



HIT Policy Committee Final Transcript February 10, 2015

Presentation

Operator

All lines are now bridged.

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

Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee. This is a public meeting and there will be time for public comment at the end of today's meeting. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. Let's go around the room to do roll. We do have quite a few people on the phone today due to storms in New England, so we'll start with Charles.

Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna

Oh, Charles Kennedy.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health

David Lansky.

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

Paul Tang.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Christine Bechtel.

Gayle Harrell, MA – Florida State Representative – Florida State Legislature

Gayle Harrell.

Kim J. Schofield – Advocacy Chair – Lupus Foundation of America

Kim Schofield.

Marc Probst – Vice President & Chief Information Officer – Intermountain Healthcare

Marc Probst.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Troy Seagondollar.

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

Anjum Khurshid.

Lucia C. Savage, JD – Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

Lucia Savage, ONC.

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

And on the phone I believe we have David Bates.

David Bates, MD, MSc, FACMI – Senior Vice President for Quality and Safety, Chief Quality Officer – Brigham & Women’s Hospital & Partners

Here.

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

David Kotz?

David F. Kotz, PhD – Associate Dean of the Faculty for the Sciences – Dartmouth College

Here.

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

Deven McGraw?

Deven McGraw, JD, MPH, LL.M. – Partner – Manatt, Phelps & Phillips, LLP

Here.

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

Devin Mann?

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

Here.

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

Paul Egerman?

Paul Egerman – Businessman/Software Entrepreneur

Here.

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

Is there anyone else on the phone that I missed?

Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services

Good morning Michelle, it's Karen DeSalvo, I'm going to stay on for as long as I can and then I'll have to drop off, then I'll come back.

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

Okay, thank you Karen. And with that, I will turn it to Paul but first I actually want to introduce Anjum Khurshid. He has joined the committee already a few months back, but we haven't met him in person yet, so I just want to make sure that everybody sees him in person; welcome to him today. And with that, I'll turn it over to Paul.

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

Thank you, Michelle and welcome, Anjum. Karen will be here later on during this meeting. As you probably figured out, this is a...it's a joint meeting of Standards and Policy Committees that will start at 11 and for the next two hours, it's just going to be us in the Policy Committee. So that's why the seats are spread out, it's not because we don't like any...any more.

So we're going to be primarily reviewing the Consumer Workgroup and Strategy & Innovation Workgroup's response to the Federal HIT Plan. As you know, this is a plan that was put together, ONC coordinated, but amongst 35 federal agencies having to do with the HIT parts of their charge and mission. So that's our main agenda item for to...this morning, before we get joined by the Standards Committee and go over the Interoperability Roadmap. So a couple of big documents to go through this morning and today, but some very, very important information.

So I wanted to open up first to any comments about the minutes that were distributed earlier. Is there any proposal to approve the minutes?

M

So moved.

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

And second?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Second.

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

Okay. And any further discussion? All right, all in favor?

Multiple speakers

Aye.

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

And opposed or abstain? Thank you. So we're going to start out with the response by the Consumer Workgroup and the Strategy & Innovation Workgroup. And I think what we'll do is we'll have all three up there and then Christine will present first on behalf of the Consumer Workgroup, we'll have some technical questions...clarifying questions for her and then David and Jen will present for the Strategy & Innovation Workgroup and then we'll have joint discussion about both comments. ...Boston crowd for joining in on the phone, I hope you dig out before the next storm hits.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

All right. Well, good morning. So, let's see here, let me advance, get to the slides. Okay. So it's great to be here with you guys in person, this packed house that we have and...which is great, I'm not nervous. So first thing I want to do is say thank you to ONC staff and in particular, Chitra Mohla who really was a great support to us as we looked at the strategic plan. I also want to recognize my Co-Chair, Neil Calman, who I think all of you or most of you know. He was also a terrific thought leader in this process. Unfortunately he has had some new work duties assigned to him, so he's not going to be able to continue as Co-Chair and I'll do maybe auditions or bribes or something in the back of the room later. But, I just wanted to say thank you to Neil because he was really instrumental in shaping this.

So you can see, our Consumer Workgroup members; we have a very diverse and very active group and they've been all really participating in this process. So I wanted to start with our charge, first and foremost here because you guys I think haven't seen us since we have this new charge. So it's a three-part charge and that's really to focus on policy issues and opportunities to do three things; one is engage patients and families in their own health and their own healthcare, kind of at the individual level. The second is to enable partnerships between consumers and providers, as well as community organizations and others that are supported by health IT. And then the third is to elevate consumer voices in shaping health system transformation, which is obviously an essential part of making sure the system works for all of us.

So we oriented our comments around that framework and you guys have a copy of our comment letter in your packet of materials today. What I'm going to do in terms of my remarks today is, I'm going to give you an overview of the general comments we made on the high level components of the strategic plan, I'm going to give just a few general comments on the goals, objectives and strategies at a higher level and then in terms of our specific comments, I'm really going to focus more kind of on some themes that you'll find rather than trying to dive into, oh, objective 4.1B, subpart 9, etcetera. So you guys, if you've got questions about what the content is in the letter, feel free to raise those.

All right, so first of all, our general comments; there were a lot of definitions that I think we found from a consumer perspective, we would have benefited from having more definition around, and that might help the plan resonate better with patients, families and consumers; so things like health IT and mHealth and precision medicine, just really clarifying some of that terminology. And also we were wanting to understand whether or not some of those terms included behavioral health and long-term services and supports, which was an area that we felt was a little bit light in the strategic plan.

In terms of the framework that you guys will recall from the strategic plan, was oriented around collect, share and use. The group had a fairly strong reaction to that; they said look, that's really focused on data but the ecosystem of health IT needs to have people at the center and really, in particular, needs to reinforce the collaborative relationships that we need to improve health and healthcare. So how...we did not propose a new framework, we just wanted to flag that this is something that needs some thought because I think it reminds me of what Carolyn Clancy used to say about health IT which is, if we just automate our current systems we'll do the wrong thing faster. And we didn't want to focus just on automation and that felt more like that framework was focused on data rather than person at the center.

And we also felt like it needed to do a better job connecting to some of the existing health policy rubrics like the Triple Aim, right, which is more about improving individual health, population health and patient experience. That really health IT is an enabling tool and so how we view it in that context rather than health IT for health ITs sake was something we felt could have been better reflected in the plan. We know that at least ONC and many parts of the federal government think that way, but that's just not how the plan was oriented.

And then finally, if you guys recall, the strategic plan has a set of health IT principles that outline what the federal government will focus on. There were a couple of concepts that the group felt were missing from those principles. The first was really consumer and family caregiver empowerment; we didn't see that in there, but we know it's been a central part of ONCs strategies.

The second was equity, how we might improve health equity, which involves reducing health disparities for consumers, but also for providers. So as we think about providers that serve vulnerable populations and making sure that they are also equitably adopting and effectively using health IT that that was really important and missing from the principles.

And then finally, how we can leverage health IT to improve patient family experience, and that would include also making sure care matches up with the goals that patients and families say are important to them. So those were three concepts that we felt needed to be better...more strongly represented.

So two main comments at a high level on the goals, strategies and objectives. So the first is, you guys may recall that most of the sort of consumer-oriented focus is found in objective 4A. We struggled with that because we felt like consumers, if we are person and family-centered, really needed to be part of many more objectives. There are definitely some strategies sprinkled throughout where it's clear that consumers play a role, but there are other strategies, for example, increasing the adoption and use of health IT, that felt very provider focused, but we know that there's a really important consumer component to them.

Objective 5A is another good example, which is around research. And it's heavily focused on researchers and providers, but we know that there are some important ways to connect consumers to clinical trials and research data, etcetera. So we wanted to first suggest that a fresh set of eyes kind of take a look at each of the goals and understand what the consumer components of those are in order to really achieve the larger health improvement goals that we seek.

