immunization, if only immunize 50% of the population you are still going to have measles and mumps outbreaks. Only if you go and get a better than 80% or 90% immunized you will get the expected value, the expected benefit. So, the same is true with HIE, unless you have a threshold, a certain threshold reach of people participating, it's not going to be of value and it is going to make our efforts look feeble and not effective.

So, you know, we need to focus I think with our governance thoughts going forward on things that really will drive standards development and I agree there with Micky. I think having a modern open API is something that we need and maybe we need to focus on governing its development and its adoption but we need to do something that gets people involved and we need to have different market forces than we've had thus far.

So, I think you've raised very, very good questions Carol. I think that maybe it's time to look at a little bit different approach that we have taken in the past. Maybe it's time for government to step up and actually do some governing. It goes along with the theme that, if we allow the states and territories to develop their own structure we're going to have 56 different flowers blooming that are not congruent and won't allow interoperability.

So, I am very much interested in hearing people's thoughts on how we can set up governance that will drive better adoption through changing the levers of motivations.

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

Hi, this is Barclay; Carol from what I heard from your report I'm a little concerned that the Policy Committee isn't aligned internally. What I heard you say is some people say "don't fix it unless it's broken." And I have other people stating like Florida saying "oh, my gosh it's broken we have pain, operate now, we need your guidance." Is that...did I capture it correctly?

Carol Robinson – Principal – Robinson & Associates Consulting

I think that variability in philosophies was reflected in the comments and I encourage folks to read through the full transcript to see how that conversation kind of evolved through the discussion and I think that there were definite differences of opinion in terms of the scope of what a governance framework should look like.

So, I would definitely say "yes" that there is variability in opinion and I would add to that, we should expect variability in opinion on something that is this new and thorny, and on something that has not over, well, you know, I did make one comment I'll say in terms of the directional correctness of the fact that we are looking at this now and I said that we've been asked to come up, and on a high level, like not in tremendous detail, but we've been asked to come up with a governance framework for HIE in 8 weeks approximately, maybe 10, that ONC has not been able to do in 10 years of its existence.

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

Can I...this is Jodi...

Carol Robinson – Principal – Robinson & Associates Consulting

ONC was formed in...has not been done before. So that is...

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

This is Jodi; I'd like to jump in.

Carol Robinson – Principal – Robinson & Associates Consulting

Yes? I'm sorry, go right ahead?

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

Sorry.

Carol Robinson – Principal – Robinson & Associates Consulting

Who is speaking?

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

This is Jodi I would love to jump in if I could? Jodi Daniel, so a couple of points just back to the question that was asked Barclay, you know, one thing I...what I heard from Paul Tang who made the comment about, you know, you only operate if the patient is in pain was more to challenge the group to say, if we need a change in direction, which I heard Chris at least articulating, he thought we did, to articulate why now, like, what has changed or why has...like, you know, so I think the list of problems that we talked about and that we have talked about over the last couple of weeks about, you know, we have these problems, they're continuing, the current approach isn't solving them, the pain is getting greater, we think we need a different approach kind of input from the committee could be helpful.

So, I think he was asking for an articulation of what's changed to...if you all are recommending a change of course and that ONC should take a more, what was the language that Chris said, that the government should step up and help with governing then articulating the "why now" not...I didn't hear him questioning that was inappropriate just he wanted to hear the committee's input on that.

Carol Robinson – Principal – Robinson & Associates Consulting

Jodi, thank you, I think that's absolutely right and I really thank you for clarifying in terms of the theme around that.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Carol, this is Micky, can I add just a comment or two?

Carol Robinson – Principal – Robinson & Associates Consulting

Sure, absolutely, Micky.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Great, thanks. So, just to Barclay's question, I think just to build on Jodi's point, I think, you know, again, remember where we are in the process. The Policy Committee this was their first...you know, they themselves, you know, created the Governance Sub-Workgroup to help, you know, frame the thinking around this and this was their first read out from the Governance Workgroup but for all the reasons that Carol described they didn't have a whole lot to go on.

Carol I think was, you know, very articulate in defining and explaining the problems that exist out in the world today and so it was really an open conversation about, you know, where you just have different perspectives. I mean, they haven't really engaged on the question because they didn't have a whole lot to go on.

So, I, you know, are there a diversity of opinions, absolutely, but that's why this Governance Workgroup is really here to try to help them have a meaningful conversation about this going forward in sort of a structured way.

Carol Robinson – Principal – Robinson & Associates Consulting

And...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

The other thing I would just note just to clarify, and I didn't cover this in my summary comments on the JASON Task Force, the JASON Task Force Report, we do...as a Task Force we would pretty strongly disagree with Chris's first two points.

One of our first points was that we think that the JASON Report actually gets wrong their current assessment of the state of interoperability and more important their assessment of the trajectory and the emerging and building market forces that are really rapidly moving health information exchange and interoperability forward.

So, just a point of clarification and again we're going to be presenting together on the 15th so we have a lot of time to get aligned but I just wanted to make sure that everyone understood, at least right now, there is, you know, the JASON preliminary findings are somewhat at odds with Chris's framing on the first two points.

And to the extent that we weighed in on governance the JASON Task Force, consistent with the PCAST Report a couple of years ago that was chaired by Paul Egerman, did state that we do not believe that a top down type of governance model is appropriate for the market. But, again, these are all, you know, just reporting where the preliminary findings are from the JASON Task Force just for your information.

A. John Blair, III, MD, FACS - Chief Executive Officer – MedAllies

Yeah, Carol this is John Blair; can I make one quick comment?

Carol Robinson – Principal – Robinson & Associates Consulting

John, please do.

A. John Blair, III, MD, FACS - Chief Executive Officer – MedAllies

Okay, I had my hand up on this but it seems like I just needed to speak up so and I have to hop in 5 minutes, so I just want to get one thing in, but Micky actually kind of hit what I wanted to say, which was in talking about and invoking Meaningful Use and interoperability in the JASON Report two things. One, JASON Report came out before MU2 so really it can't comment on that.

And the second is we're very early days in MU2 really and MU1 did not get at interoperability. So, I would say before we could make any comments about MU2 and interoperability we've got a couple of years before we can even say that.

And I would say, from our experience, early on already there has been some pretty dramatic engagement on the interoperability front.

Carol Robinson – Principal – Robinson & Associates Consulting

Thanks, John. Anyone else want to talk about this right now? We have I think a number of ways that we're going to engage the Subgroup to provide feedback throughout the rest of the meeting today and so, but I do want to make sure that if anyone else has comments right now please speak up.

