



**HIT Policy Committee
Interoperability & Health Information Exchange Workgroup
Governance Subgroup
Final Transcript
September 19, 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 Policy Committee's Governance Subgroup. This Subgroup is under the Health IT Policy Interoperability and HIE Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Carol Robinson?

Carol Robinson – Principal – Robinson & Associates Consulting

I'm here, thanks, Michelle, good morning.

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

Hi, good morning. 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? Anne Castro? Barclay Butler? Beth Morrow?

Beth Morrow, JD – Director, Health Initiatives – The Children's Partnership

I'm here.

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

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

I'm here.

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

Hi Melissa. Tim Pletcher? Tony Gilman? And from ONC do we have Kate Black?

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

Good morning, Michelle.

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

Hi Kate. Kory Mertz?

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

Hi, Michelle.

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

Hi Kory and Lee Stevens?

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

Hey, Michelle.

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

Hi, Lee and with that we'll turn it over to you Carol and Chris.

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

And Jodi Daniel is here.

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

Oh, sorry, Jodi, thank you.

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

All right, good morning everybody. Thank you for joining us on behalf of Carol and myself. This Governance Subgroup today is focused on the discussion on requirements and interventions that might be necessary to improve interoperability as it stands currently. And the discussion that we are having today I hope will be very interesting. If we could go to the next slide, Michelle, please?

The first thing that we will address is a revised ONC ask. As you know this Governance Subgroup's timeline has been extremely short with a very ambitious goal and having had a number of meetings so far we are realizing that there is a need to revise the scope of this group in order to arrive at something that is actually meaningful and helpful to the Office of the National Coordinator.

So, the first thing that we will do this morning and Carol and I hadn't discussed who will walk through it but one of us will. We will walk through the revised ask from the ONC and I'm happy to do that Carol. And then we will open this up for a discussion that we hope will be...even though we have few members today on the call will be lively and active, and hopefully will lead to some tangible results that we then can discuss in future Workgroup calls.

With that said, I think, Carol do you have anything to add that you would like to do now?

Carol Robinson – Principal – Robinson & Associates Consulting

Thanks, Chris, I think the only thing that I'd like to make sure that give Jodi Daniel a chance to speak on behalf of the National Coordinator in terms the revised ask as well and so I think maybe hear from her and then we'll jump into looking at how we'll do that.

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

Okay.

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

Great, thanks so much Carol and Chris I really appreciate it and if you all can go to the next slide that would be great. We have been...the ONC staff have worked very closely with the Chairs in thinking about the best way to structure the next couple of meetings and have something that we can bring back in October to the full Policy and Standards Committee meeting.

And I really want to thank Carol and Chris for much time and effort in trying to think through what I hope will be a productive couple of meetings and build on the conversations that have already happened to date.

So, what we have asked...because we were trying to figure out what would be...you know, to Carol's point from a couple of our meetings this...what we asked initially was a big ask for a new group in a short time period and maybe even, you know, something that we've been working on and thinking about for years and so what we tried to do with scope with only two calls left we were thinking maybe let's scope back the ask and be a little bit more specific on some key questions that would really help us to focus the conversation of the group and to provide some concrete feedback that we can then build on.

Our goal is to have something that will help influence our thinking for the interoperability roadmap, but again, we're just going to be coming up with a roadmap at this point. So, we want to make sure that we have your input sort of directionally as we're putting pen to paper on the roadmap and thinking about governance which is one of the five building blocks in the roadmap.

So, what we were requesting is that we use the next two calls to try to come to a consensus on responses to two essential questions. So, the first, and I'll just read these, is will continuing the governance approach, and I will talk a little bit about where we are in our current approach, the current approach that ONC has taken ensure that the community can fully achieve our three year goal of providers and patients being able to send, find, receive and use a basic set of essential health information across the care continuum.

So, we had gotten a lot of feedback from an RFI that we did back in 2012 and, you know, a couple of years have gone by we've done some thinking and assessment and we really wanted your thoughts on how our efforts have worked so far and what, you know, whether there is...whether we should be shifting our thinking and approach in order to achieve the more aggressive 3 year goal which I will talk about in a minute.

The second question is which governance focused actions should the government take in order to best protect the public interest including improving healthcare, improving the health of the public and reducing costs in the future.

So, of course our interests, and this is an advisory committee to us, is what can we do to help in achieving this goal and of course as the government we're also very focused on what's good for the public, what's in the public interests and how do we help advance health for the nation and reduce costs of providing healthcare. So, that is the second question is what actions should the government take to help do this?

So, let me go to the next slide, I want to...there are a couple of things packed in there that I think I want to tease out and make sure folks have at their fingertips, the first is what we put forward is our three year interoperability goal in the interoperability vision white paper that Karen put out last spring.

So, the three year goal is to ensure providers and individuals can send, receive, find and use a basic set of essential health information. We've suggested that the basic set of essential health information should be the common MU data set we've already sort of identified some particular data points that are...data that needs to be captured and available to exchange in our regulations and the companion Meaningful Use regulations. So, we want to build on what we've done so far.

So, that's what we've put forward as a three year interoperability goal and kind of looking at the...our activities over the last two years we wanted to see if we can...what we can shift, do better, improve on, do differently that would help us get to that three year goal with respect to governance. So, next slide and then I will...this is the last thing I'm going to talk about.

I also wanted to ground people on what we've done so far so that if you haven't been following along over the last two years as closely as those of us who are working on this day-to-day I wanted to give you a flavor. So, after...we had decided...we had put out a proposal for a regulatory approach and we decided not to follow through on that based on the feedback we had gotten two years ago and what we did was focus on convening, bringing folks together who are working on governance issues to share information, learn from what folks have done before and hopefully to help folks work more collaboratively and build on successes that have existed in the market.

The second was guidance, we've put out a governance framework for trusted electronic health information exchange which really is sort of a north star policy document and we have seen certain organizations leveraging this or pointing to it in their governance activities, I know Carequality has...when we had the HIE Governance Forum they were using it to help structure their conversations as well.

We've done some grants, we've had some exemplar HIE grants which really helped rally the community around some of the work done by DirectTrust and the EHR HIE Interoperability Workgroup both in DirectTrust to...there has been a lot of growth in their work and many more accredited partners to exchange information and promote interoperability, you know, however, there are still some divergence in the policy and technical approaches among HISPs outside of that trust community, and we've seen with the other grantee on the EHR HIE Interoperability Workgroup pilot testing provider directory standards to help advance the state of the field with respect to that issue and promote interoperable directories.

Also, one thing which I don't have on here, but there have also been...we have looked at our regulatory levers and, you know, we've worked closely with the Office for Civil Rights on HIPAA modifications that expand some of the privacy protections to business associates which I think has helped advance some of the questions and issues regarding trust with respect to health information exchange.

So, I think it is fair to say that we've taken sort of a light touch approach but there has been some progress as a result and the question that we have is while we've seen some positive shifts with respect to governance exchange and interoperability the sense that we have at ONC is that the current approach may not...and the progress may not be as rapid as we may need to address the three year goal and to really hit the three year goal to have information available to providers and patients or individuals for all those needs.

So, that's just sort of a little bit lay of the land, what we are thinking as far as the asks and consultation with our Co-Chairs and where we have come so far. So, what I'd love to do is turn it back over to Chris and Carol to actually try to tease into the questions unless anybody has any questions for me before we do that?

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

Thanks, it looks like there aren't, thank you so much that was a great overview and if you don't mind me commenting on this first and I'm sure Carol you have thoughts on this too. I think as Co-Chair of this group I very much appreciate the fact that...the recognition that we, in order to be successful needed to scale this down to something that is truly manageable and achievable in the time that is remaining to us.

And I love the fact that you actually put a really good challenging question out there for starters that looks at what we are currently doing, how the ONC is managing the process of moving health information exchange along while they're sharpening it and asking this group to determine if this is going to take us to the goal on time.