So the second piece of that is we felt like there was a goal missing. So we had a goal number 3 here which is strengthening healthcare delivery, very focused on providers, right, the delivery system and then we have goal 4, advancing the health and well-being of individuals and communities, which includes the objective that I mentioned, 4A, which is where most of the focus is for consumers. But we felt, in fact, like we needed a bridge between the two. So we're suggesting one here and that is, building a culture of individual, provider and community partnership to achieve shared person-centered health and healthcare goals.

So I'm going to tell you a little bit more about what that is on this slide. So number one, this is a goal that...this new goal would be rooted in partnership. So again, individuals, providers, community based organizations, other patient supports really coming together to identify and align to and then advance individual health and care goals. And if we could align, the workgroup felt like orienting around those shared goals would help to align federal efforts in patient family engagement, quality measurement, quality reporting and payment. That if we were really, really aligning around shared goals, we could make progress there, maybe be a little bit more parsimonious and in fact, focus on impact.

We also wanted to highlight, as I mentioned earlier, that we need to think about a continuous and collaborative system, where we're really working together to document, measure, refine and communicate those goals. And that those goals are both meaningful to patients and families, but they're also goals because they're shared and agreed upon that are achievable by the delivery system. So again, that really...the important concept is that these are shared goals that we're agreeing on together, that we can all align both our federal efforts, but our individual clinical and personal health activities around.

What we didn't want to do was add a new goal with like a whole ton of new strategies, but we felt like this goal of collaboration and shared person-centered health goals was a great umbrella for a lot of the strategies that you see in the strategic plan like care planning and shared decision making, patient-generated health data, health literacy; so there's a lot that's in the plan that could really fit nicely under this shared, person-centered health and care goals goal.

All right, so I'll dive in now to some of the specific comments that we made. We...in the letter you'll see that we've broken it out by our three-part charge that you can read at the top of the slide. And I'm going to give you more of the themes from our comment letter and what I wanted to point out that we also focused on suggesting some strategies that would be appropriate for the federal government. So some of these themes that I'm going to cover might sound like, I mean, there are a lot of players that can do them. We know that we needed focus on government activities and so throughout the letter you will see that we suggested various things from payment policy to certification to purchaser requirements or program requirements, things like that. So you'll find those in the letter; I'm not going to be as specific about them in my comments today, but you can get more in the package.

So the first theme that we addressed was something that I'm characterizing as consumer access to and use of information. So there are a couple of comments that we made here. One is we're a little bit worried about portal fatigue. We have examples of workgroup members who already have 2, 3, 4 portals; we're going to have...to see that more and more in the marketplace under Meaningful Use policy. We've known about that for a while but we're worried about portal fatigue, we're worried about too many passwords and too many logins to remember. We want to make sure that when we've opened up this access to consumer's health information that it's really benefiting both consumers and providers.

So we suggested that the government, through lots of mechanisms, focus on really fostering the ability for consumers to aggregate data from those multiple sources and then to share that seamlessly. So in other words, how do we make it easy for a healthcare provider to receive data that a consumer has pulled together, right, because I'm the only one present at all of my visits and encounters. But how do I make it easy for you as my clinician to see what you need to see in that data, so you're not sifting through reams of stuff and it's taking forever, but it's really...we're able to help rise to the top the key information that you need to know.

We also felt like this was incredibly important because we're seeing a shift to where more consumers are seeking out non-traditional sources of care. So outside of my primary care practice, I might be going to CVS Minute Clinic at night or I might be...in fact, I just had the opportunity to do this myself, I did an online visit with a provider through WellPoint, even though I'm not even insured through them, just because it was \$49 and it was Sunday and how great, right? So...but I'm the only one that knows about that health information. My primary care provider won't know about it unless I tell them and so how do I have a seamless and easy place for me to pull that data together and then a seamless and easy way for you, as a clinician, to digest it.

We talked also about access to health information through mobile devices and more on consumer-facing health IT. We also addressed some elements of remote monitoring and telehealth. Those things were definitely covered in the plan quite a bit; however, we felt like there were some pieces of it that we weren't sure that were there around like e-Visits, for example because again, there weren't very many definitions around what remote monitoring or telehealth might cover.

But we also said, as we're moving care into these more non-traditional areas, we also need to look at payment policies that would support that, but we also have, of course, the full suite of standards and certification and other kinds of payments to support that. We spent a lot of time, I think, last year in Meaningful Use 3 looking at this area and it's not quite ready, so there are definitely things that are really important for the government to consider.

And then finally, we talked a bit about convenience features so this is online bill pay or appointment scheduling or medication refills. These are elements where the markets created the capability, so that's not really the issue, but we're hearing from some providers that consumers aren't going online and accessing their personal health information as much as we'd like. And so as the government uses its strategies around technical assistance or RECs, how we might think about promoting the use of convenience features, which we know really matter to patients and families, as a gateway into full and effective use of their health information.

So the second theme we talked about was equity. We felt like this was missing a bit at the consumer level in particular. The first area was monitoring and addressing the digital divide at the consumer level. You guys will recall that broadband access and deployment is already part of the strategic plan, which we think is terrific; but we need to think also from a consumer perspective about these issues. We also raised issues of smartphones, adoption and use because we know that the rate of smartphone adoption is greater among vulnerable populations and that is a really good potential strategy for ensuring health equity and not exacerbating disparities. But we need to pay attention to the rates of adoption and use. We need to pay attention for people who are financially vulnerable, you know, what's happening with the cost of plans that require data access, things like that.

And second of all, thinking about what is the federal role in fostering access to public space computers so that for consumers who don't have access to smartphones or computers in the home, how do we make sure that they are able to benefit from their online health information.

We talked about health literacy and health IT literacy as well. There are again, several strategies in health literacy, for example, that are contained in the plan. The piece that we thought was missing was the focus on health outcomes. So this is one of the areas where health literacy did not have a particular outcome, a 3-year or a 6-year outcome associated with that and so we wanted to suggest that because we think that both health literacy, but also health IT literacy are really important components of usability and safety.

Second on this slide here is privacy. So, there are several strategies around privacy in the strategic plan, which is terrific. But we felt like, you know, on the one hand we're really calling for more advancements in consumer-facing health IT and we see this real opportunity for consumers to be aggregating their health information. And that health information is probably going to be more comprehensive in some circumstances than what my provider has. But, I'm going to aggregate it in a place that isn't covered under the same policy framework as, for example, HIPAA.

So, how we really improve consumer confidence through looking at those appropriate policy frameworks and finding ways to strengthen them and to help consumers understand what happens with their data when you store it in some of these non-HIPAA covered places, is going to be really essential as a gap area where the federal government would benefit and consumers would benefit from having some work.

Person-centered planning is the next big theme that we focused on. So a couple of things here, one is that it lives under a very provider-focused objective in the strategic plan and we wanted to clarify that this is a person-centered planning process. We know that we want patients to be full partners in their care and so we wanted to suggest that we think about and think carefully about where this goal lives. Could it be, for example, under the new goal we have proposed which is about that partnership...that is oriented around shared person-centered goals or could it be under objective 4A, if we don't succeed in getting that new goal in? But something that really indicates that this is not your grandfather's care planning process, right? But really a bidirectional, supportive process.

And It's really an umbrella for a lot of the things in the strategic plan that we think are important and that the government agrees and you can see them in the sub-bullets listed here; so patient goals and the integration of health, behavioral health, community supports and services, the role of family caregivers, social determinants of health, which we also felt was light in the plan, PGHD, which is actually well represented in the plan along with shared decision making. But...and again, the process for care coordination and interoperability both from a standards perspective, a workflow perspective and a payment perspective.

So, we think there's a lot of work that could be done here that would be hugely beneficial and at the same time, it's high leverage but it's parsimonious and we want to suggest that that work that needs to happen around what's the policy? What's the process? How do the standards work? How does the information move around the healthcare system? That that happens quickly, sooner rather than later, because we know that the market isn't doing the best job for very understandable reasons in responding to this area.

So the first obviously is EHR capabilities aren't quite where we need them to be; we don't pay for it so why would they be. So really addressing some of those factors and using this person-centered planning process as a catchall to drive progress in some of these areas like social determinants of health, so that they're really oriented around impact. We felt that was a really important priority.

