HIT Policy Committee
DRAFT
Summary of the February 10, 2015 Meeting

ATTENDANCE (see below)

KEY TOPICS

Call to Order

Michelle Consolazio, Office of the National Coordinator (ONC), welcomed participants to the Health Information Technology Policy Committee (HITPC) meeting. She reminded the group that this was a Federal Advisory Committee (FACA) meeting being conducted with opportunity for public comment (limited to 3 minutes per person), and that a transcript will be posted on the ONC website. She called the roll and instructed members to identify themselves for the transcript before speaking.

Review of Agenda

Vice Chairperson Paul Tang noted the agenda items. The agenda was distributed in advance of the meeting. He asked for a motion to approve the summary of the January meeting as circulated. A motion to approve the summary was made and seconded. The motion was approved unanimously by voice vote.

> **Action item #1: The summary of the January 2015 HITPC meeting was approved unanimously by voice vote.**

Federal Health IT Strategic Plan Comments - Consumer Workgroup

Consumer Workgroup Chairperson Christine Bechtel first made general comments on the Roadmap. She said that the workgroup recommends that the overview include a definition of health IT, the scope of which should cover consumer-facing health IT like mHealth, etc., and not just EHRs. Other terms throughout the plan, such as mHealth and precision medicine, should be defined. Bechtel continued. The Collect, Share, Use framework is focused on data and the workgroup is concerned that consumers will not relate to this framework. The ecosystem of health IT should have people at the center, and should reinforce the collaborative relationships needed to improve health and care. Collect, Share, Use also might be misinterpreted as reinforcing provider and system ownership and control of data, a position that is contrary to other themes in the Plan. The workgroup suggests shifting the focus more to individuals versus data, including consideration of existing health policy rubrics that center on improving health and care, such as the Triple Aim. Regarding the plan development and update, the workgroup understands that the Plan will be further updated with measures that indicate federal government progress toward the outcomes. The workgroup fully supports that effort and hopes that reporting on progress will be transparent to the public in the future. The workgroup supports the principles set forth, but recommends that additions would strengthen the principles and elevate issues important to consumers. The workgroup wants a bridge between goal 3 and goal 4: Building a culture of individual, provider, and community partnership to achieve shared person-centered health and health care goals. She went on and showed slides that delineated extensive comments under major headings of consumer

access to and use of information; equity; privacy; person-centered planning; and elevating consumers' voices.

Discussion

Charles Kennedy agreed with the idea of a bridging goal or objective. Portal fatigue is complicated by underlying data fragmentation issues. He talked about the role of payers and said that ACOs are beginning to look to partner with public health. He wondered what a record would look like with the patient at the center. Bechtel responded that the workgroup did not get into those details. But data need to be bridged.

Troy Seagondollar agreed that defining terms is essential. He asked whether the workgroup had offered definitions. Bechtel said no. Gayle Harrell said that consumers should be part of governance and education is key. PHRs are a way to put the consumer at the center of data aggregation. The HITPC has ignored PHRs, which have many privacy implications. She asked for more attention to PHRs. David Kotz agreed that someone should study what policy and standards could support PHRs and the privacy and security of that aggregated data.

Anjum Khurshid asked about having a person centeredness goal. Bechtel said that several goals include person centeredness, but the concept should be strengthened in the objectives and strategies.

Lucia Savage, ONC, asked about practical tactics to apply to empower the entire population. Bechtel reminded her that the Plan does not include tactics. The workgroup would be happy to take on tactics.

Deven McGraw said that the Privacy and Security Tiger Team and the JASON Task Force have made recommendations relevant to PHRs. The recommendations could be pulled together. Bechtel said that she will include that in her recommendations. There may be a need to investigate the need for additional regulation. McGraw said that the Privacy and Security Workgroup is currently working on related issues in conjunction with its big data assignment.

Federal Health IT Strategic Plan Comments - Strategy and Innovation Workgroup

Strategy and Innovation Workgroup Chairperson David Lansky and Co-chairperson Jennifer Covich showed slides and gave their preliminary recommendations. Final recommendations will be presented for action at the March meeting. The workgroup was charged to develop recommended topics, issues, or gaps identified in the Strategic Plan to be addressed in the HITPC 2015 Work Plan. Lansky said that overall, the vision, mission and principles described in the Plan provide sound direction for the current national efforts. The Plan identifies appropriate strategies for extending the current EHR and HIE infrastructure. But the learning health system and payment reform will require an infrastructure that goes beyond these strategies. It enlists many federal agencies in support of improved health IT and digital information use. Nevertheless, the workgroup recommends that agencies refocus and realign their activities in a stronger effort to achieve improving health, supporting value-based payment and delivery reform, and supporting the learning health system. The preliminary recommendations began with a list of major suggestions each of which contained detailed recommendations. Lansky asked that members review the entire slide deck and comment via e-mail. Covich emphasized that the main recommendation is that the entire plan should be restructured to better speak to diverse stakeholders and the public, and clearly align with other national health planning activities and goals. She recommended:

- Make Goal 4 (advance individual and population health) the primary goal
- Align Goal 4 with the National Quality Strategy, Healthy People 2020, and the HHS Disparities Action Plan

- Subsume other goals under Goal 4 and explain how they support improved individual and population health
- Strengthen the importance of interoperability (broadly understood) throughout the Plan