And again, the three year goal is very clear, it asks to ensure that providers, not some providers or a subset of providers and individuals, can send and receive, and find, and use a basic set of essential health information. So, this is a pretty clear-cut goal that, you know, we can put up as a target and see if the current approach that the government has been taking is...and that the HIE world has been taking is something that will get us to that goal in the timeframe that we have allotted.

And let me make a comment, I think ONC thus far has been taking a velvet glove approach to the governance of HIE in my eye, convening and guiding, and providing incentives and communications and things that are about as hands off as you can be while at the same time fostering the process and the progress of this and at this point the question, in my mind is, is this sufficient.

So, the question that we are being asked to address first is continuing with the current approach are we going to reach this three year goal?

And you heard me lament on our last call, I was post call, so I was kind of crabby and sleep deprived and the fact that I had four patients that were transported into my hospital that night and that not a single one of them had any meaningful information exchange affiliated with their transfer that all the information I got was word of mouth from my nurse practitioner. There was no transmission of maternal data that would have been important to me to decide what antibiotics to use. There was no information about the pregnancy that would have been helpful for me to take care of these patients.

And I think at the end of the day what we all are striving and we all are trying to accomplish is to use health information exchange to improve the quality of care. So, not only did I have pertinent information but I also couldn't rely on the fact that I was told certain things weren't done that they really were done or that certain things were done like a Hepatitis B immunization that it truly was done unless I, you know, had some electronic data that would have been providing me with that information.

So, based on my comments you can already hear how I feel about question number one. I feel we are very far away from this three years of exchanging for patients and individuals, and as I said not some, not a subset but patients and individuals which to me implies all, exchanging information that is pertinent and meaningful for their healthcare.

So, my take is I don't see this in my current practice and while I hear great examples from members of this Workgroup of where things are working and where there are green shoots sprouting I am very concerned that the velocity of change, and that's what we're talking about, we're not talking about the exchange that's happening, but the velocity of the change in HIE is insufficient at this point to bring us to this pretty audacious goal in three years.

And, you know, I would love to hear other people's opinions on this and thoughts on this, and I'm happy to be corrected on this, but at this point I'm going to stop talking and see what Carol's take is.

Carol Robinson – Principal – Robinson & Associates Consulting

Chris, thanks for that and I really appreciate the personal story around your experience and I think after you told the story last week about your four transfers during the night before our call I walked away from the call afterwards and I thought this isn't in rural America with a small critical access hospital or a rural hospital this is at Vanderbilt. And Vanderbilt is one of the premier organizations that have been working to achieve electronic health information exchange for as long as just about anywhere in the country and so that adds another dimension in my opinion to your story. And adding that dimension I would also comment that it's not atypical. I think what is atypical is where health information...where those green shoots are really occurring.

And so, I think that as we have heard the challenges during our listening sessions of exchanging information we've heard and really examined many of the problems that are facing the industry and facing policy makers across the healthcare ecosystem for exchanging information electronically and securely with appropriate privacy guardrails around that.

We've, I think, also heard maybe some overly optimistic stories about how those green shoots are blooming and while I am...have been described as an eternal optimist by some I think I also have had some very pragmatic experiences in my work over the last five years plus now on health information exchange.

And what I'm seeing in my own community with organizations that I'm working with to try to achieve interoperability is that it's very, very difficult and that the standards that have been used to certify 2014 certified electronic health information technology have not been implemented in standard ways creating big challenges for organizations as they try to start to meet Meaningful Use requirements and as they try to enter into new care arrangements where the essential exchange of information is now more economically important to them as providers, but it's also increasingly important to all of us as we are more mobile in our society and do not always get our healthcare in the same place and we were talking about how often Chris and I are traveling these days and I'll tell you that's just something that you think about as you think about the patchwork quilt of state governance that we currently have.

So, I'm going to stop I've opinioned enough now, but the slide that is on your screen at this point in time with the context around that and the question is something we'd like to open up to all of the Subgroup members now to discuss. Thank you.

Beth Morrow, JD – Director, Health Initiatives – The Children's Partnership

This is Beth Morrow, hello?

Carol Robinson – Principal – Robinson & Associates Consulting

Hi, Beth.

Beth Morrow, JD – Director, Health Initiatives – The Children’s Partnership

Oh, good. Well, I wanted to back up the same feeling that the velocity of change is not adequate to reach that three year goal and in particular raise the issue of the patient piece of it which, you know...and I was at the consumer summit this week and there is definitely increasing interest there, but with Meaningful Use Stage 3 postponed and some of what we heard in our listening sessions, you know, there is a clear sense that maybe the consumer could help drive some interoperability across systems even where the systems maybe, you know, inadvertently or by design sort of trying to keep the information within one system rather than really setting it up to be shared, but the consumers can sort of push toward interoperability but I don’t feel that we’re far enough along on that path to have as much of the intended impact in the next three years as we need to get to where that three year goal would take us.

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

This is John Blair; can I...I don’t know that you knew that I came in, I got in late, so for roll call.

Carol Robinson – Principal – Robinson & Associates Consulting

Welcome, John, we welcome you to the call, thank you, go ahead.

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

Hi, thanks. Again, unfortunately, I’m going to have to hop off earlier, probably by 10:30, but I’m going to try to state a couple of things. I think when you look at patients and providers lumping those together, I think it is better to break it apart because on the provider’s side a lot has been done, at least on the governance side particularly around DirectTrust and the security floor on that. So, that’s one thing.

And I think that we’ve got to catch up on the patient’s side to meld those two together and I think that’s, you know, that I would encourage moving on that as quickly as possible. I’m not saying that is easy but I think that’s important.

On the provider’s side I really think it is...when I listen to all of this, we continue to combine send, receive with find and use and when you’re talking about the push...let me go to the query first, when you’re talking about the query that’s been in play for 15 years. So, when we talk about the difficulties and the time or the progress that has been made I think we should be talking about that piece. I think that piece is very important and I think that trying to figure out how you work through the different security thresholds between the states versus federal forum etcetera is...and all of that is important and I think that’s part of the problem but also business models, etcetera are part of the problem.

But to lump in the push, Direct in particular, which is not even a year old, really does it a disservice and so you’ve got the find/use that has had 15 years in play and you’ve got the send/receive that has had less than a year and the difficulties on the 2014 EHRs and the HISPs and all of that can only be expected.

I mean, we're not even a year into this and I would say, you know, whenever you release new software whether it's, you know, Microsoft, you know, Microsoft Office Product or whatever it is always going to be buggy and you're looking at bare minimum in these situations, three different systems in the chain of movement of information from one end to the other and frequently four. So, there are going to be issues with that. It is just rolling out, it's just being done for the first time...and to expect to be receiving anything yet or receiving much or to be having this fairly ubiquitous is I think way too much.

I mean, we've been seeing providers across the country getting just on-boarded and activated and as there are more in the community that have this ability we're starting to see transactions. So, just to give you an example, in July we saw about 100,000 transactions across maybe 50,000 providers so that's abysmally low but those, you know, 9/10 of those are really not using it yet and just the following month it is up to a quarter of a million.

So, in one month it went up...went from 100 to 250,000, so now that's a national look at just one organization, but what I'm trying to say is combining, you know, when we have these discussions and lump all of that together it confuses things and I think it's better to talk about the patients and providers separately in terms of what needs to be done right now and then in particular talk about the send/receive versus the find/use separately, because as I said, one is less than a year in play and the other is 15. Thanks.

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

This is Mariann Yeager from Healthway; I guess I'm looking at this...when I look at the slide five that talks about the current governance approach and then the questions that are posed in terms of, you know, what approach should ONC take to try to move toward that goal or reach that goal I have some thoughts actually and I'd like to actually present it in the form of a proposed recommendation for the group's consideration.

I'd like to propose that I think actually ONC's approach to date has been very effective in terms of bringing together groups convening, providing guidance, grant making, communication I think those have been invaluable tools and given the maturity to John's point, the maturity of the use of EHR and HIE technology is still in the early stages particularly with the ambulatory providers and other care settings less so for the more mature IT implementers and users of the hospitals.