All right, and then finally elevating consumer voices. This is, as you will recall, the third part of our charge is really about how we identify some opportunities to make sure that consumers are equal partners in health system transformation.

So we identified a couple of areas in the strategic plan where we felt that federal efforts would be beneficial. So one is to ensure that consumers are really centrally part of co-creating governance mechanisms for health information exchange and interoperability initiatives, as well as research. And we didn't see some of that reflected in the plan.

The second component is around training and education and we broke that into two areas. Number one is for consumers, right? How do we continue to help them experience the value of health information technology in private and secure ways so that they really become accustomed to and excel at using health IT to improve their own healthcare and their own health status. But also how they can play a role in supporting health transformation by partnering with providers.

So what we meant by that was, if we think about a lot of these policies that the strategic plan identifies, patient-generated health data or care planning; there are a lot of decisions to be made at a practice level or at a provider level about well what patient-generated health data do you pick? And how do you ask consumers to contribute that information? And what's their workflow? And what's your workflow?

And all of these things together, we really want to make sure that Federal Strategic Plan takes an approach that helps providers learn how to actually partner with patients to co-create these processes together. That we're moving away from a system that does things for patients or God forbid, to them, but we really are doing things together as full and equal partners, that that's a key component of our success in creating this learning health system that really is a high-performing one, that it's really rooted in that notion of partnership, not just partners in care, but partners in co-creating the system together. So that's our work and I'm happy to take questions.

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

Thank you for a brilliant, excellent and comprehensive view from the consumer perspective. Let me open it up for some clarifying questions and then we're going to have a discussion of both workgroups input at the end of the presentation. Charles?

Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna

Hey Christine, I...first of all, I thought this was a really compelling presentation as well. I'd like to highlight your comments on a bridge objective between collect, share and use versus the person at the center, because I think it's a really good idea and I think it's very necessary. From a payer perspective, what we're really looking for is the ability to use HIT to better manage chronic disease, and that's not going to happen without effective patient engagement tools. So I just wanted to second that.

And the notion of portal fatigue, we come across that routinely in many of our ACOs, but underlying the portal fatigue is also another issue which is data fragmentation, that as you go across these multiple portals, each one has its perspective on your health but doesn't have a shared or common perspective on your health. And so I think there's an underlying data issue with portal fatigue.

And then the last thing I'd like to comment on is the intersection of public health and population health. Some of our more forward-thinking ACOs are starting to ask us, gee, shouldn't we be talking to public health more in our commercial activities around delivering care for a population we're accountable for and I think your bridging objective is really necessary to bring kind of all of those common things together.

The question I would ask the workgroup is, did the workgroup develop any opinions or perspectives on the underlying data implications of making a more patient-centered record than kind of the collect, share, use approach that is really our policy today?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Umm, it's...I guess what we saw is really the question. What we saw was a pathway, so as I said, we're seeing these trends, not just as you mention around portal fatigue, but this fragmentation is real and so how...you know, it's funny because I'm embarrassed to say this and I'm going to do it on public record, but whatever. I used to kind of scoff at the idea of health record banks, like, right, it's not real work. And I'm actually realizing now, oh man, they were really on to something, right? Conceptually I am actually the only one that knows about all of my data or at least I know far more about where my data is than most of my providers do.

And so we saw kind of a pathway where we thought okay, if we're using the infrastructure we have today to engage consumers in their health information, then that empowerment, we hope that results in empowerment, and that empowerment might result in, oh, now I really am interested in a way that I could seamlessly pull things together. And that does address the data fragmentation, but we also felt like there were some market levers that needed to be pulled and some that needed to be monitored in order to make that happen. And then we have this other component which is, we need to make it easy for the healthcare system to digest it and to incorporate the pieces that they really need.

So, we didn't get, I think, too much detail beyond that because the strategic plan is at a fairly high level. But, I think, I completely agree and the workgroup completely agrees with you that we need to address some of those issues and we need to orient really around individuals and bringing them in as full partners, which is a bridge not just between care and health outcomes, not just between providers and consumers, but it's really a bridge for the data as well..

Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna

And just one follow up comment, and this is a place where claim data has a unique value proposition because everyone in a healthcare system of course looks to get paid and the payer does tend to know all of the various silos where care is being delivered, even though claim data has its other well-known limitations.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Right, right.

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

Okay. Thanks. Troy?

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Thank you Paul. Christine I have to commend you, I mean this is a fabulous presentation. I think there's a lot of thought that went into looking at all this stuff and I especially appreciate any presentation that starts out with defining different terms. We struggle with that every day, I mean, the evolution of health information technology has just been this firestorm over the last 5-10 years and terms that we used to use yesterday, tomorrow are probably going to be totally different. And I think for the consumer side, which is what you're focused on here, and I think it's fabulous.

I mean, there's basically usually four questions to ask any time somebody introduces new technology. And the first one is, what is it? Your definitions will help immensely with that. What are you going to do with it or what do I do with it? How is it going to benefit me? And then finally, getting back to what Charles was talking about, who is going to pay for it? How much is it going to cost me? So I think all that transparency really is highlighted here in your presentation, except maybe the payment part. We still haven't figured that one out quite yet.

So, my question is, in looking at the definitions and trying to really get down to the finest level you can, how did you do that? I mean, because if you look at the industry, I mean, information technology has definitions for say mHealth or video visits or eHealth or telehealth. I mean, these are all things that are pretty similar in fashion, with some small little details in between. IT has...consumers have their definition, clinicians have their definition, was there a subgroup that came together and formed those definitions, what references, resources, who did you pull in and have you really done all that? Have you gotten down to that finite at the level detail.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

No, so just to clarify. Your points right on and that's essentially the point we made which is, we don't...it's not clear to us how the Federal Strategic Plan defined those terms and so our comment was simply, we need to define them because we're not sure where one starts and the other begins. We wanted to make sure the definition of health IT isn't just about EHRs...

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Correct.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

...that it includes lots of other things. But we didn't write it, so we said, look, we really just wanted to encourage ONC and the federal government that in the final plan, that those terms get defined.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Okay. Thank you.

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

Thanks. Gayle?

Gayle Harrell, MA – Florida State Representative – Florida State Legislature

Thank you very much, Paul. And thank you Christine, amazing presentation and thank you for the hard work your committee has done. To me consumer engagement is such an important part of what we do and your emphasis truly on having consumers part of governance and really helping them to understand the role of interoperability is very key. So your education component is very, very important and involving them in the actual structure of governance is absolutely key; I would asterisk that in your report, if you would. But one of the things that I think is somewhat missing is dealing with again that aggregation of information as the center, the consumer is the center of his or her health.

And unfortunately HITECH doesn't address personal health records. And I think if you really want to get down to that aggregation and get away from the portal fatigue and have that whole view of the patient, we perhaps need to have further conversations on personal health records. And I don't know if that's a charge that we as a committee can give a subgroup to really look at, but that opens the door to many other concerns, especially privacy, use of data and things of that sort. But we have kind of ignored that whole topic and if you really want to get down to consumer centric healthcare and the aggregation of data specific to me, you really have to talk about personal health records. So I would like to see perhaps some further conversation along those lines.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

We could not agree more strongly with you. I...our assumption or our sort of theory here is that the advent of view, download, transmit in Meaningful Use Stage 2, which is really just beginning, is going to change the landscape of personal health records or mHealth applications or whatever it is that we end up using. The landscapes already been changing, but now that we're making it actually easier for consumers to upload their information, it's going to open up, I think, a real can of worms because now I'm going to see where the information is accurate, where it's duplicative, where it's correct, where it's incorrect. I'm going to need ways to act on that data and I hopefully want to do it without any manual entry, right? So, it really is a whole can of worms and you're right about the privacy implications and that is something that we're really suggesting that ONC and the federal government elevate as an important strategy to look at, particularly in the next 12-24 months.

Gayle Harrell, MA – Florida State Representative – Florida State Legislature

Thank you.

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

Good, thank you. And David Kotz on the phone.