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

Hi Carol, this is Barclay again, if I could, so what my concern is that if we are reporting to the Policy Group and the Policy Group is not aligned in what they want to achieve are we boxing shadows, are we about to head into a direction and do what hasn't been done over 10 years and do that in a few weeks only to have the Policy Group say "gosh, you guys missed the mark you didn't get it" and we don't know what that mark is.

Carol Robinson – Principal – Robinson & Associates Consulting

Well, I think that both Micky and Jodi have done a better job than I did in terms of really representing the idea and the realization that this is a conversation that is emerging and we're all learning as we're walking through the conversations.

We certainly will be, as a Subgroup, today and over the next few weeks and really digging down into hopefully, you know, a much more substantive and detailed kind of discussion in next week's call as our goal in order to get to some very specific recommendations.

And so I would personally caution the idea of thinking that we even might be boxing at shadows right now Barclay because I think that would be throwing in the towel before the towel has really gotten wet at all. I think we need to really walk through our work and try to do that with the greatest intent of integrity to the charge that we've been given by ONC as we can.

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

Yeah, I appreciate the comment and that's precisely why I asked it. So, thank you for that. And then just to close my thoughts I think we heard through our listening sessions that there is a lot of pain out there and I think we all realized that after the folks kind of compiled what their results were and we just heard an example how the state of Florida has pain and why we don't want to have 50 pain points out there.

And then as an organization I'll tell you the DoD has a considerable amount of pain. We absolutely want to be interoperable with what our private sector network providers and clear governance implementation guides that give us solutions to the implementations of national standards common implementations would be tremendous. So, from the DoD's perspective we're very supportive of pretty clear guidance similar to what we have seen in the financial industry. Thanks.

Carol Robinson – Principal – Robinson & Associates Consulting

Thanks, Barclay.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Hi, this is Anne Castro, can I make a comment?

Carol Robinson – Principal – Robinson & Associates Consulting

Anne, please do.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Hi, I think it's clear that everybody is concerned about interoperability not being ready in a number of instances so where there is smoke there is fire and I think the Policy Group all has that concern as well as the Standards Group, as well as me as an issuer, as well as my state with an HIE that is only partially usable, as well as the 50 states that are beginning to solve their problems, as well as the payment methodologies that are being forced to be, you know, tested and implemented, which require information exchange so all of that is happening in our environment.

We cannot fix everything but my question is, can we approach this very practically start small and not start with here's the governance model, because frankly I don't think anybody will understand that in eight weeks at all.

Maybe our eight week recommendation is that we continue working on this but we get additional constituent information as we go and not try to throw something together just because there is a cycle of eight weeks that has to be addressed to resolve this because I don't think it will work.

But the real issue here is we all are having needs, there are certain things that if only they were done, if everybody put out on a survey what is the one thing you would have done that would be totally interoperable, what is the one thing not the 500, because even on these calls everybody throws in everything they've ever thought about in terms of what has to be addressed and that takes away from a very honed in conversation on let me just do the one thing that the majority of people think is the biggest thing and then build on that.

That is my recommendation because, you know, I've been on the Standards Committee for six years, I've been on all the Workgroup calls and it's got a great representation from all kinds of constituents but you cannot solve everybody's problem and you can't even waste the call on everybody's 100% of everything they're concerned about and we have to have some focus.

So, that's what I would ask this group to try to do and do something that will practically actually have a chance of happening that can be deployed across 50 states no matter what is already out there that addresses at least some huge percentage of "if I just had that I'd be better today than I was yesterday." So, that's my thoughts, because...

Carol Robinson – Principal – Robinson & Associates Consulting

Anne?

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Sorry, I go on and on.

Carol Robinson – Principal – Robinson & Associates Consulting

No that's...I really appreciate that and being cognizant of time and knowing how the rest of the conversation has been set up for additional comment I'm going to ask that we start to move forward through some of those points that you're making Anne and how we determine the scope of what we need to bring forward, you know, as we all are painfully aware of the short amount of time.

So, if that's okay, I'm going to ask to move to the next slide and we'll go through a few slides and then I have...we will definitely have much more time for discussion. So, I'm going to start by reminding our charge and this was the broad charge that was given to us in terms of identifying the substance, the scope and process ONC should use to implement an approach to establish rules of the road necessary for information to flow efficiently across networks.

The second bullet being, and we've seen these two bullets before, the approach should address the key problems that slow trust and exchange across diverse entities and networks that provide exchange services including the misaligned and inconsistent security and privacy practices, the operational practices and the inconsistent policies and technical agendas of governance bodies at the local, state and regional levels.

Adding to that now the new charge that came back from the Policy Committee meeting of coordinating with the JASON Task Force to align recommendations as much as possible for the October 15th meeting.

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

Carol, this is Michelle, I'm sorry, I just want to interject with a quick process, so I just want to make sure that everyone is aware that part of the reason we've asked this group, which is a Subgroup of the Interoperability and HIE Workgroup, to make governance recommendations is at that October 15th meeting we are really planning to focus on interoperability and there will be a discussion about the interoperability roadmap.

And so the recommendations coming out of both the JASON Task Force and from the governance side will help inform the interoperability roadmap and at that meeting we are then planning to charge the Interoperability and HIE Workgroup with taking up those recommendations and helping to inform the interoperability roadmap. So, I just want to make people aware that this is just the beginning it is not the end.

And I also want to make sure, from a process perspective that everyone is aware that because this is a Subgroup any recommendations coming out of this group will first have to be approved by the Interoperability and HIE Workgroup and then be presented to the Policy Committee. One final note...

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you, Michelle; I think that we have talked about that. So, if we could go...

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

Also, Carol, so Jitin has his hand raised, during Workgroup calls you don't need to raise your hand you can just speak freely.

Carol Robinson – Principal – Robinson & Associates Consulting

Jitin, do you want to talk now or do you want to hold to get through a couple more slides?

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

You know what it sounds like we're moving forward so that's okay, my comments were very reflective of what John Blair and Micky had talked about. So, I'm all right to put the hand down. Thanks for the clarification on process.

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you very much. Moving forward on the slides please? Thank you and this is a review of our last meeting and it is something that we presented to the Policy Group. We had tried to look at the various use cases thinking through how in a vertical construct the various needs across use cases of push for directed exchange, pull for query types of exchange and consumer mediated exchange and the discussion points on the right-hand side of the slide were discussion points that were illustrated and underlined in front of the Policy Committee last week and those are that segmenting HIE by exchange use cases might result in a framework looking something like this for the current state of HIE knowing that there is future technical developments that may change the look of this segmentation.

Each exchange use case will have some unique business operational and technical governance needs and many of those issues will also cut across use cases because many HIE entities operate across all of these use cases and that exchange use cases will continue to be added and technical standards will continue to evolve and so that was really I think where we left our last call.