So, what I would say is building upon the current approach I actually do think there are some other things that ONC could do that would be high value in moving the adoption and use of HIE forward and I'll be very specific because I think we need to start drafting recommendations if we're going to actually provide ONC some substantive feedback.

So, one is I think more education would be really valuable and in this respect I'm wondering if there are ways to do more extensive education for providers to encourage them to adopt and use health information exchange specifically and giving them some guidance around workflow and use cases, and I think a lot of that has been done around Meaningful Use and certainly the Regional Extension Centers. A lot of that early work, I suspect, was probably trying to get the technology in their hands and get it implemented.

So, we're really still in the early stages of HIT system implementation and now the hardest part is getting them to utilize the capabilities that they have, and that's very much a pretty heavy push in terms of education. I will draw a comparison to CMS and the education that they did around the use of the HIPAA administrative transactions and code sets. So, there were practice management systems and other systems that were capable of exchanging those transactions but it took a lot of work to actually make the utilization of those capabilities meaningful. So, I think education is important.

Similarly, I think ONC could publish case studies regarding the benefits of health information exchange. Those could be case studies or ROI studies. I know that Healthway is looking to do that from the perspective of the eHealth Exchange, but I think we don't really have a lot of data on that from an industry perspective and I think that's high value.

The other area where I think ONC has already been doing, it's just not really called out in their current approaches, is that coordination role as ONC's name suggests across the federal industry HIT initiatives and focusing on coordination and communication I think has been really helpful versus trying to prescribe particular HIE approaches and I think ONC has been pretty effective in that.

Collaborations is another role and that means working in partnership with standards development efforts and public/private collaborative efforts and I'll give you an example and I don't know if this group is...so much, but ONC and HIE, and Healthway was part of that too and many others, many IWG and others worked together to kind of help focus industry in adopting a standard for provider directories and it was just ratified as an international standard for federated HPD and that came about because we all came together in collaboration and worked toward a common goal and fast-tracked it I think in a way that has been unprecedented historically and I think that's very powerful, and I think that there are other examples where ONC in their collaborative role has been really beneficial.

And then the final recommendation and then I'll pause, I know you all have lots of feedback, is, you know, from my perspective and, you know, sort of being in EDI space previously and now HIE, if we want to really get to that type of connectivity that we're talking about in the three year goal we have to have a plan and that means there has to be specific goals.

We have to be able to measure the percentage of connectivity that exists today across all methods of exchange recognizing some are more mature than others, but we need a national level deployment plan that has a timeline with realistic milestones.

We need to consider the maturity of the use of HIT in different care settings recognizing that ambulatory care providers are probably a little further behind perhaps than some of the hospitals and IDNs and then, you know, focusing on bridging the gap that way.

To me, if we really want to get there it is only through a definitive plan. So, I'll pause there and interested in the group's thoughts on those recommendations.

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

You know, this is John Blair again, sorry, because I am going to have to hop off soon, but I just want to just say that I completely agree with...I think that was five Mariann, but anyway with those and I really do that was good, and I think the...just two things I would say.

On the second one, education, she mentioned it but you cannot under emphasize the training aspect of this in terms of some workflow and that type of thing particularly in the ambulatory space, and particularly with the smaller providers.

And then the last one on metric, goals and metrics, I agree with that also and I would just encourage to not get into the, you know, the measurement mistake of having just way too many measures but if they could just have a few metrics and some timelines around that and get those reported accurately I think that would be very important. Anyway, thank you for those, for that list.

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

Thank you, John and Mariann for those comments and I have to state that I respectfully disagree with both of you.

I am feeling...and I'm going to be hyperbole, probably use a hyperbole here that we are looking at a Potemkin's Village. We are being fed numbers of exchange and how they are increasing from month to month but, you know, if you look behind the façade you know it's nothing but façade.

There is no...I'm challenging you to tell me from your personal health experiences or a family member how you've experienced any meaningful health information exchange in your lives or in the lives of people that you are touching.

And, you know, the reality is, in my opinion, that ONC has done a fabulous job, no doubt about it, but the velocity of change has not been to the pace that will get us to the point that we need to be. If you look at the information that would be required to exchange, to truly allow everybody who is being touched by the healthcare system or by extension of the healthcare system to have data available to reduce duplication of effort or reduce dangerous interactions the amount of data that needs to be exchanged is many, many multiples of what we're currently having being exchanged.

So, I am not ditching the efforts that are on the way I'm just saying what we have achieved so far is not in the magnitude of where we need to be and we need to accelerate the process. And I don't believe education is a way of accelerating process sufficiently at this stage.

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

So, I'm coming back at that, so I'll disagree with you, first of all, you know, I don't know what volume of things you're talking about, but if you look at transition of care and you look at that just beginning that effort this year what expectation do you have of that?

You have providers just becoming active and capable of doing that and probably it is 1/10 of the country at this point but they're being connected pretty rapidly and so with transitions of care, which we know half of the time across this country on a referral or a consult, or a discharge that information doesn't end up in the receiving parties clinical space that's what this is addressing. So, I'll just start with that one. What is your expectation on that?

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

My expectations are that in three years' time that we have transitions of care that we have 100% of the time we have...that providers have pertinent information to make the right decision and avoid duplication of services that will ultimately lead to better care and at this point I think with this speed, you know, if you project a path I don't think we'll get there in three years.

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

Yeah, so how can you say that when this has just begun and it is six months in and also how can we possibly get to 100% if you're reimbursement model...

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

Let me turn the question around, what you makes you so confident that it will be there in three years, you know, what's the...

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

Well...

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

And...predictions to the point that you will have 100% signed up at the end of three years?

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

Yeah, I certainly didn't say 100% in three years...

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

Yeah and this is Mariann, I agree, I think that we have to be very careful how we couch the goal because there are probably a significant number of folks who receive treatment in other care settings that don't even have electronic health records so...and if you look at the volume of where transitions occur there is a percentage of the market that isn't even...have technology in their hands. So, to think that they're going to be connected in three years is completely unrealistic.

But, I think we need to look at, what are...if you look at the question and I don't dispute Chris what you are saying that we're not going to get there in three years if we continue with the pace of change but if we get a proper characterization of where we are, the current state of industry I'm suggesting that is something ONC needs to characterize to do a baseline of where we are in terms of, okay, so now there are electronic health records in the hands of ambulatory health care providers, right, great, you know, are they even using them? Are they functional? Do those systems have the capabilities to even do the functions that are in the three year plan? Then you have a percentage and you have a ramp up of how do you get that technology to be used.

Is it possible to get, you know, even widespread use of HIE in that timeframe? I don't know because I don't know, do we understand the impediments to getting them to use the technology they have in their hands and how do we get the plan to get there?

And I think I'm looking at, well, what approaches can ONC use to effect that and I think that was the question to the group.

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

Mariann and John I actually...this is Melissa, I'm a very visual person and because I don't have your statements in front of me I might mischaracterize them and I apologize in advance if I do that. I'm wondering if what you have said means that you do not think that ONC should take a more active role in the next three years over the next three years.

My own feeling, you know, as really a student and teacher of governance mechanisms is that ONC's actions over the past two years, especially after getting the public feedback that they got which is the purpose for, right, notice and comment periods, was entirely appropriate and that the...and I agree with you Mariann that they have been very successful, and I agree with Jodi that you've been very successful in the activities that you took on, but I also agree with Jodi that I think that it's time to move forward with some stronger moves and I'm not saying, you know, we haven't gotten to the slide yet with the arrows and the flow charts.

But I'm not saying the far right where ONC controls everything. But I do think it's appropriate for a governance mechanism to move slowly at first to get feedback, to assess a situation, to gather data and then to move forward from there. And I think that we are actually at that point now.

So, I'm wondering if the two of you, Mariann and John, are actually saying that you do not think that they should be more active in this space than they are.