David F. Kotz, PhD – Associate Dean of the Faculty for the Sciences – Dartmouth College

Yeah, I wanted to second the comments so far about this presentation. It's really interesting work and I am very supportive of the importance of aggregating data for the patient's benefit. We heard yesterday, actually, in the Privacy working group, about the practice of data aggregation for others benefit and I would be very interested in some group studying what policy changes and technical standards that would be needed to enable personal health records or something like that. And in particular, how one would ensure the security of that data once it's been aggregated and of course the privacy and access control policies.

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

Good. Thank you. And Anjum.

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

Thank you...as far as the strategic plan is concerned, did your workgroup discuss in terms of reinventing your recommendations into actions and policies whether it is better to have a blanket statement that describes person-centeredness as being one of the underlying policies around all the goals and objectives versus having a specific objective that...or a specific goal that is around person centeredness and then everything that surrounds it? Because as you were discussing, I think almost in each goal there is a focus on person centeredness that is required, so, you mentioned research. The way that we have described research in the strategy is much more from a researcher perspective than it is from the patients or persons who will be involved in that research. So between those two, did you have that discussion of which one would be a preferred way of describing this or making sure that this happens?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I think the answer, it's really a question, and I think the answer is both. So we felt like a pr...the focus on person centeredness is in a lot of places. It could probably be a little stronger in the principles; it is reflected at a high level in several of the goals, but not all of them. But as you move from goals to objectives to strategy, it starts to lose that focus and so that's one of our central recommendations, which is, let's be clear and let's look at each goal and understand when you get to the meat of it, the objectives and the strategies, how do these apply to consumers? How consumers support them? How are consumers affected by them? It's that kind of two-way street that that could be stronger. So we felt like it's both ends of the spectrum.

It reminds me a little bit of our privacy and security dialogue in this committee over the past six years or so where we started out thinking, well let's not have a specific group on privacy because it should be embedded through all. And then we realized that didn't work very well so we needed both, we needed a specific group and we needed to have that lens across all of the groups. That's exactly the approach that we're recommending here.

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

Okay. Lucia?

Lucia C. Savage, JD – Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

Thank you. I am...some of you have heard me say I'm like in a beauty contest, I'm Miss Practicality so I have a really practical question. So when you guys were reviewing and deliberating about the strategic plan, did you identify tactics that you might recommend to ONC to help unleash the power of the consumer, knowing that 60% of Americans are not in Medicare or Medicaid coverage, they're in other coverage, that are reflected in your letter.

Because I heard a lo...I heard ideas, but I'm really interested in things that are super-practical that we can explore implementing, whether it's capitalize on HIPAAs access rules and really drive that point through our coordinating and educating component. I walk down the street, I take public transit, I see the bus shelters with the CDC 10 questions; you guys have all seen those. I'm like, okay, so where are the 10 questions about health IT? Like what are...did you talk about that? Is that in your letter?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks Lucia, and I'll say that I really hope that you're part of the ongoing federal discussions for the next version of the plan. Unfortunately the plan lacks any tactics, so the plan as proposed is fairly high level. So at the appropriate level of granularity we certainly did make some specific suggestions at an objective level and at a strategy level, which is the granular level one step down. But without some real tactics and meat we had a lot of discussion and Kim was part of that, so I'd invite Kim to weigh in, but we had a lot of discussions about some specific things that could be done, but we didn't feel like we could put those in because there was nothing proposed at that level for us to really dig into. But I would make an offer on behalf of the workgroup that if that would be something helpful, that somebody can trigger us and we would be happy to come up with some practical and specific tactics.

Lucia C. Savage, JD – Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

Thank you.

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

Michelle is that someone else on the phone or...

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

Deven McGraw.

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

Oh, hey Deven.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Hey Paul. I...can you hear me okay?

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

Yes we can.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Okay, great. So I just wanted to get back to Gayle's and David's comments on sort of exploring the implications for personal health records. And while I don't disagree that there's probably more that we need to do on that topic, we actually have had a fair number of recommendations come out of both the Tiger Team when it was the Tiger Team as well as most recently the JASON Task Force that are related to empowering consumers through data, enabling them to access the view, download and transmit capabilities or through use of Blue Button Direct to get their data and even, to some extent, the privacy and security implications of that.

So I would suggest that we would sort of pull all of those together, which probably means thread...looking through them and pulling out segments of what's already been done. And Consumer Empowerment has also done some work on this, so we haven't been necessarily silent on it and any effort that we do to explore this going forward should build on what we've already done.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

...that's a terrific reminder for us and I thank you for that. I think we'd be happy to include in our draft letter that we recommend that ONC fully consider and implement...probably ONC and OCR and others, implement the Tiger Team's recommendations in this area. I think that's perfect. I think we're also looking at whether there's a regulatory component that needs to happen in this space in particular, which I think is obviously kind of out of scope for the Policy Committee, right, because we're a FACA. But, is there something that OCR, for example, needs to do regulatorily to protect this space more and would invite you to weigh in on that.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Oh yeah, thanks, Christine. So Deven again, just in follow up. So what the Privacy & Security Workgroup right now is taking on this rather large topic of health big data and we definitely have teed up the sort of regulatory framework questions, which does involve sort of looking at spaces that may be beyond where HIPAA reaches, as well as what HIPAA does or doesn't cover in terms of the...what are the concerns with health big data and how do we address those concerns in order to leverage opportunities? And the consumer-facing space is definitely a part of that conversation; we're just not quite there yet.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks, Deven.

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

Thank you. So we're going to move on to Jennifer Covich and David Lansky. I want to thank you again Christine and for the workgroup; it really was a wonderful presentation. I loved how you pulled together a lot of the threads we've had throughout our, as you said, six years of discussing this. That was really nicely done, thank you. David, Jen?

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Thanks Paul. I think you'll hear in this discussion a lot of echoes of the last discussion, which hopefully is good convergence. Let me go through the slide material and Jennifer and I will share this load. Just to introdu...this is a new workgroup, it's only been around for a couple of months. We have been just getting to know each other and, of course, the first task that we were handed was the review of the strategic plan.

So as you'll see from the list of people involved, it's really a remarkable, diverse, expert group of people who come from all different corners of the health IT world and the healthcare world so it's been a lot of interesting discussion to get to know each other and understand our perspectives. But I think as a whole we've come to a very high level of agreement and consensus about a perspective on the strategic plan that we're talking about today. I want to especially thank Jen for co-chairing with me; it's been a very successful collaboration to get through a lot of material in a very short amount of time.

I also want to really thank the staff; Gretchen and Matt in particular have done phenomenal work, and Michelle, on very short timeline to help support this group. As you'll see, we took this fairly long strategic plan, divided it up into sections and then went off and did concurrent small group work with each of these folks participating. And the staff was phenomenal in keeping us on track, but moving forward into pretty deep area. You'll also see if you know some of these people, it's a fairly feisty group and so it's been not obvious that we would come to agreement and I think again the staff has been very kind to us in letting us work through our feisty discussions.

Our charge is really two-fold; one is specifically to comment on the Federal Health IT Strategic Plan that we're looking at today. And second, which comes out of that or is related to it is to bring back to the Policy Committee recommendations for things we would encourage you to look at during 2015 and beyond. And as you'll hear today, I think a lot of where we come out on the strategic plan is there are some themes in there, much as Christine described, that we think the Policy Committee should take further and that need deeper work and we would like to bring that to this group's attention and we'll highlight some of those today.

Let me just remind you of our timeframe. We just got together as a workgroup in November and we had a couple of initial getting to know you discussions about the broad themes we thought should be looked at in the categories of strategy and innovation. We got our first look at the plan just six weeks ago, on December 17. We then broke up into small groups to sort of tear apart the document and look at it in detail goal by goal. We had one full discussion a couple of weeks ago of the plan and then today we're bringing to you our first set of recommendations, but it's extremely valuable to us to get your input today. We are bringing this to you pretty raw and wanting for you to give us advice and input and help shape it. So we'll take the next few weeks and take your input today and do another rev on the set of comments we're bringing you today. So please don't take any of this as a final version of our approach.