And if you go to the next slide these were some of the comments that came out of my notes from our last meeting in August and the comments that came from some of you during that discussion and of course we know that some people have been able to join more frequently than others in our discussion but you may see, you know, some of your own comments here on the slide that was presented last week as well, the governance framework should be built with highly repeatable processes for adding new use cases.

We discussed and one commenter of course made the comment about the overlapping business and technical guidance needs across use cases. There was definitely a comment around other industries having to grapple with governance and the fact that healthcare has been behind in terms of really setting technical standards that for communication across the industry, however, there was also the comment made, I think maybe by Anne, about the progress that has been made on the administrative side of healthcare standardizing coding and systems for payment and maybe we need to stop using the word “business needs” but think about clinical needs and putting these decisions on a time limited track.

And then finally, the urge to simplify governance to a couple of use cases, the question was raised if we could ask the Policy Committee whether getting to a 20% solution will be enough for this Workgroup and so going to the next page, slide.

The governance definition, just as a reminder, set by Jodi or expressed by Jodi to us and the establishment and oversight of a common set of behaviors, policies and standards that enable trusted exchange of electronic health information among a set of participants. So, now into some I think more meat of the discussion, if you can go to the next slide.

Our mission, if we choose to accept it, and I think this is why we're trying to give you a little bit more outline of today's meeting, we have another hour to walk through our work today and what we're hoping to really get to is the scope of our governance framework and how we'll then take that scope, however that it is determined, if that can be determined today, and apply some recommended structures or optional structures that we might want to bring to the Policy Committee as part of our recommendation and recommended processes focusing on those three year priorities so really looking at some very meaty things next week in terms of analyzing and prioritizing some of the problems on those three year lists within a governance structure framework that hopefully we are able to get to today.

And then finally, on September 26th to finalize recommendations and, you know, the question, has the Subgroup reached consensus on our recommendations, if yes, if no and have the Subgroup and the JASON Task Force cross walked their recommendations as much as possible. So, this is where we are going to try to go over the next couple of weeks. And the next slide.

So, this is another slide that was presented and you are probably all familiar with the age old fable about touching different parts of the elephant. So, the elephant is big and we have, through our discussions of use cases and directed exchange, query exchange, consumer mediated exchange attempted to really break that down into smaller pieces that seem more manageable. The next slide.

I put this together and we'll just go through not on whether it's fully bubble size accurate because that would be probably impossible for anyone to do or whether or not there may be a bubble that is not on here and should be, but I wanted to illustrate and I've had some help with this slide over the last several weeks I've been working on it just to get my own brain wrapped around what we're grappling with here.

So, this to me represents the market and governance dynamics that we need to consider whether we will bring under some sort of a tent or whether those tents will be smaller and more disperse across the environment of health information exchange.

So, you'll see, you may...you know, you'll see a lot new organizations, Carequality is about...was announced at HIMSS in February, the Health Services Platform Consortium you may or may not even have heard of their announcement that occurred, you know, just a few weeks ago. Of course there are associations and groups of providers, there is congressional interest that is developing and will continue to develop whether or not the pain points are as real and as palpable as some of us are seeing in our own states or communities and I think that's a really important thing that we want to remember is that there are places where in the United States that HIE is working a little bit better than at other places and I'll just underscore that in terms of my own State in Oregon where there really is very little, very, very little HIE that's occurring across different vendor systems. So, next slide, please.

We're going to...Chris and I are going to try to walk you through a set of decision points or a set of common agreement statements and we have a yes/no and a table column and so we're going to walk through that next.

This was a quote that someone brought to my attention recently because I was lamenting about the question of how, if and how we may be able to break this problem down into smaller bits in terms of that elephant question and Dwight Eisenhower issued a quote saying "whenever I run into a problem I can't solve I always make it bigger. I can never solve it by trying to make it smaller but if I make it big enough I can begin to see the outlines of a solution." So, that's where we are going to try to go today.

We realize that these things are hard and because they're hard we may not find agreement within our conversations today but we're going to get some folks on record I hope. So, let's go to the next slide and we'll start walking through that.

As you can see we have two slides with some statements that we would like to get feedback from everyone who is a member of the Subgroup at this point in time. "Yes" will either be considered "yes" verbally if state that, "no" if you state that, if you do not comment we will...that is going to be an assumed "yes."

As we walk through these comments it is okay for us to table the decision if there is a wide variety of opinion on whether the statement is true or not. So, we'll just walk through this. The first being around governance authorities and so we've really been trying to think about how authorities are issued to create levers those can be government-driven levers and we have a set of those and so governance authorities can be derived from government and we've listed some and this is not necessarily meant to be completely thorough it's meant to capture as many of those as I could think of with some help so rules, regulations and laws, requirement for participation in programs or federal and state funding, so the 90/10 money that's coming to states, state innovation model funding Medicaid contracts across providers, health benefit contracts as government operates as a purchaser, the Federal Trade Commission for behaviors across the marketplace. Of course the various federal agencies that fund and govern different parts of the infrastructure of information and information exchange.

The second being incentives and penalties, and we'll see, of course more of those coming forward with different payment models the re-admission penalties, Meaningful Use going into Stage...from Stage 2 into Stage 3 and the quality measures that will continue to be part of new payment models and then the certification accreditation programs that already are in place for Meaningful Use and in the State of Minnesota.

And then we have the second, so actually I'll stop there and say, you know, I don't know if this statement will have any disagreement across the Subgroup but if anybody disagrees with that statement please express it.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

Hi, it's Melissa Goldstein I agree with the statement generally but, I mean, as a lawyer I feel compelled to state that, you know, each of these actions has a different status in the law as a public action, as a government action, right, obviously some of them are much more, I don't know the word might be strong in terms of legal action, the rules, regulations, laws, right, and perhaps the weakest might be certification accreditation programs in terms of sort of accountability and responsibility of the government involvement. I just wanted to make that clear, but generally it is obviously a true statement.

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you Melissa and I think that's a really important point that you raise in terms of the span of government in authorities can be very heavy handed and could be relatively light, and so I think that's a very, very critical point that you raise. Are there any other comments from Workgroup members about this statement? So, I'll say...

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

Hi, this is...

Carol Robinson – Principal – Robinson & Associates Consulting

Oh, go ahead, I'm sorry?

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

This is Anjum Khurshid, I just wanted one clarification, so are we saying "yes" and "no" to whether the statement is true or not, or are we saying whether we support the statement about it?

Carol Robinson – Principal – Robinson & Associates Consulting

I think that...in terms...we're starting...I'm going to be really honest and I think we're starting on this page...there is one more page of questions for common understandings. I think we're starting with maybe what I'm hoping is, you know, pretty generalized "yes, these are obvious ways that authorities can be derived both from government and industry."