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

Yeah, so this is John, and just very quickly, on the patient's side I think that we need help. I'm not sure exactly what it would be. And on the find/use side I think that we need help there too because again that's been in place for 15 years and I would have hoped for more progress and I think it would be not a good thing for that capability to, you know, to not pick up pace.

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

So...

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

I would say, you know, it depends on what you describe as active. I think ONC can be active and contribute and move the ball forward without regulating. There is no question if ONC were to say, here are successful approaches and we recognize them, not through regulation, but this is a good example of, you know, interoperable exchange I think that's probably enough to nudge the market.

But where we are right now, and this is my professional opinion just from where I sit, I don't know...you know, that's why we're getting this broader group together, but the issues that lie ahead are largely implementation issues.

And so my question is can the federal government work through implementation issues and keep up with the pace of change that we're responding to the market right now in measures of weeks not months or years.

And so, I think that we...if that is in fact the direction that ONC goes than I would strongly recommend that there be another process and it's not...I don't think this group or any FACA group could come up with terms for health information exchange or other things except at a higher policy level and a strategic level I do think there needs to be another more nimble, flexible process that is truly representative of the broader stakeholders and users of HIE, and implementers of HIE who can come together and figure that out. I do not believe the federal government can do that.

Two examples, one is to the administrative transactions and code sets they point to SDOs ANSI X12 to define the standards and implementation guides. They point to a public/private collaborative, WEDI, to advise HHS and implementation of HIPAA, and they use the FACA as overall strategy.

Similarly, in the financial services industry or banking industry they got the bank networks to connect for ATM and ACH transactions not through regulation but through a public/private collaborative process where the various stakeholders with the federal government as an active participant that's another role ONC could be an active participant in these efforts just like they were with coming up with a federated HPD standard in a measure of months that is now recognized as an international standard.

So, I don't think we want to minimize the role of the federal government being an active participant and pushing this forward but I think we need to be very mindful of where we are in terms of implementation and I just am not convinced it is going to be felt from regulation necessarily.

Carol Robinson – Principal – Robinson & Associates Consulting

Mariann, I appreciate your comments in terms of the administrative transaction progress that has been made and as we've discussed before I think that, you know, some of that has occurred more quickly because of the economic interests of the parties to get claims processed more quickly and get payment processed more quickly.

But, I also have been involved in creating legislation at our own state level and getting that passed to drive administrative simplification efforts in a, you know, collaboration with the industry as well. So, you know, I think that there have been state actions that have led to more coordinated actions on the part of the industry, you know, with support of industry groups like WEDI to make that come forward.

And I'm kind of trying to think about that in terms of the...you know, on the clinical data side whether those same drivers will occur quickly enough to help advance the goals of I believe all of our society, our country in terms of improving care, improving health, population health and lowering costs of healthcare which threaten to bankrupt our nation.

And so, you know, the alignment of those economic factors with the goals of, you know, a Triple Aim in terms of health care may not occur quite quickly enough as did, you know, some of those on the payment side.

The other thing that I felt like I wanted to comment on was around, you know, the idea of newness and bugginess in terms of new technology and, you know, I think that we would all agree that Direct was brought forward in a very quick way and in a very...in some ways a very prescriptive way, a lot of states felt like we embraced it in the state I live in and many states were slower to the mark on that, but the reason why Direct was brought forward so quickly and with such rigor was to bring the easiest technology into play to make information move more quickly and the incredible disappointment that I am feeling as I was waiting with great anticipation for these certified 2014 EHRs to roll out Direct and the functionality of Direct within those systems, and I'm working with some of them right now, is terrible.

I mean it is not the HISP to HISP connection that DirectTrust is enabling that is the issue it's that when the document arrives it is not readable, it's not there and that is incredibly disappointing in terms of where we are and the pain points that we're going to hear as we do those assessments, which Mariann I totally agree with you, need to be done. I mean, we really need to hear from providers and provider organizations who are really trying to implement those exchanges how that's going for them.

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

Well, so on that...

Carol Robinson – Principal – Robinson & Associates Consulting

We also...I do want to just finish one thought and then I'll be quiet I promise, is that in terms of that implementation of...and education I totally agree that there is some organizations that are very anxious to exchange data and others that are more reticent and this is culturally, and for business reasons not something that they're moving too quickly or with great ease. So, the education piece I think is a very, very important component of what we need to push for. I'll stop.

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

So, this is Tony Gilman with Texas I wonder if I could jump in just real quick on this topic, you know, I think we've heard this throughout the listening sessions there are some good examples of some innovations going on in this very evolving market of HIE right now.

So, from my perspective, you know, government participation should generally be limited to catalyzing relevant markets, facilitating collaborations and easing regulatory burdens, and assisting in the appropriate alignment of incentives and I think a lot of that is occurring to help build the business case and to drive HIE right now. I think now is a good time for more work on policies and guidance but not on regulation.

So, I think we've seen, through Meaningful Use, the challenges with the regulatory framework that can't keep pace with an evolving industry or can't adapt quickly enough to address shortcomings within the regulation that weren't intentional but just it's hard to pinpoint in this evolving market where we should be or where we should go with 100% accuracy.

And, you know, from the ONC perspective I've seen we've...we've seen examples and we've talked about it during some of the listening sessions earlier where ONC through an initiative that Mariann Yeager mentioned to develop the HPD federated standard that's now been adopted by an international standards board that was a collaborative approach that ONC led that facilitated a lot of important input and movement to address a significant issue with full implementation of Direct.

And, so, you know, I think that's a real positive example of ONC serving as a convener to bring industry together being a strong participant in that process and driving something that I think ultimately will help the nation move forward with Direct.

Similarly, through their other exemplar grant with DirectTrust.org while industry is not fully in alignment I think there has been significant advancement in terms of the trust framework for Direct to support HISP to HISP connection and I think that is another really good example of ONC convening and working with industry and key stakeholders to drive and move something forward that is supported by the industry.

The other last point I'll make is that we heard during the listening sessions when we were receiving kind of an update on Healthway and the eHealth Exchange about the number of changes and how much they have to adapt to current industry trends and what they are seeing the market, and government just can't move that fast and that's why I think a public/private collaborative is so important.

And then if you look at the CommonWell Initiative just as another example you've seen all of the good work that they've done and they're identifying new, potentially new and advanced standards to support exchange and I think those are areas that we need to continue to look at, but those things are happening because industry is driving them, they're working to support health information exchange. I don't think government can do that through regulation but perhaps by convening, by working collaboratively and perhaps in a public/private collaborative approach we can help continue to drive HIE in a positive direction.

Beth Morrow, JD – Director, Health Initiatives – The Children's Partnership

This is Beth Morrow, but don't you think that part of the reason industry is engaging in this way is because of some of the governmental action whether it's Meaningful Use incentive payments or payment reform, you know, various clear roles that the government has played and if that's the case is your position really that the government has done what it can do to get industry now moving in the right direction or do you think that those activities have not been of value?

Because I'm trying to pull out which of the things that the government has tried, and of course some are state and some are federal, have been working and which have not had their intended effect? So, that was a question sort of for Tony from your vantage point in this state and since you are liking the way that industry is moving and it's role where do you think that the government action has been helpful to get where we are if any?

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

Well, sure, thank you for that question. I think the incentives being offered through payment reform at both the state and federal level as well as through the commercial payers are powerful incentives to build a business case for HIE. I think that Meaningful Use certainly played a role but it has also created some barriers and a lot of confusion within the market and I think some frustration.

And, so, you know, I think that my point is we have to be careful about regulation and perhaps focus more on easing regulatory burdens and adding more regulations to a market that is not...that is still maturing, and I think it's just really difficult to pinpoint through regulation a way that...right now the regulatory framework can't move fast enough to keep up with industry.

And I wouldn't characterize my comments as saying that I think industry is doing everything they can because I think there is certainly some gaps on the industry side as well, but what I see when we engage with industry in Texas and we engage in multi-stakeholder processes is that they are very much at the table and have an interest in working collaboratively on standards and other policy issues to help advance information exchange.