Overall, what we worked out with the staff were some guiding principles or questions to shape the work that we took on. First, does the plan that we've all been looking at fully address a needed broad vision for improving health? Second, if there are gaps in the plan, where are they and how can the government address those gaps? Are there areas where more information could be gained by input from the Policy Committee? And we'll bring some of those to you today. And then goal by goal, what are the priorities and critical actions for the government to take to advance health in each of those goal areas? What are the barriers or challenges that might hinder progress? And are there areas that are important but that could be better addressed by the private sector than by the government?

What you'll see today, as much as Christine said, we're going to try to not get into the details of the goal by goal critique. You have it in the slide deck and certainly we would like you to read those and give us feedback. Today perhaps we'll go into some of the individual goals, but for the most part much as the Consumer Workgroup, we want to say on the level of broad, strategic directions and themes and get your input.

We did break up into five subgroups to tackle each of the goals and you'll see there the five goal areas and the person from our full workgroup who led the subgroup in each goal area. They came back with specific identified challenges in those goal areas and their own recommendations in those goal areas, which the full group has vetted. And you'll see the sort of output of that full group discussion here today. But again, we don't necessarily expect to go through them goal by goal unless it surfaces in our conversations. So with that, I will hand it over to Jennifer.

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative

All right, so I just want to echo what David said, we had a pretty diverse group and the fact that we were able to come to some sort of consensus was pretty amazing, so fortunate. And thanks David, for your leadership throughout this.

So some of the overarching themes I want to talk about, looking at the document overall, the vision, the mission, the principles, everything that's described in the plan kind of in the front part of the plan really seems like a sound direction for the current national efforts. And we really felt that they were appropriate strategies for extending the current EHR and HIE infrastructure. However, the learning health system, the payment reform, all of the things that are talked about in the principles section really require an infrastructure that goes a little bit beyond what is presented here and laid out in the document. We did feel that the plan showed clear collaboration among the federal agencies in support of improved health IT and digital information use and it was definitely, I think, heartening to see the focus and the effort of all the agencies and all the hard work laid out there together.

We recommend that the agencies go back and refocus and realign the activities with a stronger effort to achieve the three aims that are laid out in the vision and principles, which are improving health, supporting value-based payment and delivery reform and supporting the learning health system. Let me walk through some of the overall suggestions that the group talked about.

The first is a restructuring of the plan to better speak to the diverse stakeholders and the public and really clearly align with other national health planning activities and goals that are outlined in principles; so these are talked about there. We felt that goal 4 that's outlined in the plan, which is to advance health and well-being of both individual and communities really should be the primary goal of the plan. And I think that this aligns a little bit with what Christine was saying in her umbrella goal that she talked about earlier.

That the plan should be aligned with goal 4 and goal 4 should be aligned with some sort of National Quality Strategy, Healthy People 2020, some sort of clear health goals so that all of the actions in the plan itself, that we're creating an infrastructure to actually achieve some sort of health goal; so some greater good for improving health care, not just creating an infrastructure to create an infrastructure. The idea that the group had was to subsume some of the other goals and strategies underneath goal 4 and try to explain throughout the plan how all these efforts support improved individual and population health; again, linking the plan to health goals overall.

We felt that we should strengthen the importance of interoperability. It's alluded to throughout the plan, but it's not always clear or broadly understood. And finally that the federal agencies could explicitly show in the plan how they're going to lead and guide the adoption of this new framework. So understanding how all these activities taken by agencies are going to lead to improved health and interoperability.

What I want to do now actually is talk a little bit about goal 4 because this was the discussion around the group and the thought for perhaps restructuring the plan a bit. And we really had a wonderful subgroup with Paul and Mark Savage from the consumer angle. And again, I think that this is very similar to the comments that we just heard from Christine and the umbrella goal that was proposed by the consumer group.

The first part of this is really aligning this plan was some national health IT goals. Now, I just want to be clear, we don't feel it's the job of this committee or of the HIT Federal Strategic Plan to pick health goals, but that this plan should be aligned with some sort of health goals; public health goals, population health. It's not clear exactly what that would be, but we need to align all of this work and that federal agencies could then identify what specific technology and data sources would be important to achieving those national health goals. That then federal agencies could make that information usable to people and organizations that could potentially impact health, and finally that we could develop public policies to facilitate safe acquisition and sharing. So again, health data would be used for the purposes of improving the nation's health.

So the first thing that the plan would do would be align with public health goals. Again, that could come from either the National Quality Strategy, Healthy People 2020, the HHS Disparities Action Plan; whatever those health goals are. And then create an infrastructure to collect that information and data. Advancing HIT to support the conduct of regular community health needs assessments and really creating a feedback loop for these national health goals; again, alluding to learning health system. The federal agencies and the federal infrastructures really need to support this learning health system.

The second is to identify what relevant federal information and data sources are captured within those agencies and could be useful for achieving public health goals. And there are some examples that are listed here; noting these are pretty similar to the ones that Christine discussed in her presentation as well. Really identifying what types of information could be accessed here.

And then the third objective again is that federal agencies could help make that information usable to people and organizations that could potentially impact health. And some high-level examples that the group discussed were healthcare professionals for the purposes of meaningful use, for usability of EHRs, for individuals, communities, public health and research; again, these are just examples of what could be done. And the final objective would be to develop a public policy that facilitates secure and appropriate acquisition, management, sharing and use of public health data. So hopefully you can kind of see the flow here little bit of how this would work.

Identifying goals, identifying the information needed to attain those goals, making that information and data usable to people and organizations that could impact health, and then it follows that we would develop public policies to help facilitate that. I'm going to turn it back over to David to go through the other ones.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health

I'm going to go back to slide number 10 which was titled, clarify federal role, for those of you trying to follow along. So now we're back to these...the first major suggestion was this one we just discussed on using the structure, the framework of goal 4 as a way of thinking about the strategic plan. The second major recommendation is to be clear and unambiguous in stating the roles that the federal government will play in leading progress toward the vision. And we identified several areas in particular where we thought that could be done more clearly.

First, to my surprise and interest, pretty much all the subgroups said, the federal role, as Lucia suggested, in payment and purchasing and recognition programs is extremely influential in the market and it is going to be a driver of many of the other activities, which in turn support adoption of IT in effective ways. So that the alignment of payment and purchasing models to use data to improve health is an important federal role that is not strongly stated in the document.

The federal role in defining what the important health outcomes are and directing HIT to help achieve those outcomes is an opportunity that we think can be strengthened. In particular, the interoperability discussion under goal 2 also talked about focusing on certain health strategies which are of national importance and using the interoperability efforts to improve the effectiveness of those health strategies.

Third is to clarify the federal role, if any, in setting HIT standards and articulating national architecture for data aggregation. This comes to the discussion we all just had about the person centered health record or personal health record; what is the framework or architecture or expectation of how that...in that record, in that virtual record, will be accessible to all of us and all the associated policy challenges?

Fourth, through the implementation of the plan and risk assessment of that plan and public progress reporting against that plan, identify federal policies that can help or hinder progress toward the vision. I think during the subgroup discussions we identified many policy topics that need a refresh, that in the current environment and the emerging environment, there are quite a number of policy topics, including in the area of privacy that perhaps needed broad view at this point more than a set of additional tweaks. And then finally to be more specific of where the federal government really needs input from the private sector; in other words, just distinguishing the federal role and the private sector role.

And then the last major area for suggestions for the plan as a whole, sort of at the thematic level, is to anticipate the larger trends. Federal programs and activities that are captured in the plan need to expect and accommodate innovative technology and innovation in healthcare market itself. So the emphasis on adoption, which is implicitly of electronic health records and their elements and exchange as a term of art indicating exchange between electronic health records is likely to be quickly outdated in the evolving technology and information space.

The framework, as Christine began, of collect, share and use, was not one that this committee felt is very apt to where we are headed and an awful lot of the current information architecture is a much more interactive dynamic one, which the plan doesn't seem to reflect. The federal effort should focus on the sharing of information that helps achieve a defined set of health outcomes, as Jennifer just described.