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

Okay, the reason I was asking this is because as a statement I think that is true in terms of what my opinion would be I think this will be...I would be supportive of this if this was the federal government rather than thinking of this as, you know, each state government making its own rules, regulations, requirements, etcetera, which I think would not necessarily achieve the goals of interoperability nationally.

Carol Robinson – Principal – Robinson & Associates Consulting

Okay and I think that's also an important point that you're raising because as I was trying to capture this there are state HIE programs that have considered and have actually implemented programs and rules for operations within their states and that may continue to be increased and that was kind of the point that I think Gayle was raising in the Policy Committee meeting from Florida.

Moving forward if there is...I think what we tried to capture on the next column or I guess row in terms of this chart, it was really around no...I'm sorry, go back please, really around the governance authorities that can be derived from industry developed programs or from private and public partnerships. And so that's really trying to acknowledge and I think we can have, you know, some discussion that we have ways that governance is starting to occur in the marketplace now and, you know, is trying to occur and so we've tried to capture that in this row around certification accreditation programs that are more on the voluntary side.

Texas has set up a voluntary accreditation and certification program that we heard about in the listening session, Healthway, DirectTrust and the Interoperability Workgroup out of New York eHealth Exchange.

So, that is one area that voluntary accreditation can be an industry authority of a type that would also include participation agreements where there is contractual language between organizations or groups and some of those examples I would say are National Association of Trusted Exchange where a number of states have signed sets of policies and procedures to exchange between their states and within their states you heard about that from Aaron Seib in the listening session, CommonWell being an industry led group that is setting up a network around a set of trust agreements. Of course in regional health information organizations, state HIEs and private HIEs and then of course the standards and compliance consortium around various standards setting, HL7 and HIE being two and not exclusive to just those two as you know with other lab and other, you know, types of standard setting groups.

And then of course there are codes of conduct and I know the JASON Task Force does weigh in on codes of conduct around industry oaths of interoperability so to speak or seals of approval that could be derived from industry developed programs so acknowledging that and I'll pause there for comments.

Okay, then as I said, no comments mean agreement so I'll move forward to the final bullet on this page, there may be ways, there may be ways to create a governance framework for HIE that combines the combines the governance authority of government and industry in a public/private partnership model. So, now I'll pause for any kind of questions of whether that would find decent in terms of our conversation today.

Okay, we'll keep moving forward now I think we started, as I said, with the easy questions, I think if we can move to the next slide? So, Chris, I'm going to ask if you can help us walk through this slide a little bit just in terms of some of the questions and I'll jump in where needed if you are suffering from no sleep from taking care of sick babies last night.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Well, thanks Carol, yeah, I apologize I was up taking care of admissions all night long. So, I think we...it's clear to me already that there are...that this slide will have some disagreement and so the first assumption is that...and I heard various comments both on the "yes" and the "no" side earlier.

The first statement is that the US has not achieved our goals of interoperability for electronic systems and there is insufficient meaningful health information exchange occurring in the country at this point and I think that's critical to this assumption. So, let me open this up for debate.

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

Hi, this is Barclay, I have to say I don't agree with this and I don't agree with it because it has a tendency to be an all or nothing statement. It is either the light switch is on or it is off.

I think there is significant amounts of interoperability that has been achieved and is continuing to grow, is it where we want it to be, I mean, probably not, but what I'm very afraid of here is that it's a question of have we all achieved semantic interoperability at a level four, no, but is that then again the appropriate point for all the data? Is it appropriate for a phone call between providers to achieve interoperability that maybe completely inappropriate interoperability effort?

So, I think it is too broad of a statement, I think it needs to be qualified and I believe that we have achieved a significant degree of interoperability but we still have a long way to go.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Hi, this is Anne, I think the word “standard” needs to be put in there, because I agree there is a lot of interoperability going on it is just one offs and everybody buys it every time they do it. There is no standard that makes it cheaper.

Mariann Yeager, MBA – Executive Director – Healthway, Inc.

Well, this is Mariann Yeager; I think perhaps both are true. I think that there is large scale standards-based interoperability occurring in industry, is it for all...is it implemented ubiquitously in all settings “no” but I think that I agree with Barclay in that we shouldn’t...that this statement is definitely too broad and I also agree with the idea of somehow couching that it should be standards-based.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

So, thank you, those were excellent comments. So...

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Chris, may I jump in for a second?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Sure.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

This is Jitin, I agree with those previous comments, I think in some places the tomorrow is already here but it’s just so unevenly distributed that there is a lot more to be done to take it at scale. I would say standards are a part of it and being a standards guy I’m willing to, you know, I’m usually going to say that, but there are probably other things as well which will drive scale.

So, I’m for putting standards in here, but I don’t think it’s just limited to standards even if we had perfect standards we wouldn’t get interoperability in a large swath of the country is my guess.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

When I said standards I didn’t mean...I said “a standard way.”

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Got it.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Not necessarily a standards thing.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

In that case we’ll just watch out for the loaded word or maybe I’m just biased that way and that’s probably true.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Are you implying a single standard?

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

Yeah, I think the implication is that yes it needs to be...we have the standards but we also need implementation guidance so that we put together or we execute these standards in a common way.

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

Hi, this is Michelle, just a reminder, please state your name before speaking so we know who is talking. Thank you.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Good reminder, so, clearly there is controversy about this. I just want to put a brief comment to this. In 2005 Newt Gingrich got on the daily show and said “all we have to do” and I’m paraphrasing here so don’t take this literally “all we have to do is we have to put computers into hospitals and we can save 100,000 lives.” What it really shows you is that it was a very strong mean, you put computer and health information technology into hospitals you will have immediate success.

We have now implemented electronic health records and I think the public’s expectation, and maybe this is poorly phrased, but the public expectation that the level of interoperability is not I believe what is the mean that was sold to people or that they adopted. So, I think that’s what I was trying to express with it. I’m not knocking the existing efforts nor am I saying that this is the...that we are not going to go any further but I think my view on this is that we have not achieved what we have been expected to achieve.

But I’m just going to move on at this point and go to the next assumption which is existing forces, market forces, state initiatives, regional collaborations, etcetera, have not made sufficient progress in creating interoperability and enabling health information exchange under the current set of market and government levers. Is there disagreement or agreement with this statement?

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Hi, this is Anne; I have some feedback on this one. I think it’s spotty across the country and even regional but the market levers that’s what I’d like to talk about because the entire initiative of standards and interoperability has all been based on clinical care management, which I think is awesome as a human being who might get sick, but has not been geared towards what might have been a wonderful opportunity for a market driver that would push it along quicker which is all of the clinical information that has to be transferred between hospitals, providers and insurers.