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

Okay, with that...

Beth Morrow, JD – Director, Health Initiatives – The Children's Partnership

But, Tony, I...

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

With an eye on the clock, this is Chris, I would like to take one of the Co-Chair's prerogatives and actually get us slightly back on target because...

Carol Robinson – Principal – Robinson & Associates Consulting

I think that's good, thanks.

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

I hear everybody talking already about question two and I still have the feeling that we haven't come to a consensus or a decision on question one and I want to set the stage for this discussion. We had that exchange with John earlier, you know, it took billions of dollars of consensus and more than three years and, you know, the implementation of EHRs still hasn't reached, you know, a level that every patient's information is on an electronic health record.

We have now seen an approach to HIE that has not involved any regulation or incentives really to a great deal and I want to bring us back to that question. Do we really believe, and I think the, you know, the three year goal again just to put it into your mind, do we really believe that we're going to ensure providers and individuals can send, receive, find and use basic set of essential health information in a three year timeframe proceeding as we are?

And I would love to get a consensus on this question if we can, we might not be able to. In advance of this meeting I talked with a psychiatrist about the facilitation of discussions and sometimes depending on the composition of the group you can't reach consensus, but if we at all can reach a consensus on this I would love for us to work on that.

Carol Robinson – Principal – Robinson & Associates Consulting

So, Chris, this is Carol, would you like to just kind of go through a call of the membership to have a "yes" or "no" on this question one?

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

That would be a way of trying to put down a stake in the ground that would be good.

Carol Robinson – Principal – Robinson & Associates Consulting

Okay, well, I'll go first and I'll say to question one my opinion is "no."

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

And I'll follow you; I think also you're not going to get there in three years.

Beth Morrow, JD – Director, Health Initiatives – The Children's Partnership

And I'm Beth and I feel the same way "no."

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

This is Melissa, I agree "no."

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

This is Mariann, I think with some augmented approaches it could be very beneficial but I'll also point out I don't believe that this is the group to make the call. I think this is emblematic of we need a broader group of diverse stakeholders to assure that the perspectives are reflective of the broadest of industry and I just don't think you can do that through a FACA process.

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

So, is it a "yes" or a "no?"

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

I think it is sufficient with some additional education, coordination, collaboration and a deployment plan.

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

So, it's a "conditional yes?"

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

Yes.

Carol Robinson – Principal – Robinson & Associates Consulting

Tony, John...

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

Can I...

Carol Robinson – Principal – Robinson & Associates Consulting

Who else is on the call?

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

Well, so this is Tony, and I have a problem with the question honestly because it's...continuing with the current government's approach ONC has taken to enable the community to reach the goal and I think that the current governance approach is mixed.

So, I think the two examples I gave through the exemplar governance approaches drove industry in a positive direction and so if they continue to do things like that then I think “yes” if they take more of an approach that they took before prior to taking that approach with those exemplar grants than I would probably say “no.” So, I’m sorry if that is not a clear answer.

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

Okay, do we have any other answers to this question?

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

This is Micky Tripathi, I’m not a member of the group but I’ve been listening in. Just for point of information I think that where the JASON Task Force is headed on this question is probably more like a “yes” kind of aligned with, you know, sort of some of the views I’ve heard represented by John Blair and Mariann, and Tony which is to say...and just building on Tony’s point, which is to say that the approach has been an orchestration of a wide variety of levers so it’s not, you know, easy to say they are only using one lever and indeed...but, I think where the JASON Task Force is headed is toward something like saying that the regulatory approach as instantiated in Meaningful Use Stage 3 should be used but beyond that a further regulatory reach is probably not the right answer here in pulling, you know, sort of the orchestration of a wide variety of other levers such as Mariann and John, and Tony were describing is probably going to be the most effective way of getting there.

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

Yeah, we’re going again into question two, but so you’re perception is that the answer to question one should be “yes?”

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

Yes.

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

Okay, all right.

Beth Morrow, JD – Director, Health Initiatives – The Children’s Partnership

Can I just...

Carol Robinson – Principal – Robinson & Associates Consulting

Is there anyone else on the call that we should be calling on that has not had a chance to speak yet?

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

No it doesn’t look like it Carol.

Carol Robinson – Principal – Robinson & Associates Consulting

Okay, thanks.

Beth Morrow, JD – Director, Health Initiatives – The Children’s Partnership

Can I just raise one thing, I noted in Micky’s comment, because I am struck by, you know, sort of where Meaningful Use fits into all of this and the delays and how that relates to the question which is so specific to being a 3-year goal and with Meaningful Use Stage 3 pushed back, I mean, in some ways right there is a big part of why I’m answering “no.” So, maybe I’m not as far out of line with where the JASON Task Force is, but I’m seeing that as a bit of that short timeframe is very optimistic if, you know...

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

Yeah, this is Micky, I mean, I agree and certainly if we’re, you know, if we’re trying to really hold it to, well, okay, so Meaningful Use Stage 3 has been pushed out so it’s now we’re talking about 2 years away and is the 3 year goal going to be accomplished meaning 100%, you know, I think all of us would agree that 100% is probably not going to be reasonable in the 3 year timeframe.

However, is the trajectory sufficient so that we could, you know, be in a position to say that we sort of either have substantially achieved or on the path to have substantially achieved something, you know, that starts to look like that I think, you know, that’s kind of more the perspective just being, you know, somewhat a little bit more practical and reasonable about what one could expect to accomplish in three years. I mean, ATMs didn’t happen overnight it took a while for, you know, that to happen and I think that’s kind of the perspective here as well.

To the extent that there is a, you know, more activist or active kind of ONC role where the JASON Task Force is headed, and again, I don’t want to speak for the Task Force, I’m, you know, sort of as a Co-Chair trying to, you know, build consensus there, but I think it’s fair to say that where we’re headed is to say that the ONC and federal government role should be focused on, you know, sort of the coupling of loosely...of architectures that are already, you know, sort of have a lot of energy in the market and are growing rapidly.

So, you know, what Mariann has been leading at Healthway and the eHealth Exchange, CommonWell, what Epic and eClinicalWorks are doing within their own networks are sources of rapid growth in the kinds of interoperability that I think people want. And so the ONC focus therefore should be not to try to step on that or do anything that is going to stop those from happening but figuring out the bridges and how to facilitate the bridges between those networks in a way that frankly only ONC can do in a short period of time.

I mean, over the long run I think the market probably will do that, from my personal perspective that the market will take care of that, but ONC is certainly the only or the federal government in general is certainly the only organization that is crosscutting enough and has enough, you know, sort of visibility across all markets and enough authority at least right now and because they’re so involved in the market as a participant enough levers to, you know, catalyze that in a way that no one else can.

Carol Robinson – Principal – Robinson & Associates Consulting

I guess that would be if the...those networks want to be bridged. I mean, that will be one of the big questions for me.

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

Well and that’s a part of the authority side, right?

Carol Robinson – Principal – Robinson & Associates Consulting

Yeah.

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

That only the federal government...

Carol Robinson – Principal – Robinson & Associates Consulting

Yeah, right.

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

Has the authority to try to force that question.

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

Hi this is Barclay from DoD.

Carol Robinson – Principal – Robinson & Associates Consulting

Oh, thanks, Barclay.

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

I'm sorry; I was on the wrong line.

Carol Robinson – Principal – Robinson & Associates Consulting

I didn't know you were on the call.

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

I've been listening the whole time.

Carol Robinson – Principal – Robinson & Associates Consulting

Oh, my gosh, yeah, I was afraid that might be happening, thank you for calling in.

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

Yeah, I would have to give a "conditional yes" and that comes from the perspective of the amount of information that the DoD is already exchanging over a million records a day are getting exchanged. But, I'm similarly frustrated as we have learned from all the listening sessions that we need certainly to move faster, we know it's hard, it's not single dimensional, the nation is asking for help and I know I'm getting to the second question, but I would use all the levers. Don't take any of those levers off the list use them where they are appropriate to drive behavior.