That the federal programs could be better designed to recognize that health improvement is increasingly involving a broad range of clinical and nonclinical actors, obviously including the individual and their family and their social supports; all of whom need to access some of the person's health related information. So again, anticipating both a longitudinal personal health record of some kind and an accessibility to that source of information for a wide variety of players outside of the traditional medical structure. And finally, that the policies, regulations and programs have to recognize the importance of flexibility to accommodate these innovations that we can anticipate in technology, in health improvement strategies and in the continuous learning framework that we're anticipating.

So those are very broad, thematic comments on the plan. Let me jump ahead and over the detail of the individual goals and go to slide 24. And we can come back to any of the individual goals that you might be interested in talking about, but let me jump to the conclusion. So our suggestion is not, I mean, I think as we said at the outset here, we actually thought the content of the strategic plan had an awful lot of good, important activities in it and the strategies are identified there, the broad goals are all important and worth pursuing.

So in a sense what we're suggesting is a wrapper or an envelope that goes around a lot of the content that we appreciate in the plan, but addresses some of these broader themes that we've talked about today. And that perhaps given the process of the plan itself as something which comes back to this committee as an opportunity for the Policy Committee to initiate a process of establishing a National Strategic Plan to achieve health goals by 2024; and so we say national here, obviously purposefully to say not only are there very important federal roles which we think the strategic plan can specify a little more clearly.

But there's also the need for a national plan and this body as a FACA is one place that discussion could be started, which would take up some of these topics; identifying the key rules of the government versus private sector in getting toward these national health goals. Articulating a pathway to evolve from the current EHR HIE framework we've been using for 5 years to something that's more dynamic, interactive, build around a learning health system and a more person centered vision of health information.

Also articulating an architecture that accommodates a much more pluralistic data and care delivery environment while also supporting a longitudinal health record; the goals of population health improvement and the quality measurement and improvement functions that are part of paying for value, which of course is a priority now. And then finally, the Policy Committee can work with the private sector to identify those government data sources that can help support improvement and attainment of public health goals.

So again I want to thank our committee and the staff for helping us work through a lot of these complex problems and challenges. And we're really interested in your feedback and prepared to do more work on this after we get some input today. Thanks.

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

Good. Thank you very much David and Jen; a lot of constructive points both to fill some gaps and sort of rearrange, restructure things; so a lot of similarity between what Christine...the workgroup said and this workgroup; so open for comments and questions. Charles?

Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna

First of all, I absolutely love this presentation; I will offer a couple of comments. One, on slide 8, you talk about the agency refocus and realigning their activities around improving health, supporting value-based payment and delivery reform and supporting the learning health system. But then when we get over to slide 9 where you make the very important and foundational point that goal 4 should be the primary goal, there are a lot of recommendations around aligning goal 4 with quality, quality strategy, Healthy People 2020, HHS disparities, but the notion of value seems to have fallen off the scope there and I'll just offer two comments.

One is that value-based calculations require some amount of cost data, which the presentation seems a bit silent on. And then secondly, we tend to think we have cost data because we have claim data, but claim data is really price, not cost. And so there's really a need for, I think, or a potential need for public policy around how are we going to help organizations deliver value-based care? And how will they have the means, the tools and the infrastructure to be able to capture the cost component of value-based?

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Yeah that...a really helpful comment, Charles; I think it's exactly right and we should do more to bring that into this...I think that was implicit in several conversations, but you're right to call it out.

Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna

Thanks.

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

Gayle?

Gayle Harrell, MA – Florida State Representative – Florida State Legislature

Thank you very much and I really appreciate your taking a look at the strategic plan because we are in transition right now and it's extremely important after five or six years that we look at the direction we want to go and the strategic plan needs to lead that and help us get there. I want to personally really comment on establishing the national as opposed to federal strategic plan. I think this has got to work across the board, not just federal rules that come down, but what are we doing nationally to achieve those health goals, improving our entire health care system and the outcomes that we all want to get to? So I think that is...should be a key focus of how we develop this next or improve our strategic planning.

I also want to comment on the importance of the interoperability aspect of this, and as we move and as we build the strategic plan, I think that needs to be truly elevated to the top of the list. And as we look at that, I also want to make sure, and one thing I see lacking, is the infusion of privacy and security throughout all these goals and objectives. So as you really look deep into this, really try and bring in that whole concept of enhancing privacy and security and protecting the individual's right as we move forward into a new dynamic with the interoperability, with exchange of data, which is really the key to making sure that we improve outcomes. That's the essential element, so, that's the one thing I see particularly missing here is any discussion really of privacy and security. Thank you.

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

Okay...

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health

A quick comment, Paul; just we didn't do it much today Gayle, but if you look at the individual goal and assessments from the subgroups, that issue you surfaced comes up in almost every one of them in quite detail. And one of the implications of that is again maybe it's time for a broader look at whether the current privacy and security infrastructure is appropriate to where we are going. And...because that came up in every slice of our report, as you say, we didn't do a great job of pulling it out across the theme.

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

Great. Thank you. Anjum?

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

Thank you. There are a couple things in your presentation that I really liked; I think your emphasis on thinking of innovative models around EHR HIE, the way we have described it and thinking of the future in terms of technology and interoperability, the emphasis on pluralistic data and really thinking about that broader...in broader terms and the role of public health. So, I had two questions related to that, one on your slide 13 where you have described a lot of the roles that public health may play, was there discussion on what that would look like in today's world as we think of public health and healthcare almost working, you know, trying to integrate but not there in terms of their capacity? And the second question is did you also have any recommendations on the strategy around workforce that will be able to deliver this kind of health that we are looking for?

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative

Which slide number did you mention on the first, I didn't...

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

It's 13 in mine.

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative

Fifteen?

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

...advancing the health and well-being of individual communities and there's a lot of emphasis on public health under that.

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative

Yeah, let me answer the second question first because that's easier; workforce. We did briefly touch on workforce but we didn't get into that as much as we could, but certainly the group could talk about more. In terms of advancing the health and well-being, I mean it think there's a lot more that we could dive into there, we really just kind of touched the surface there in terms of talking about what could be done there. So I think that we could be more specific in that area, but we would be welcome to your feedback.

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

Thank you.

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

Good, thanks. And Christine, did you have something to add?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks. So just a couple things; you guys did a ton of work on this so, and from consumer workgroup we feel it, so thank you. One is just to note that we didn't, just as a process measure, we didn't really have an opportunity to bring our feedback together with your guys, so I think that's going to be important to do. From a consumer perspective, I think...can we go to slide 12, the one right before this? Yeah.

So I think...what's interesting about these objectives is I'm not sure they would resonate with consumers, which was important for us anyway in thinking about the plan. But I also think if you read them, and when I first read them before I heard you guys present them, they actually sounded to me like directions for how to restructure the plan rather than objectives themselves. So you almost could interpret them both ways. So if I'm following along, which is an if, I have two really key takeaways that resonated with me from your presentation.

One is the need to orient around health goals, which is something we talked about six years ago in the very, like first or second, actually you know what it was, I'm looking at Paul because he was here, it was the very first joint meeting of the Policy and Standards Committee. And we talked about that at that point back then and said, look, if we just had national health goals then we could orient Meaningful Use around that and we could orient all these other policies. And we basically said, well, we're not the group to do it, but no one still has done it and I recall the folks who, I remember when Peter Lee was leading the National Quality Strategy development and how difficult it was for the NQF folks to do the same thing. And so, I'm going to come back to that point, but that's a big takeaway for me.

The other...the second big takeaway is the need to broa...either move away from or broadens the construct of EHR health information exchange to recognize where the market is going. I think if...I think there's a lot that is good in the strategic plan as proposed, but that if we looked at it with the lens of those two items and maybe to help do some tightening and reorganizing, then that, I think, would make it more resonant for consumers. But I want to just say that this national health goal thing is like the bane of our existence, and we are a federal advisory committee, so I am going to take another end run at it; I know that we are not up perfectly positioned group to do it, but nobody has done it, right?