So, that was kind of left off and I think it’s the one that is probably got the biggest pressure in the country right now to do some health information exchange, I know that’s the pressure I receive in my job every day and I’m going to put it in whether you have a governance model or not. So, I’m thinking that this is true that it didn’t hit all the market drivers, it hit narrow market drivers. So, that’s my feedback.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

This is Jitin, I'll add a different, a slightly different take, probably complementary. I have an issue with this statement. I'm having a hard time putting my finger exactly on it, but in a nutshell it seems to suggest that the market and government forces we have so far are not cutting it and we need to do something radically different at least that's what I get when I read it. Where really what we have is we have market forces which are starting to show green shoots I think that was Micky's point earlier in summarizing the JASON Task Force that we are seeing interoperability starting to happen.

Meaningful Use Stage 2 barely got enacted this year and then was most, you know, more or less delayed recently. Stage 1 was not at all focused on interoperability in the first place for better or for worse. But we are still seeing things happening right now which we would not have seen even three years ago and they are accelerating.

So, I feel like there is...there are definitely new market factors and government factors that will make a difference going forward but I don't know that necessarily means we need to start from scratch and this statement makes me feel like that's what it is trying to imply.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Yeah, and, you know, this is a good feedback and I challenge you on this. I think your view driven by what you do in your daily life and your activity, and, you know, as you heard earlier I've been up all night, I had a total of four transports last night who came into my hospital from different hospitals and how did my information exchange work, it was word of mouth from what my transport team heard at the referring hospital and what they then told me when I got there. So, there is no such thing as interoperability or information exchange for me right now. So, as a provider I have a very different view, it ain't here.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

This is Jitin again, I don't think that view is actually very different from what I said actually. I totally agree that it's not pervasive and it's very spotty at best, being generous as to how we characterize it. My main point was that there are green shoots and those green shoots are happening because there is, you know, for example there is some directed exchange not a ton but there is some.

CommonWell had 1 million queries in the last few months for data. I'm sure Mariann can quote some excellent figures from eHealth Exchange. There is serious exchange happening in smaller pockets that's all very new, three years ago there was absolutely none of this and even one year ago there was very little of this.

So, I think we're starting to see the fruits coming out of the tree and they're just barely popping out. And to say that the experiment has failed is cutting down the tree before it's even had a chance to bear fruit.

So, I do think there is more to be done and I agree that we're not...we certainly don't have a full tree of fruit yet, but I also don't think it is start from scratch because that's just prematurely cutting down what we already have.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

I think what we...

Carol Robinson – Principal – Robinson & Associates Consulting

Oh, and you know...

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

This is Anne, I think what we're both saying is that the market forces have lagged and maybe they're just now beginning, you know, to integrate. So, yes it hasn't happened yet because those market forces are just beginning to start, you know, requiring information exchange.

Carol Robinson – Principal – Robinson & Associates Consulting

Well, that is such a great point Anne, this is Carol, and I think that in terms of the tipping point of where change really starts to happen, and I think that's one thing that we're really needing to analyze as a group, is are we at a tipping point, are we near the tipping point or do we need to, you know, do anything or recommend anything in terms of a governance framework that controls that tipping point whether that is for, you know, varieties of different state policies or laws that get put into place as one example.

I am going to take the next row simply because I'm feeling sorry for Chris and I don't want him to have to try to explain this. It is a little bit...it may be a little difficult in terms of the way we've captured it, but I want to make sure that people understand what we're trying to get to today in terms of this common understanding. So, and Jodi, you may...we may need you or Melissa in terms of your legal background to comment on this as well.

So, the statement is, in order to confer federal and state benefits on governed HIE or HIE entities and the examples of those are CMS or state regulations that authorize increased payment to providers for using HIE for particular purposes a governance body or mechanism must itself be recognized or deemed a regulation. And so I'm really putting that out there.

Jodi are you able to comment on that in terms of if a state for example were to say we're going to put our own incentive payment in place if the providers in our state use CommonWell, you know, or use a certain network to exchange information or if all of our providers went to one EHR solution and stayed on that solution would that need to be recognized through regulation?

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

So, this is Jodi, I can't opine on state law and I don't know if there are others, Melissa or anybody else is comfortable doing so.

I will say from the federal perspective typically if we confer a benefit on, you know, in general terms if we confer a benefit on a particular entity like we've done with our certification bodies for certifying EHR technology typically that is done through a regulatory mechanism, there may be other ways of doing it so I don't want to...the "must" seems a little bit...I'm not comfortable saying there is no other way. Obviously, congress can do it.

Congress named the Joint Commission and legislation as a body that can certify for CMS purposes and things like that. So, there may be other ways.

But typically if you're conferring a benefit on a particular entity that would normally...normally that would necessitate a regulatory action and notice and comment, and rulemaking and the like.

So, I'm not comfortable saying absolutely, but that is generally true from a federal perspective and Melissa I don't know if you have anything to add?

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

I'm trying to remember what the women from NACHA said to us about the organizational entity there. There were two of them I recall that do the sort of governance and, you know, I don't know they sounded kind of like the traffic cops or the guys in the middle of the intersections, right, who are like directing traffic. I can't remember whether they were...and maybe someone else can remember, were they recognized by the government or deemed through regulation?

And then again it's also a different model because I'm not exactly sure what the government's benefit that governed HIE would be to those entities. I don't know what they...I don't know the specifics of what those organizational entities were getting, but I can't remember whether the government actually recognized them or not that's what I was thinking.

I, like Jodi, because we're both lawyers obviously, the word "must" you know bugs me a little bit because I'm sure that there are examples that I'm not thinking of, but, I think it is typical I agree with that.

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you that's really helpful and I would just say that I think that when I received this statement as an input for this work I think that we were thinking of this in terms of federal funds or state funds. So, federal or state benefits where I think the NACHA example might not...I mean that might be private sector funding so that's...I think maybe may be a difference there, but that's really terrific feedback in terms of that and I think that's where we were trying to just get some common understanding around, you know, where governance may need to be put into place in order to move the market in different directions.

Dropping down to the next one, both federal and state government must, and again there is a "must" so I'll pause for the lawyers, but, must play a key ongoing role in governance given the multi-dimensional nature of government involvement in Health IT funding and standards setting. So, any comments on that from folks on the Workgroup? Okay, I think we've talked enough about states here.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

This is...

Carol Robinson – Principal – Robinson & Associates Consulting

Oh, sorry go ahead?

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Sorry, this is Jitin speaking, I'm puzzled by the...by what the statement intends particularly in terms of state governments. I think somebody made the point earlier that state government...I mean, it sort of has to be involved but certainly to the extent that it's playing a huge role in producing governance might actually create more problems than it solves, but that might be underplaying the value of the states as well. So, can you tell me a little bit more about the intention behind this statement?