Carol Robinson – Principal – Robinson & Associates Consulting

Well, I think that's a good transitional comment for us to move to the next couple of slides. I think we got a little bit out of order in terms of our discussion but I'm really glad we did because it's been a great discussion to really kind of get a lot of thoughts out onto the table. So, if you could move to the next slide.

You saw this slide last week so we're not going to go into a lot of detail on it and thank you Micky, last week you walked us through. The various ways that governance can be applied through government and we say in this particular slide federal government but we also know that states are creating actions that may help in some ways and may hinder exchange between states in other ways.

So, just quickly for anyone who might be just listening and not being able to see the words on the slides, there are four roles that were defined from a scale of very low government intervention of a market participant upwards to a market maker and convener, upwards a little bit more to an orchestrator regulator and then in the top down description designer, implementer and funder.

And we, I think, as we walked through this slide last week we agreed that there are different areas where the government probably is participating in some ways right now in a little bit in each of these, but has been, as Chris described, may be a more velvet glove approach in the first few years of the HITECH Act more towards convener and market participant in some ways. So, I'd like to move now two slides forward.

And we're going to start to discuss question two, so just reminding everybody what question two is, is which governance focused actions should the government take in order to best protect the public interests including improving healthcare, improving the health of the public and reducing costs in the immediate future.

So, if you go one more slide we've got a list, a small font list, here of some of the ways that we could envision and imagine the government being involved whether at state or federal and of course we've also listed market levers that industry and participants of exchange could help to drive some of the behaviors of participants in the market.

So, not reading all of these but giving folks a general idea of what the federal levels because that's really the areas that we're trying to make sure that we get some hopefully consensus around some things that we can recommend out of this group even if we're not completely on the same page of how rigorous to apply these levers. Those are, the top one being regulatory through federal rules or of course something that would be out of our control, acts of congress, in recommending the federal benefits as a purchaser, federal government purchases a lot of healthcare for not only federal employees but through the funding through...to states for Medicaid and through Medicare programs.

Also, as a provider Barclay at DoD, VA, etcetera as a purchaser we have a lot of incentive programs right now going to states through Meaningful Use but also through other kinds of mechanisms to help incentivize behaviors, the 9010 funding for health information exchange and the 9010 and 7525 funding for the Medicaid management information systems, the 1115 waivers that many states have now implemented or are in the process of implementing to create new incentives and payment structures for Medicaid, also as a purchaser through CMS and other conditions of participation in federal programs.

There are grant conditions that could be put into place and there is a list of many agencies, I know there are more that have and probably will continue to fund research and exploration and innovation grants in health information exchange.

There are regulator functions with the FTC, CLIA, FDA, etcetera and then as a researcher of course we know and health insurer.

And then we also listed some other of the more non-regulatory tools that Mariann brought up earlier education, toolkits, implementation guides, convening, communicating, outreach, etcetera so that's the column to get your feedback on for the next, you know, I would say 30-40 minutes if that is possible. So, thank you.

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

This is Mariann, I have a question. Can somebody clarify the illustrative example under market participants? I don't think I understood that one. The connection to DoD, VA, IHS, so what is that?

Carol Robinson – Principal – Robinson & Associates Consulting

As a healthcare provider in terms of...

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

Well, I was trying to understand...

Carol Robinson – Principal – Robinson & Associates Consulting

Regulation?

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

Yeah, like under market participant that on the left-hand side the illustrative example of a governance function, I'm trying to figure out how ONC's role, governance role pertains to that? Is that a governance function? It seems more top down than bottom up. And that was probably more a question for ONC or whoever prepared the slide...

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

Yeah, no, so this is Micky, I can...I put this slide together and I will say, you know, I put it together very quickly and there, you know, are already 10 ways that I would change it, but I can answer that one Mariann.

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

Okay.

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

I think the idea there...yeah, the idea there and again these are just illustrative examples so if they're not right or, you know, we feel in discussion that they're not, you know, representative than that's totally fine.

But the idea there was that as an active market participant...you know, that this is a spectrum of ways that governance can be exerted and in the active market participant role that, you know, just as Barclay was sort of describing DoD is an active participant they are providers and in doing what they do with the size and the scale that they have they exert influence in the market and indeed can, you know, sort of...can sort of have some type of, you know, sort of governance role particularly as we think about what you were talking about before an orchestration across all of the various, you know, provide...even just thinking about the government as provider, if you think about the VA, DoD and Indian Health Services alone if there was orchestration or more alignment just in their collective roles as providers that could have a significant influence on market direction.

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

Okay, so this is more...

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

That's the part there.

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

Yeah, I get it, okay, so this is...some of these examples are more about the role of how the federal government or government in general...not just necessarily just ONC, because I was trying to see is there a role for ONC there, okay, got it.

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

Yes, yeah, exactly it's, yeah...I should have been more clear on that so, thank you.

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

No, you're fine; no it's good, that actually was very helpful, okay.

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

All right, so anybody want to comment on question two? Are there any other levers that are right now possible and good opportunities to facilitate and speed up the process I think I heard earlier at least one opinion we shouldn't take any off the table, but are any of them better approaches that we might want to add to our list or to the ONC's list of activities that are better than others?

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

Hi, this is Barclay, I think the answer is yes, I think that there is a dominant lever, this public/private consortium, a role that ONC has played but could play more aggressively, I think that's probably the cornerstone that falls within or that creates an environment where all of these levers are active.

It may be completely appropriate for the government to provide incentives to move the market in a direction or it may be completely appropriate that the government leave it entirely up to another area, up to the private sector to come up with a solution because they are best at it.

So, I think the answer is "yes" and I would recommend the dominant player, be this public/private consortium, assume a role that ONC has played, but I would be less hands off or less gentle, less light touch and actually more engaged.

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

So, this is Micky, can I just ask a follow on question? So, what...how would that differ from the role that the Policy and Standards Committees play today? And what kind of authorities would that kind of consortium have?

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

Yeah, it's a tough question it's a question of degrees. I would...I think it's exactly right that there ought to be...and I hate to waste or slow anything down by saying we have a strategic plan, but that strategic plan that gives us our goals and objectives what exactly do we want to accomplish and to what degree do we want to accomplish over the next three years. I think that manages the expectation and that then focuses industry.

I think that's an important piece but I wouldn't leave it there I would drive it clear to...and I think we heard it in the listening sessions is that the folks are frustrated that we have lots of standards but tons of different ways to implement it.

So, I would drive it all the way down to implementation guidance like what we've seen in the financial sector that actually drives a common implementation of a particular standard so that we can have that interoperable...the exchange in use.

So, I would...it's a tough question for me to answer directly other than to say I would increase the degree of authority of that body somehow, I don't know how to do that, and I would increase the public/private sector participation in driving toward a common agreed upon developed and published strategic plan.

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

And I guess the important point is you think that the Policy and Standards Committee, as much as you know, I realize, you know, I'm certainly not an expert on FACA law and so, you know, as much as we know about what they can do or have done but more importantly what they could do within their authority, the important point it sounds like is that you think that those two bodies cannot serve the purpose that you think needs to be served.

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

I would say...I would...I'd give a qualified "no" only because the nation is frustrated with where we are and either they have been...they haven't been properly empowered or resourced to do that mission or they have been and there has been a disconnect in the mission and the goals and strategies. So, I would...I think it could be the body but I feel pretty strongly that a public/private consortium is a better body.

Carol Robinson – Principal – Robinson & Associates Consulting

So that...

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

...

Carol Robinson – Principal – Robinson & Associates Consulting

I'm sorry go right ahead?

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

I'm sorry, Carol, this is Mariann, just kind of going a little bit on Barclay's comments and I don't know if this is what you were thinking Barclay, but I don't know, my view, I mean the Federal Advisory Committees serve a really important role in advising and providing advice in a formal mechanism advice to ONC, but is it really truly representative of the broadest perspectives and the interests of industry.