So at a minimum it might be an interesting, if ONC were to ask us, it might be an interesting exercise for us to understand the work that has come before us through the National Quality Strategy, through NCVHS, through these other initiatives around what national health goals might be, at least to begin advising ONC on what a process for identifying them and shifting them over years as we move in and out of them, what that process might look like for you guys. That at least coming to an understanding of how could we do this might help us move from talking about it for 6+ years to helping you actually do that. So I just want to make that suggestion that we consider that even though we are Policy Committee, we are health IT and there is a huge connection to infrastructure, so we might really have some good insight on a process to follow for creating those national health goals and then updating them over time.

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative

Can I just respond to that?

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

Sure, go ahead.

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative

We were actually looking at the previous strategic plan, Paul...David pulled it out this morning from 2011, and if you look back at that plan, you can actually see where they did align strategic goals with, I think it was the National Quality Strategy. So the group has done that in the past, so there is a precedent for that.

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

Good. I think...Marc, please?

Marc Probst – Vice President & Chief Information Officer – Intermountain Healthcare

Thank you and actually both these presentations have been very interesting and good, so thanks for doing that. And I don't know if these comments, well, they're certainly not specific to either of your presentations, they're more to the plan and just things that came to mind. As you went through it, what kept hitting my mind was cost. We've just been through a massive program of putting EH...EMRs, EHRs into our nation and that came at a massive cost. The things you're outlining all come with a fairly significant cost and so it's just something we're going to have to build into a strategy as we look going forward.

The second thing was around privacy and security and I would challenge us that we're going to have to look at that differently. If we continue to look at privacy and security the way we have, not that we shouldn't provide it, it has to be provided; but are there better ways that we can accomplish that? Because if we're going to open up records for people to actually use and have and hold and share with others, we're going to have to change that paradigm or we're never going to be successful, I don't believe.

And then the third area was care is changing massively, this plan anticipates 2024. By then I'm not going to need a laboratory, my laboratory is my iPhone. Christine's calling up telehealth or going to CVS and that's just the first step. And I think going back to things like cost and privacy and security, that new paradigm of care is going to massively change what our technology ultimately looks like in achieving these health goals. So, we've got to be, again, and I applaud you, you looked at all these things, so I'm just kind of parroting back, but we're going to have to really look at this technology and have a group that's staying well in front of that, but I applaud your efforts, so thanks so much.

Paul Tang, MD, MS – Vice Preside, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Thank you. Lucia?

Lucia C. Savage, JD – Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

To sort of follow up on the couple of comments that have been made about privacy and security; I was really struck, David, by your reference to dynamo or dynamism and what we hear sort of from the help us with the regulations perspective, certainly in the Chief Privacy Office is a tension between dynamism and flexibility to support innovation, but people really want a specific list of what they should do and those two things are often in conflict.

And the other thing that struck me, particularly after Marc spoke, is that kind of in parallel between the utility of data and the privacy of data, those things...there's a nice little four-square that goes there. So from my perspective, I'm trying to look around the corner. A guy I used to work for said he wanted all his lawyers to be able to look around the corner for him, what would be helpful feedback from you guys is a little bit more information about how do...ideas about how to resolve or balance those things, dynamism versus specificity, privacy versus utility, as we know that the way it's all going to be delivered changes.

And getting back to consumer engagement, I think Marc is exactly right, and you were right, Christine; we have to think about smartphones in our non-English-speaking population because there's so much technology they pull from other countries, native languages are right there, what is that smartphone going to be doing as a part of our delivery system when my grandchildren are teenagers? I don't have any yet, so that's a little ways away, but...

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

Okay, let me open it up to broader...there has already been some introduction of broader comments on both the workgroup responses as we sort of formulate themes of how to feedback into the federal agencies in the context of the strategic plan.

I'll open up with some themes, then, what I've heard. I think these have been extraordinarily helpful presentations by both workgroups and the discussion. One that came through loud and clear was really to focus on health goals, where would they come from, of people and communities and not just patients and caregivers.

The second is the notion of partnerships; not a provider centric view of healthcare, it's really partnerships in health; that's consumers, that's communities as providers and the notion of public and private. So given that we're a FACA advisory group, it's going back towards how does the whole environment participate?

And the notion that Lucia just brought up is this whole perspective of the collect, share and use does seem to, and both groups said this, does seem to have some of its roots in an IT and data focused world. And that this really fast-changing both data and devices and systems that collect data, really need a more dynamic approach to a learning health system with a very robust feedback loop; to consumers, to communities, providers and systems in the country. And so I think the interesting close that Strategy & Innovation Workgroup had was to work on a national HIT supportive plan, strategic plan, rather than just a federal only.

Now the charge for this plan was the collaboration of federal agencies, and 35 of them, that's a monumental task. But I think what you've called for is one, reshaping from an IT strategic plan over to a very informed...a data informed health learning system kind of approach and incorporating the dynamism of that and the innovation that goes on very quickly in today's world. So that's sort of what I heard; ask the panelists to add to that and also the committees. David?

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health

I like your framework, Paul, and I guess I would suggest a couple of things for us to think about. One, we do have an opportunity to specifically comment on the strategic plan itself in the next few weeks, and so perhaps both as Christine's...the Consumer Workgroup and in this workgroup, there are a number of more specific or tactical or suggestions about the plan that we might want to take up and endorse if we so choose.

And then secondly, there's this sort of envelope idea that there is...the themes you just listed and the potential for doing something for that's a national plan, we have the opportunity as a workgroup, I'm sorry, as the Policy Committee, to assign ourselves a work plan, in effect, for 2015 and 2016, and we could decide which of the elements you just listed or others we want to take up and put on our schedule and figure out a process to get those things done. So perhaps developing sort of a ballot of which of those things we want to take up and when, it sounds like we've got three or four very important and very difficult issues. It's not clear of course yet whether we want to take them up, but we should probably have that discussion and then give ourselves the assignment to do some work in those areas.

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

And probably your workgroup is probably one of the areas where we can bubble up some things. Now, I just threw out just some reflections, so that wasn't meant to be a comprehensive summary; I want to hear from others. Lucia?

Lucia C. Savage, JD – Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

Yeah, so just really quick; I think you guys in particular as advisors the office are at a great crossroads because you're giving us this initial feedback on the strategic plan, but we released the roadmap last week. And the vision of those two things, as you'll hear about later this afternoon is exactly what you're talking about, which is here's what the federal government thinks it can do by itself, please give us feedback on that. Here's what we think needs to happen nationwide in these partnerships. So when you get a chance to really dig into the roadmap, I think that you'll be able to give us really great feedback about whether at that crossroads, the road's going the right way.

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

Let me also echo what David said which is, we are to comment on the plan and we do recognize that it's a federal strategic plan for HIT, so let's keep both those things in mind. But we're suggesting to ourselves, we need to wait for Karen to get here, whether the Policy Committee can take up an additional sort of a charge in terms of looking at the National Strategic Plan.

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

Yeah, I was just going to...this is Jodi Daniel. I was just going to say that might be...that might be a conversation we want to have with the Chairs to talk about the scope of the work for the committees and we can get back to you all.

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

Good. Troy?

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Thank you, Paul. In themes and general thoughts, you kept pulling and so I started pondering. I think one of the major aspects we need to keep in mind is trust. And when Christine is talking about the consumers, the consumers need to have trust that the device that they're using, the information that they're collecting is secured on that particular device. The clinicians on the other end, who are receiving that data when it is shared, they need to trust that the data that they're receiving from the consumer is true and correct, that it is populating into their EHR in the appropriate field so it's in a context that they can utilize in order to do better. And of course that comes down to the use.

There needs to be trust from all of them that when it is received and it is formulated, that the use of that data is not...there's no malicious afterthoughts that's used by that. And depending on the intermediary, you know, you talk about the portals and Gayle talks about the security of all that stuff, I mean it is of paramount importance. So as we continue down this pathway, the collect, share and use; great visions, wonderful strategies, but then you've got to start looking at what's the realization about that and I think it all comes down to trust.