Carol Robinson – Principal – Robinson & Associates Consulting

I think, I think that I can and I think that as former State Coordinator for HIT in Oregon for about 3.5 years I think that, you know, where, as a state, you know, putting on my former state bureaucrat hat, that, you know, we were really concerned about setting up a state HIE and having to set the rules of the road for our state when, you know, this was so new and I have described a little bit of that in, you know, communications to the Workgroup earlier.

So, you know, I think the idea that if there are state programs in place that have in the past been funded by the HITECH Act that are currently being funded through state innovation model funding, other CMMI programs, through 90/10 funds, from CMS and other mechanisms to drive the Medicaid payment side of government I think that's really where that fits in Jitin if that makes sense.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Okay, so this is Jitin, so to rephrase it so it's because of the dependency within the states on Medicaid for example for incentive payments and for payment in general, and also because of state policies and regulations and so that's what you refer to here when you talk about this multi-dimensional nature?

Carol Robinson – Principal – Robinson & Associates Consulting

Exactly.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Okay.

Carol Robinson – Principal – Robinson & Associates Consulting

I think that was well put.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

All right that helps.

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

Carol, this is Anjum, and I want to go back to the statement again and the "must" there for both federal and state because it also mentions IT funding and standards setting and I think that just is...that "must" doesn't fit there especially if you think of, you know, state governments also setting standards.

Carol Robinson – Principal – Robinson & Associates Consulting

Right.

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

And there are state governments and there are state governments. So, it's not always, you know, HIT, you know, promoting policies. So, I think therefore I have some issue with trying to say that this would be a yes because...

Carol Robinson – Principal – Robinson & Associates Consulting

Yeah.

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

I think there is a role for sure, but whether that role is to the extent that it has to be there in every state I'm not sure.

Carol Robinson – Principal – Robinson & Associates Consulting

Right. Oh, I think that's excellent feedback, thank you so much. So, again, we put these together trying to ensure that we have this discussion and that we kind of get...you know, because I think that the idea that we're trying to drive and we have about 28 minutes or so left, 26 minutes on this call, the idea that we're really trying to drive our conversation to this, you know, shared understanding about what we're talking about because there are so many ways that we can be confused about various things.

The next statement I think tries to get at that too and that's really, I, you know...when we think of governance and we, on the former page where we talked about authorities and how government, you know, has a span of authorities maybe light to heavy there and the market may be able to drive some authorities through behavior modification or contract essentially.

There also could be included in a governance framework recommendations around non-regulatory tools and so when I've been thinking about that and of course contracting grant requirements and that could be grants from the federal government or contracts from the feds to the states in terms of state waivers and whatnot that we mentioned earlier but it also could be on the private sector side around philanthropic grants that might have requirements for certain interoperability standards, it might be around contracts for payment, for, you know, value-based purchasing from, you know, large employers or purchasing groups so those are examples of that.

Industry guidelines and acknowledgment mechanisms, again, we, you know, talked a little bit about, you know, an oath or a seal, or something that really if there is a bad actor that there would be a mechanism to revoke their oath of interoperability or that there would be a mark that they would have to prove through some mechanism of being able to acknowledge their interoperability.

There is also outsourcing and contract mechanisms that could be used through a governance framework to deem other organizations to be able to provide that governance and so someone mentioned JCAHO as a government deemed outsource organization and so there could be authorities or also non-regulatory deeming kinds of programs that could be through that outsourcing contract mechanism.

And then also, we really don't want to forget that there is a lot of value in education and talking about best practices, and raising the conversation about interoperability, and ensuring that we provide best practice information of what that looks like so that as the market, meaning the providers like Dr. Lehmann and others who start to demand different practices perhaps from their vendors as they purchase or get involved in HIE efforts would be one mechanism.

And then the final one on this is testing measuring mechanisms such as providing funding for pilots, setting up testing suites for different kinds of standards, providing independent research, audit surveys things like that shed light on governance and so, on interoperability and on behavior, so that's...I wanted to just make sure that when we're talking about a governance framework that we keep our brains and our options open to include some of these less or non-regulatory tools. Any comments on that?

Mariann Yeager, MBA – Executive Director – Healtheway, Inc.

Well, this is Mariann Yeager I'd like to jump in and I guess when I think of governance I almost think it's the opposite of how it's presented here, in other words, why not leverage all the mechanisms and tools to bring industry together through requirements, guidelines and all education, coordination, public/private collaborative endeavors and when that's not successful if those are implemented and coordinated at a national level with the leadership and participation of the federal government and state government and only to the extent that they prove to be insufficient that you then turn to regulatory or governmental levers or other things.

I just don't think as an industry we've had that yet and I think we would benefit from it. I think we've had some of it in pockets, I think we've seen that and not to get into too many specific examples, but I just don't think that's been leveraged to the extent. So, I would almost put that up front and then say to the extent they are not sufficient then you look at establishing governance through regulation. So, just a different concept.

Carol Robinson – Principal – Robinson & Associates Consulting

And I think that...and that's really, really well said. So, I think we'll get down and maybe a little bit more into the weeds of that principle that you're stating Mariann in a couple of the next slides.

And so being cognizant of time and I really appreciate the discussion so far the final point here is really whether we agree that it is ONC's responsibility to preserve and protect the public's interest in HIE through meaningful governance that addresses the status quo understanding that this status quo maybe different in different parts of the country and for different types of providers or for their patients.

So, acknowledging that status quo can be a loaded phrase depending on where you are as a behavioral health providers versus a large hospital system, versus, you know, different vendors and different communities where HIE has bloomed better than others and creates momentum to achieve interoperability.

So, a little bit of, you know, is the question really, you know, what is ONC's responsibility and this is a judgment call right now for us not...but also acknowledging what we've heard in the past about the HITECH Act specifying ONC providing a governance mechanism. So, comments on this?

Mariann Yeager, MBA – Executive Director – Healtheway, Inc.

I think we're going to have to...

Carol Robinson – Principal – Robinson & Associates Consulting

So...

Mariann Yeager, MBA – Executive Director – Healtheway, Inc.

This is Mariann we may just want to work on some of the wording there might be some other caveats I don't have any ideas off the top of my mind. I think we're going to want to tweak that one a little bit.

Carol Robinson – Principal – Robinson & Associates Consulting

That sounds good and I appreciate all feedback off line in terms of wording on anything but we've really gotten a lot of good feedback in terms of trying to move toward a more common set of understanding through this exercise I think and I really appreciate the comments and clarifications that will make this better as we bring all of our thoughts together for a set of recommendations. So, if you can move to the next slide.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

And...

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Hey, Carol?

Carol Robinson – Principal – Robinson & Associates Consulting

Oh, was somebody trying to speak? Yeah, hi?