I think there has been a phenomenal job done to try to have that broad perspective but I think it's just hard for any FACA process to really get into the details and weeds of implementation, and to truly represent the broadest perspectives of an industry, because their role is to advise the federal government not to drive industry if that makes sense.

So, I would say there is an important role in advising ONC on that interoperability roadmap but then there is an important body of work that needs to be done, roll up your sleeves as those who actually have to live with, you know, the consequences of the directions throughout the country and to work through those nitty-gritty details on how to make it work in practice I think.

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

Carol Robinson – Principal – Robinson & Associates Consulting

I have really found...been thinking a lot along the same term lines at what you've said Barclay in terms of, you know, how to balance the, you know, the role of government when it's needed with, you know, the right convening and pressures I guess on industry and the market to make sure that those behaviors are followed and advanced.

And so, you know, I've done a lot of thinking about that and in my view point I think that if there was an organizational body like you're describing that could really utilize the lightest government touch but because of its structure would have that ability when needed to apply those, to apply that touch.

But on the other hand, because of its very nature of its organization and its maybe light touch regulatory authorities it could create, you know, almost a shaming mechanism or certainly a way for those networks to desire to connect.

And so sometimes I think when we, you know, we've really tried to understand what we're talking about together as a group about what we are meaning by governance and what might need to take place to get to those three year goals and then of course beyond and last week we talked a little bit about the replicability of what could be done and I heard some of that from Tony today in terms of, you know, here's some things that ONC has done really well that have really worked in terms of advancing some exploration and funding that exploration of governance through DirectTrust and IWG.

So, I, you know, I'm kind of disagreeing...I am agreeing with Barclay in terms of looking at the overall structure it doesn't really answer these specific levers and I would like some, you know, feedback from the group on that as well, but those are my thoughts.

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

Hi, this is Barclay; I think you're right though in that the government, in that role the government has to be very careful on how it exercises either its incentives or its regulatory roles and doing that in a vacuum would be tragic. So, it has to be tightly connected with what industry is saying is needed in order to move it because industry knows this better than anybody. As Mariann said they live and breathe it every day they've got to turn it into reality. How can government help turn that into reality and in that public/private consortium that's why I want to leave all the levers on the table that can move that, the overall solutions toward where we need to be in the 3-6 year window.

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

Right. This is Micky, I wonder is this just a question of, you know, that we're really a very large and heterogeneous country and so it's hard to, you know, get that kind of representation, you know, at the top of the pyramid here and the reason I say that is, you know, we look at the...when you look at the standards and the Policy Committees and you add up the number of people and the diligence that's been applied in trying to make that representative, if we sort of said, well, no it needs to be more representative but then we thought through all the constraints of, you know, and all the various perspectives you'd end up with something that doesn't look so different. Actually, I'm just asking the question and just wondering about what the dilemma is here.

Carol Robinson – Principal – Robinson & Associates Consulting

It might not look different but it would be beyond advisory.

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

Right and I think you framed it really well Micky, this is Mariann, that there is such diversity across the country and it's just I think challenging to have that broader perspective reflected and I think if this is an emerging recommendation, I'll state it because I know we're trying to get to something crisp that we can present as a draft recommendation and then socialize it with the Workgroup and come to some sort of consensus, but would the recommendation be that ONC should leverage a public/private collaborative process to help inform it's work in advancing this, an accelerated, you know, interoperable exchange of health information across the US.

That is not negating anything that they are doing but saying that would be an additional ask, I think that's very appropriate. I hear that I think Barclay that's what you were saying was it not?

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

Yeah, that's where I'm headed.

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

And, you know, I...thank you for that comment. I wholeheartedly agree. I think if you see the big challenges this country has tackled and when it has achieved greatness such as moon landings, etcetera, this is not done by industry alone, it is not done by the consumer alone, it is done through a collaboration that has a governance that drives it in representative ways that gives government as well as a heterogeneous group of the population an ability to govern the process and drive it. So, I think this was a very good point.

Beth Morrow, JD – Director, Health Initiatives – The Children's Partnership

One...this is Beth, one thing that came across in the listening sessions was the challenge of addressing the fact that states are taking so many different directions and as we try to achieve information exchange more broadly than just within a state or within a particular health system, you know, these variations in state law and practice standards is a big problem.

So, figuring out how ONC fits into that, you know, I think that is something we heard a lot about and some of the things that clearly are important there like publishing national standards, continuing to develop some of these tools that drive towards, you know, adoption that is wider and achieves a national standard.

Another thing I thought of and I don't know if it's been tried, it also might be a little late in the game, but I don't know if ONC has developed model laws to help states as they explore getting policy and practice that really works well and maybe contextualizing it as the need for consistent policies across states to achieve a national model of exchange.

I know in areas where there hasn't been a lot of activity yet and not a lot of legislation like the PHR arena I feel like this could be helpful. I remember we were watching California get ready to adopt some strenuous PHR rules and privacy rules and there was hope that the federal rule would come first so that maybe the California rule would, you know, be workable.

Does anyone have a sense of whether we're too far along in the game for that to still be a relevant sort of educational tool coming from ONC but that might help get states more in line with a workable consistent practice?

Carol Robinson – Principal – Robinson & Associates Consulting

Well, I guess I'll give you my...as a former state bureaucrat in Oregon. I think there are opportunities and risks in every approach that we might consider that ONC might consider from our recommendations.

You know I definitely hear some opportunities in what you describe and then I see the risks also because you are dealing with 50 different legislatures that are made up of very, very diverse people and those people will have influences and their own experiences and so the model laws may not be evenly adopted in a state by state approach.

And then, you know, the patchwork of...and confusion over how, you know, whose law do you follow as interstate exchange starts to occur and something that we certainly walk through out here with the Western States Consortium which was another ONC funded project that I think added a lot of value to understanding across the states that participated in that and in the other state health policy grants a few years back understanding the interstate exchange challenges that are, but that's some of my feedback on it.

I worry that as each state legislature would start to decide that this was something that they need to regulate and this is something that...in some way or another and this is something that I do believe in the absence of a more coordinated federal approach that will occur it could be different depending on which state you live in.

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

Are there any other questions or comments, or thoughts on question two? I think, you know, the one thing that we haven't focused on in question two is the aspect that the question has that is to protect the public interests. Are there any thoughts in regards to the toolbox potential levers on this slide that would be high value items that should be considered?

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

Well, this is Mariann, I think this came up in other FACA Workgroups, but using incentives I think has been a somatic one, I don't know if we've talked about that, I think it has been mentioned earlier on this call but maybe underscoring that particularly in getting technology in the hands of those who currently were not covered under previous Meaningful Use programs. I think that's already on the Standards Committee's, you know, radar but I'll just mention it here.

Carol Robinson – Principal – Robinson & Associates Consulting

I think one thing that I didn't mention in our earlier conversation that I guess I'll throw out there on the table in terms of how incentives are applied and how they are to the questions that came up for the...when I spoke to the Policy Committee in early September how the accountabilities around those incentives are, also governed in some way or measured.

This is a big concern I think even with Meaningful Use right now and when I hear through, you know, my sources and through the grapevine that there are organizations that are being advised by their vendors that they can set up a mechanism to send their transition of care records to an externally set up web portal and there doesn't necessarily have to be a recipient on the other side of that portal to be sending that to that would "meet the letter of the law" is what was said to meet Meaningful Use Stage 2.

And so when you think of the amount of money that large health systems might be getting to reach those measures and that they may be achieving that by sending their ToC record transaction to a mailbox where nobody is on the other end picking up the mail. I think it's a big concern.

And I think that...so when we think of incentives and doing everything through incentives I think the accountabilities of how those incentives are implemented and that they are working in ways that they're intended to work is a really important role of governance however that way is structured.

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

Hi, it's Melissa, I'm looking back at the slide that Micky put together for last week, the spectrum of federal government roles in HIE governance, and it really sounds from this group at least that many participants in this group don't have an appetite for regulation.