The federal role must be clarified. Agencies should explicitly show how they will lead and guide adoption of a new information sharing framework. The opportunity for federal leadership should be emphasized through its payment and recognition programs, aligning payment and purchasing models to use data to improve health. There should be a federal role in defining important health outcomes and directing HIT to help achieve those outcomes. The federal role in setting HIT standards and articulating national architecture for data aggregation should be clarified. The Plan should identify specific areas where the federal government will seek input from the private sector. Federal programs and activities captured in the Plan need to expect and accommodate innovative technology and the health care market. The emphasis on adoption (of EHRs) and exchange (between EHRs) is likely to be quickly outdated. The collect, share, and use model doesn't reflect the increasingly dynamic and integrated nature of our current infrastructure. Federal efforts should focus on the sharing of information that helps achieve a defined set of health outcomes. Federal programs should be better designed to recognize that health improvement is increasingly involving a broad range of clinical and non-clinical actors, all of whom need to access some of the person's health-related information. He or she went on to talk about specific goals. Regarding goal 4 (advance the health and well-being of individuals and communities), the workgroup believes that the overarching goal should be to improve the health and well-being of individuals and communities with the following objectives:

- Objective 1: align health IT goals with the national health goals and targets (draw on federal National Quality Strategy, Healthy People 2020 and HHS Disparities Action Plan) so that health IT infrastructure clearly supports priority health improvement areas
- Objective 2: identify relevant information technology and data sources important to achieving national health goals
- Objective 3: make relevant information usable to people and organizations that impact health
- Objective 4: develop public policies that facilitate safe acquisition and sharing and use of health data

Next, Lansky presented sub-points for the four objectives, followed by slides on recommendations for each goal, including specific recommendations for the federal role. Finally, Lansky had recommendations specific to the HITPC—that it initiate the process of establishing a national (not federal) strategic plan to achieve health goals by 2024:

- Clarify key roles of government versus private sector
- Articulate a pathway to evolve from an EHR and HIE model to more dynamic, interactive, learning system, person-centered model
- Articulate an architecture to accommodate pluralistic data and care delivery environment while supporting longitudinal health record, population health, and quality measurement and improvement functions
- Work with the private sector to identify the government data sources that can help support improvement of public health goals

Discussion

Kennedy referred to slides 8 and 9 regarding goal 4 as the primary goal. He said that the notion of value is not there. Value-based calculations require cost data, which is not same as claims (price) data. Lansky agreed.

Harrell agreed that the Strategic Plan should be national, not just federal. Interoperability should be elevated to the top of the list. Privacy and security enhancement is missing and should be in every goal. Lansky replied that the workgroup did make comments pertaining to privacy and security. Those comments are in the slides although they were not mentioned in the oral presentation.

Khurshid referred to slide 13 and the role of public health: Did the workgroup make recommendations on public health and workforce development? Covich responded that more could be said about advancing public health. The workgroup did not discuss workforce development.

Bechtel said that the Consumer Workgroup's recommendation should be integrated with those of the Strategy and Innovation Workgroup. She said that the idea of organizing the Plan around national health goals resonated with her. She emphasized that since no one else has done anything on national health goals, the HITPC should at least recommend a process. Covich noted that in the past there was alignment with the National Quality Strategy.

Marc Probst said that everything outlined has a cost that should be built into the Plan. Privacy and security should be looked at differently. The delivery of care is changing rapidly and there is a need to look at technology. Savage talked about a balance between specificity and dynamism. She asked for ideas on balance.

Tang called for broader comments. He said that he noticed several themes in the comments: focus on health goals for communities in addition to patients, note the importance of partnerships, and recognize the need for a dynamic approach to a learning system. Regarding a national plan, he reminded them that the charge was to federal agencies.

Lansky observed that they should focus more on the draft plan for now. The HITPC can assign itself a national plan to work on later. Jody Daniel, ONC, told them to wait until the idea of a national plan has been discussed in a chairs meeting. Seagondollar referred to the Anthem security breach and said that they should keep in mind that trust is essential to everything and should be built into the infrastructure.

Kim Schofield said that for consumers trust concerns are major. Bechtel agreed. Lansky talked about tension between usability and trust. Bechtel reported that, according to a survey commissioned by her employer, although consumers are concerned about their data, the more experience they have with electronic records, the more trust they have in their providers. Someone mentioned a recent fire in Brooklyn in a record storage facility: If all information is in one place, what about trust in that place?

Kennedy observed that physicians are still concerned with lack of value. He said that the most important recommendation is to elevate goal 4. Harrell said that public trust is foundational.

Paul Egerman warned that privacy and security concerns are handicapping exchange. Tang thanked everyone. He said that there is agreement about the overarching goal. He said that the recommendations should be consolidated for action at the next meeting.

Public Comment

None

The meeting adjourned and then reconvened for a joint meeting with the HITSC.

SUMMARY OF ACTION ITEMS

> **Action item #1: The summary of the January 2015 HITPC meeting was approved unanimously by voice vote.**

Meeting Materials

- Agenda
- Summary of January 2015 meeting
- Presentations and reports slides

Meeting Attendance					
Name	**02/10/15**	**02/10/15**	**01/13/15**	**12/09/14**	**11/04/14**
Alicia Staley				X	
Anjum Khurshid	X	X	X	X	
Aury Nagy				X	
Charles Kennedy	X	X	X		
Chesley Richards			X		
Christine Bechtel	X	X	X	X	
Christoph U. Lehmann			X		
David Kotz	X	X	X		
David Lansky	X	X	X	X	
David W Bates	X	X			
Deven McGraw	X	X	X	X	
Devin Mann	X	X	X	X	
Gayle B. Harrell	X	X	X	X	
Karen Desalvo	X	X	X	X	
Kim Schofield	X	X	X	X	
Madhulika Agarwal	Alternate				
Marc Probst	X	X	X	X	
Neal Patterson	X	X		X	
Patrick Conway					
Paul Egerman	X	X	X		
Paul Tang	X	X	X	X	
Scott Gottlieb	X	X			
Thomas W. Greig			X		

Troy Seagondollar	X	X	X	X	
Total Attendees	17	**17**	**17**	**14**	**0**