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Sorry, this is Jitin it's real quick, I realized on the previous slide in that governments framework should not be limited in scope to government or market authorities, etcetera. And there is probably another bullet point there that addresses the second big topic up there around existing forces that Chris talked about. There is probably something about enabling new market forces that's probably a sub-bullet under there...

Carol Robinson – Principal – Robinson & Associates Consulting

That's a good one.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

That we should include, because it's possible and they exist in other industries and for some reason they don't exist in healthcare.

Carol Robinson – Principal – Robinson & Associates Consulting

Yeah.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Because of outdated rules like the anti-kickback rules for example and there may be other great ideas out there that other people think about and I think we should include them here because we don't necessarily have to stick to existing market forces. There may be new market forces that government can actually facilitate by amending or introducing regulations that make sense for our industry.

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you, Jitin.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Hi, this is Anne; I had one last comment on that last section.

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Is it okay to have the governance that addresses the status quo and creates momentum to achieve interoperability while balancing with, I don't know the right word, creativity or industry initiatives, you know, because sometimes if governance is put in really tight it stifles new ways of doing business.

Carol Robinson – Principal – Robinson & Associates Consulting
Right.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth
Innovation.

Carol Robinson – Principal – Robinson & Associates Consulting
Innovation.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina
Innovation.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

I think...so this is Chris, I think you've put your finger on exactly what the potential controversy is in this statement, right, you know, that sometimes...so I think the railroad example is a good one, you know, sometimes when government says, this is how far the railroad tracks are going to be apart it prevents you from developing a train that has a wider wheel base and is more stable around curves, you know, so I think that's one of the things that this question was supposed to provoke.

And I think you nuance there and say "hey, you know, governance is fine but do not interfere with innovation" is a different statement and I think maybe we need something that is nuanced, but I think the discussion about that is critical.

Carol Robinson – Principal – Robinson & Associates Consulting

Thanks, Chris, and in the interest of time, because we're getting tighter and tighter I'm going to ask that you skip the next slide and go to the varying roles and Micky I've asked you to walk us through this in terms...Micky designed this slide and I just thought it was really excellent in terms of thinking through a variety of spectrum and we're not...so Micky would you walk us through this slide?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, sure, so this is really just to...you know, sort of a framing slide to help think about what the spectrum of options might look like as you think of it from a government perspective and the kind of role that government can play in what we might call governance.

So, the idea here, and, you know, this is again, just defining what the spectrum could be, I think we could all agree on what the end points are and obviously the middle points just like any of these spectrums I'm sure, you know, all of you have seen these in a wide variety of context, but, you know, the middle points can be defined as, you know, in any way that we want to define them.

But, you know, the idea here is that as we think about governance generally this whole spectrum constitutes a type of governance it's just, you know, a different, you know, sort of type of governance based on what it is you want to accomplish and with an idea being that the form of governance ought to follow the functions that you want to perform or have performed at the end of the day.

And so, you know, the idea here again is just to define the boundaries for a second and then we can talk about the middle, is that you can imagine a role, a model all the way on the left-hand side which is, you know, sort of the laissez faire, you know, model of let's just let the market take care of this and let's not have any, you know, type of formalized governance that comes from the Government (with a capital "G") in any, you know, sort of greater way than it already happens right now.

So, and I've used the term bottom up which is aligned with what the PCAST Report, you know, sort of referenced when they were thinking about governance as it related to the PCAST recommendations they had sort of this idea of bottom up, top down and middle out.

So, you know, the bottom up and top down sort of represents the end point of the spectrum. On the left-hand side again the idea would be the reason I'd characterize that as market participants is that the government even if it didn't do anything on the regulatory side has huge influence just because it participates in the market. They are the largest health insurer in the country by far. They are large providers through the VA, DoD, Indian Health Services and as market participants they have a lot of influence in the market.

All the way to the other end of the spectrum you could imagine a very top down model which is, you know, to say that all of this should derive from the government, however it is executed is separate, right? Execution can be separate. You could say that we want to create a public/private authority that has all sorts of authority to do deeming and what have you that is still very top down because that's just the government deciding the rules and choosing someone else to execute it. But that would be the idea all the way on the left-hand side.

In the middle you sort of have, you know, kind of the gradation where on the one side, you know, if think about, you know, sort of the market nature and convener idea, the idea here is that the government is really trying to jump start some gaps that exist in the market but the bias is towards a sense that the market, you know, there is perhaps a temporary gap or there is a gap, you know, in terms of the functionality or whatever it is, that the government can help through it's, you know, bully pulpit and, you know, convening kinds of powers that only the government really has, to help to jump start activities that can be sustained in the market on their own. There are lots of, you know, examples of this, both in healthcare as well as in other industries. So, that would be the idea there.

And then moving one step closer to the right would be the idea of orchestrator regulator but the idea is that there is sort of some regulatory, some selective regulatory areas where the government could perhaps be a little bit more authoritative in trying to push the market through, you know, certain selective regulatory activities.

Where are we today? You can imagine we're somewhere in that market maker, convener, orchestrator, regulator but I would argue actually that in a way you could come up with examples, even just in healthcare as you think about the various ways that government is involved in the market, where there are examples where the government plays a role in every one of these cases and so I think Melissa had raised the point earlier that, you know, it's hard to say specifically that the government plays this role or the government plays that role, it's really more about an orchestration of all the various roles perhaps toward a common objective which might constitute our definition of governance in effect.

But, anyway, you know, this was really designed really as a way for us to just think about the spectrum and to, you know, think about what the tradeoffs might be as one thinks about, you know, sliding a notion of governance, you know, to the left or to the right. I hope it's helpful.

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you Micky, I really appreciate that and in the interest of time again I want to talk a little bit about how we hope to get to, you know, away from the high-level of the conversation that we needed...we felt we needed to have today and into some specific straw models and proposals, and ways to process through the discussion next week. And so if you go to the next slide.

We were trying to think through ways to set up principles around the governance framework and so we put down some principles that we might, as a group, decide to agree on or wordsmith but I'm going to tightly control the time here and give just, you know, maybe 3 minutes for discussion, keep your comments really brief to the fact that we have put four bullets on the page one is ensure defined authorities for HIE governance and we say government and non-government entities so that's one statement of a principle, propagate market authorities first and foremost under those defined authorities, authorize legal authorities only when necessary now that's, you know, as determined by someone, so, you know, these principles are going to be applied, as Michelle described, through other processes, but I think that we're trying to get to some specifics here. And then utilize other tools to drive behaviors and we listed some and I think that we've heard some others today that we would add to this. So, three minutes of comments?

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

This is Jitin, real quick then I would suggest maybe an example or something to kind of make this more clear to those of us who don't spend a lot of time thinking about authorities, but that's it.