And when I say regulation I mean issuing regulations that are published in, you know, the code of federal regulations and the federal register. There is a lot of regulating that government does, you know, I don't know you can say with a small "r" and maybe that's what Micky meant by orchestration or Micky you can speak to that.

I would say that there are a lot of activities on this toolbox slide that would fit into orchestration that could move us forward including the tools that ONC has already used. I certainly would not stop doing those short of publishing and doing notice and comment real regulation.

And then I also believe that includes guidance that ONC could publish guidance with a shorter regulation, it doesn't have the force of law in terms that, you know, the government could enforce it but because it's an agency speaking formally in the federal register and in the code of federal regulations as guidance it actually does have some force.

Beth, going back to your question about model laws, you guys are absolutely right to say that every state is different and every state set up is different but there have been...I don't know that ONC has come up with any model laws. There have been other organizations that have and model laws in other context have actually been very useful in this respect and states basically modify them as they want. There may be different options for different sections and they pick and choose kind of like a cafeteria plan, you know, model law, and they pick and choose what works under their, you know, specific factual circumstances.

So, some times and in some sectors of the economy model laws have been very successful. You know it yet remains to see if they would be here, but it's an interesting thought to me.

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

Thank you, this is Chris, I just wanted to follow up on this. I have very similar sentiments I believe nothing on this toolbox should be off limits. I'm reminded of the struggle to have a better environmentally friendly and more fuel efficient cars, you know, this was a task that we didn't leave to industry or market forces alone.

The government has increased the prices as a tax on gasoline, has taxed cars that are more fuel consuming, has provided incentives for cars that use less fuel, has done education, has provided recommendations for standards and has done legislation. So, the toolbox that the government used in that example is wide and it was not limited to one intervention.

I believe that this is such a complex environment that we should not tighten the risk of the ONC. I believe that all of these items are potentially useful and beneficial. Some of them might work better than others but I think, I mean, based on our discussion earlier they clearly are...there are different perceptions on the velocity of what we are doing.

I think for those of us who believe we're not doing it fast enough there is obviously a desire to give ONC all the tools that could be used in the process.

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

Well, this is Mariann, just really quickly, and Melissa when you sort of clarified, you know, sort of regulation with a little "r" versus full, you know, comment and public rulemaking process with a big "R" I had one...and I don't know how the rest of the group feels about this, but when I heard regulation I assumed that was the later and some of the examples lead to that and some others don't.

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

So, this is Kory with ONC, one thing I want to throw on the table that Jodi brought up at the Policy Committee meeting was the idea of something at the level of a bill of rights for instance around health information exchange governance. Would something like that from folks perspectives be helpful for, you know, the government to put together at kind of a high level. It could be, you know, maybe a little more detailed level than the trusted exchange framework that we put out...but would something at that sort of level be helpful for the industry?

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

This is Mariann, I might have missed that. I recall the analogy. Could you maybe give an example of what that might entail? What level of detail? I'm going to bring up the...you're not talking about the governance framework but the trusted exchange framework?

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

Yeah and, you know, that's at a really high level. So, it was laying out principles like, you know, in transparency principles like organizations should make their data practices transparent to patients and providers things like that.

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

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

I see...

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

That would be in the form of like guidance Kory is that the idea? Just building on...

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

It could be or you could envision putting it through kind of regulatory process but not having, you know, pointing any requirements to it for instance just so it has that more kind of formal half of going through a rulemaking process and it has a very formal way for people to provide comments on it but you wouldn't necessarily be tying it to anything. You know that's one way you could think about it or it could be through guidance. I think there are multiple ways you could go about it.

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

I like the idea, this is Mariann, I like the idea of the principle-based approach and actually we've used the frameworks that you guys have published for our work and have found them really a helpful model. And I don't have any opinion of whether or not to take that through a regulatory process or whether that gives it more standing or authority, or other stuff like that.

But, I think the principle-based approach is a good one and it's one that I think ONC does exceptionally well. I mean, there are a couple of other examples we all put the...framework forward before that has been very useful.

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

Right, but I think people have found value, this is Micky, in sort of the frameworks and principles that have been developed around certain things. Obviously, some things you end up having to only use the pieces that work for you like some of the stuff that was, you know, related to privacy and using the Direct model, which I think was helpful to a lot of people but then of course state law intrudes in some places so you end up having to modify. But, so that seems like there is, you know, some precedent there for that being valuable to the market.

And I think just building on, I think it was, you know, Melissa's point about guidance because we've talked about that in other forms as well I think, like all of us we're on too many of these groups so I can't remember which one, but I know we've talked a lot about, you know, the FDA for example does a lot in the way of just issuing guidance letters that are not regulatory. There is no force of law behind them, but a lot of the industry tends to line up right behind them as soon as they are issued because they do express something that is seen as somewhat authoritative even though it is not technically regulatory.

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

Yeah, I don't think...this is Mariann again, I don't think we should underestimate the influence that ONC has just by issuing and standing behind a particular approach or issuing guidance and letters. I think, you know, ONC serves an important leadership role...

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

Right.

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

And I think that has a lot of standing and so I just don't think we should underestimate the value of that and anyway, so just building on what Micky was saying.

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

And especially, so Mariann and I are just going to keep building on each other, but I think especially with the point that Mariann had made earlier around ONC's ability, and I know this is hard, but to orchestrate the other federal activities, right, so if there is a set of principles that are issued in a guidance letter and then the ability to say "oh, and by the way DoD, VA, IHS, you know, and a wide variety of other activities are starting tomorrow going to be following these principles." That starts to have, you know, a lot of practical force in the market as well.

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

Okay, that's helpful. Other perspectives on that or thoughts on that sort of approach?

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

This is Melissa; I think that would be a very positive step forward. This is actually pretty much what the FDA has done in terms of mobile devices. They have said this is the approach we're going to take and they put it out in essentially a guidance document, I think the word guidance is actually even in the title of the document.

And, you know, to be completely honest FDA has gotten a lot of pushback about this, right, so, you know, we should expect that ONC, you know, frankly ONC will be criticized from one side or another for whatever move they make, right, so, you know, choosing to do guidance instead of, you know, really formal notice and comments, regulation is a more conservative step but it is a step forward and many industries...you know, I don't know...I'm not working as directly with industry as the rest of you are, so you would know more whether they will really step in line sort of like the FDA regulated industries do. Micky, it sounds like you think that they, you know, that they might.

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

Yeah, I think that they might and it sounds like, you know, Mariann with Healthway feels that she has already within Healthway done that.

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

Yes...

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

Kory, I personally like that suggestion that you just put on the table, a bill of rights or a code of conduct, or a guide to ethical and appropriate behavior in the HIE field, I think it would be a great guidance to have not just...I think for all players around it. So, I think it's a lovely idea.

Carol Robinson – Principal – Robinson & Associates Consulting

There is also a high value as organizations working with their vendors of knowing what to ask and I think that that's something that lots and lots, and lots of healthcare organizations really struggle with. So, I also agree that would have a high value.

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

Okay, great, helpful feedback or helpful discussion.

Carol Robinson – Principal – Robinson & Associates Consulting

Chris, do you think we should...is there anything else that you'd like to try to get out of the group before we move to public comment today or closing comments?

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

Sorry, Carol, I had myself put on mute because I was moving between locations, I think it's fair to say that this was a pretty interesting discussion today and even though we tried to reach some consensus it's clear in the discussion that there is a discrepancy between the perception of the velocity of HIT exchange and our ability to reach the goal that there are different opinions on this. And even in the degree of measures there are different opinions.

However, I think we elucidated a couple of things that could be helpful, things that the group could potentially rally around. So, I thought this was a very helpful call today.

Carol Robinson – Principal – Robinson & Associates Consulting

Michelle, should we move to public comment now?

Public Comment

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

Sure, 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

It looks like we have no public comment, so thank you everyone and have a wonderful weekend.

Carol Robinson – Principal – Robinson & Associates Consulting

Thanks, Michelle, thank you.

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

Thank you, bye-bye.

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

Thank you, Michelle.