And I think every conversation we have from here on out, we need to consider what does that mean? What happens if that trust is violated? And we know, it's...I can say it openly; I mean Anthem got a big hit; that really pushed us way back in that world of trust. So how do we continue to reassure everybody that, you know what, this was an isolated incident, we learned from it, we now move forward. That's going to be a big thing.

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

I think that's a useful reflection, I think Marc Probst always reminds us to step back and look and this whole notion of be careful of what you ask for. If we are going to grab all this information and consolidate it, we just need to...we want to go there because that's the right thing to do. We just need to make sure we cover our bases and Gayle always reminds us of that as well. And so Troy summing it up as trust is really important.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Just one final thought, I mean, I agree with you, I don't believe that regulation all the time is what's necessary. You can have all the laws and rules in the world, but people still blow through stop signs and so we've got to have that situation where it's just the infrastructure is built in a way that we don't have to talk about it anymore, we can say, it is secured, we've done everything we can possible.

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

Kim?

Kim J. Schofield – Advocacy Chair – Lupus Foundation of America

I'm going to echo that. One of my biggest concerns as a patient advocate is the trust and I've...with the newest news from Anthem, it has created just a lot of chatter in my world and so you've really hit it spot on that I have very serious concerns about the trust. And I think that's something that we really do need to take into consideration when we're pulling all of this together. So thank you.

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

Let's also distinguish between trust of the people who are collecting it for the specified purpose and the things we worry about, which is the out-of-band kind of acquisition. But anyway, maybe the panelists have a comment on the trust and privacy aspect?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Agree.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Well, I'll just say, I think in our workgroups, and it goes to Lucia's point about the tension between utility and privacy, it came up quite a bit. Different users who can get value out of information the more freely it's available are in...they're wanting that information to do something constructive and useful with it. But obviously there are policy constraints that sometimes make that more difficult for good reason. So the more work we can do to look around the bend and figure out how do we continue to facilitate access both for clinical and population health and research purposes and address Kim's concern, is really an important task for us to take up.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I'll just add, I think we do have a tendency to focus on regulatory frameworks and things like that, but I've presented data to this committee before and recently, I think a of couple weeks ago now, the National Partnership for Women and Families released the second consumer survey on health IT, and one of the things that survey shows us is yes, people are worried about widespread breaches, if we have more and more EHRs, but that if you actually back it into their personal experience, those who have online access to their health information, who have used it through the portal before, who have had good experiences and they can see what's in their physician's record, the more experience I have as a consumer, the more I actually trust at least my provider to manage health information.

And so trust is not just a simple sort of, okay let's have the right policies in place, although that is absolutely essential because I do expect people to stop at those stop signs and they get in trouble when they don't, but...or we all do anyway. So, but I also think that there's a really important component of my own experience as a consumer, as a user of health information that is really an important part of that fabric.

Lucia C. Savage, JD – Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

Paul, can I...

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

Sure, go ahead.

Lucia C. Savage, JD – Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

So just a couple of observations and obviously Anthem is on everyone's mind, but five days before that a warehouse in Brooklyn burned and it had the records of almost a dozen hospitals and people's...pieces of people's paper records were flying all over Brooklyn. As I tried to put out the fire, the same thing happened as Karen will tell you in New Orleans. So we have to think about trust in all of its environments and actually HIPAA's kind of cool because the Privacy Rule is media agnostic, same for paper as electronic.

But the second thing I would say about that is, to Christine's point, as we move towards a world where an individual may have their own...all their data collected in one place, we have to think about who's responsible for the trust. And there's a point at which, I don't know where it is, it's in that balance where regulatory structures or government structures fall away and people's individual choices about what to do with their information kick in, whether they're sharing their passwords or keeping it on a floppy disk, I'm being old-fashioned now, or thumb drive that they leave on the bus. All that stuff happens and we can't prevent bad people from doing bad things or people from having personal accidents and making mistakes and all that's going to keep happening.

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

Well, if you had it on a floppy disk you wouldn't have to worry about anything because nobody can read it.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I love it.

Lucia C. Savage, JD – Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

I'm just showing my age.

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

Yeah. Charles?

Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna

Well, you know, I guess as I was kind of reflecting on this panel presentation a thought that came up for me was, trust but not from the patient perspective, maybe from the physician perspective. I think as I work on the ACO kind of HIT intersection, there's still a lot of frustration around kind of deploying EMRs and all the change and cost. But what I kind of universally hear is, if I was getting more value from the system, we would have a lot less noise. And as we contemplate on, well what can you do from a public policy perspective that doesn't create unintended consequences at the actual local level; I just keep on coming back to the recommendation of elevating goal 4. I just...I think that's probably the most important thing we could do in terms of sending a message to the delivery system. So I just wanted to kind of put one more plug that I just think that's a really good idea.

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

Actually that was...oh, Gayle?

Gayle Harrell, MA – Florida State Representative – Florida State Legislature

Thank you and I am delighted to hear this conversation today. Those of you who have known me for the six years we've all sat on this committee have known that the public trust has got...is foundational; it is all about trust. And to hear this conversation today is truly amazing; I want to thank you for allowing it, Paul, and bringing this...things have just evolved over this conversation, and having the time today to have a conversation is nice, about the ultimate goal. And certainly it is that learning healthcare system and the foundation of that is the trust that we have got to inculcate throughout the entire system to create that learning healthcare system. So I just want to say, thank you for this conversation. It's fantastic; I've been on the soapbox for six years, as you know. Thank you.

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

Thank you. Paul Egerman?

Paul Egerman – Businessman/Software Entrepreneur

Yes. I just want to say, this has been a fascinating conversation. I really appreciate the concept of people saying basically what I heard was focus on the patient and the consumer, focus on healthcare not on data. I do...and I appreciate all the comments about trust. I do want to just sort of put forward like a warning to make sure that when it comes down to security and privacy that we are not designing our security and privacy approaches in such a way that it facilitates information exchange, that that should be the goal...the approach is...the goal of the approach just should be that focused on the patient and the interoperability, the information exchange capabilities, they have to adjust to whatever the security and privacy requirements are, it's not the other way around.

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

Thank you. Any other final comments? Well, I really want to thank both the workgroups and all the participants. It's really been a wonderful work that's come forward; I think it's going to contribute greatly to the strategic plan. It's also helped shape sort of the policy agenda for this committee. I think you heard obviously from both workgroups, having an overarching goal is one of the recommendations, and there are a number of percolate from that. But I think if we could maybe next time, the final recommendations could be more consolidated. I know that wasn't the plan this time, but does that make sense, Jodi?

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

Yes, agree.

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

So, the presentation next time will be sort of consolidated. I think it's not that hard because there's so much unanimity between the two groups and the conversation here; so really want to express our appreciation for that. And before...so I'll open up for...before having final comments, I'll open up the opportunity, the invitation to the public and then I'll just make a final word.

Public Comment

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

If there's anyone in the room who would like to make a public comment, please use this time to come up to the table. As a reminder, public comment is limited to 3 minutes. If you are making a public comment, please state the name and the organization that you are representing. And operator, can you please open the lines?

Alan Merritt – Altarum Institute

If you'd like to make a comment and you're listening via your computer speakers, please dial 1-877-705-6006 and press *1. Or if you're listening via your telephone, you may press *1 at this time to be entered into the queue.

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

...people some time to dial in. I just want to thank the workgroups and the committee again for this public...this healthy discussion. I think it's given...it's contributed a lot to this plan. It certainly is a welcome addition and welcome commentary. Any public...

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

It doesn't look like we have any comments on the phone and no one in the room, either.

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

So they're waiting for the next session.

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

Yes.

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

So, we're ending precisely on time, in the sense of our discussion, and so we're going to reconvene with our Standards Committee colleagues at 11 PM, 11 AM, sorry. Thank you.

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

Thank you.

Public Comment Received During the Meeting

1. The Federal Health IT Strategic Plan should also encompass the "Legal Record" recommendation from HITPC (April 2013).

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