Carol Robinson – Principal – Robinson & Associates Consulting

Okay and I think we would pull those from some of the earlier discussion points around where authorities and tools, you know, kind of lie within market and legal government authorities.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

Carol this is Melissa, my comment is somewhat similar, some of the tools that you've listed in the fourth bullet might actually be, you know, legal authorities, right? So, only when necessary maybe we might edit that to mean authorize strict legal authorities or...I'm not sure, you know, Micky just did a great discussion of it, but like, you know, some of them are legal authorities that, you know, are not considered really strict or controlling but they are government interventions. So, that's what I was trying to...between the third and fourth bullet it kind of conflicts a little bit in my mind.

Carol Robinson – Principal – Robinson & Associates Consulting

That makes sense to me Melissa, thank you.

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

This is Anjum, I agree with the bullets I think the first three are really good and the fourth one maybe it is also driving at the issue of being able to promote innovation going forward both in policy and in technology because that is going to happen and I think any governance framework should recognize that.

Carol Robinson – Principal – Robinson & Associates Consulting

That's really helpful. Okay, thank you, now the next slide is our final slide that we'd like to talk about scope once again and of course we're running out of time, but...and we may have to put out, through our homework process next week and start with this at the beginning of next week's call.

But the question really is, to the beginning, back to the beginning of thinking through the Policy Committee's feedback to us and whether this is the time to scope a repeatable process, a structure recommendation of some kind and we, you know, I know the devil is in the details around that and so we would maybe bring forward next week some straw models on structure.

But the question really is, are we going to try to create out of this group a narrow set of recommendations that are really just targeted on those specific problems in those use cases that we talked about a few weeks ago or should we define a scope of the governance framework to include recommendations for addressing those specific problems, because we are acknowledging that is very, very important for the ONC interoperability roadmap and for the current state of affairs for HIE, but, you know, we're asking for this Subgroup to think about doing that within the context of broader recommendations for governance structure of some kind that coordinate, and we've heard the word coordinate a couple of times on this call, between government and market accountabilities so that we can design a repeatable set of processes for analyzing and applying governance to the now state and to the future state. And so, I'll stop there and we have a couple of minutes for feedback on that.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

This is Anne; I think we know where I'm going, number one.

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you Anne.

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

This is Anjum and I also think the first one is more realistic. The second one, because we are a Subgroup of the Interoperability I think a lot of the specific recommendations would be based on whatever the Interoperability Workgroup decides in terms of their strategies and that is why the first one has a much broader I think adaptability to whatever is decided in terms of some of the standards and interoperability frameworks.

Carol Robinson – Principal – Robinson & Associates Consulting

Thanks, Anjum.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

This is Melissa, sorry, go ahead?

Carol Robinson – Principal – Robinson & Associates Consulting

No, I was saying, thank you. Go ahead, Melissa.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

I understand the draw to number one but I would urge us to consider number two. Three years is a very, very short time period when you're talking about governance whether it's legal governance, government governance or, you know, private sector governance and I think if we only set our sights on three years...I don't think we can ignore the short-term goals and I think that would be a big mistake, but I think, you know, we can see just from the Meaningful Use regulations how quickly things change in three years.

Carol Robinson – Principal – Robinson & Associates Consulting

Thanks a lot. Thanks, Melissa.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Or, this is Anne, we could look at it the opposite way and pick one but not ignore the long-term issues and make sure we're not doing anything that short...you know, has shortcuts or interferes with the long-term.

Carol Robinson – Principal – Robinson & Associates Consulting

Thanks, Anne. Other comments? Mariann, Jitin, anyone else, Tony?

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

Can I ask a clarifying question, this is Anjum, the one that as I'm reading it is more about the how than the what, is that what is setting up the proposals and recommendations over the three years means?

Carol Robinson – Principal – Robinson & Associates Consulting

I think that the one is really meant to talk about looking at the problem list and saying we're going to recommend this solution for this problem to be, you know, addressed because of our three year, you know, the nation's three year interoperability goals and needs and not talk about how that's done within a broader context of a governance framework structure whether that's a public/private partnership that we talked about in the first assumption slide or it's some other kind of framework that would be, you know, definitely new and different than what we currently have in place with the cacophony slide that we put forward, because I think in terms of asking this question I think the answers within number one would be applied to the time environment rather than saying there may need to be an umbrella coordination of some kind that occurs differently than has currently occurred.

Mariann Yeager, MBA – Executive Director – Healtheway, Inc.

This is Mariann Yeager...

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

And...

Mariann Yeager, MBA – Executive Director – Healtheway, Inc.

Oh, sorry, go ahead?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Mariann, go ahead.

Mariann Yeager, MBA – Executive Director – Healthway, Inc.

Well, here's my thought on it, I mean, the nature and definition of governance itself is the process by which decisions are made, right? So, if we're seeing a cacophony and I don't disagree, we're in the midst of that, I think there would be a lot of value in actually defining a process to bring some of that work together rather than trying to dig in and solve specific issues.

You know this group is extremely knowledgeable, has lots of experience and I have no question if given enough time we could probably come up with some really solid recommendations to address some of the challenges, the question I have is, are we the right group, can we speak on behalf of all industry stakeholders and I just don't think we can.

I think we could probably come up with something really credible, but I go back to, if the role of governance is the process for making decisions and making sure that those recommendations are vetted by the broadest group of stakeholders I think we'd be really making some substantial change for the good by focusing on that.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

And this is Chris; I don't think it comes as a surprise that I'm in favor of two. I know that at the end of the day for me it's about my patients, I know that I want to see a governance that looks long-term in the future, drives and promotes implementation, and I think we need to take a larger look at this and not be afraid of actually governing.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

So, Carol, Chris, this is Kory, I just want to note we're one minute passed our scheduled end time so I think we need to wrap this up and open it up for public comments.

Carol Robinson – Principal – Robinson & Associates Consulting

Oh, thank you very much, Kory. Can you go to the next slide and so as we open it up for public comment that we do note that we will bring very specific straw models back and there will be some homework coming out, watch for that at the beginning of the week, to analyze in more specifics what we've...specificity what we've discussed today and that will be for next Friday's call.

And then on September 26th try to get to a finalization for recommendations noting consensus where that is reached noting divergence if there is any interims of our discussions and prepare for the October 3rd presentation to the HIE Interoperability Workgroup. So, with that Michelle, do you want to open it up for public comment?

Public Comment

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

Yes, operator, can you please open the lines?

Lonnie Moore – Meetings Coordinator – 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.

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

We don't have any public comment, so thank you everyone and we'll be in touch on Monday with additional information. Have a wonderful weekend.

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Thank you.

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you, Michelle, thanks everyone.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Bye.

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Bye-bye.