



**HIT Policy Committee
Clinical, Technical, Organizational & Financial Barriers to
Interoperability Task Force
Final Transcript
August 7, 2015**

Presentation

Operator

All lines are bridged with the public.

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

Thank you. Good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Clinical, Technical, Organizational and Financial Barriers to Interoperability Task Force. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Paul Tang?

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

Here.

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

Hi, Paul. Bob Robke?

Bob Robke – Vice President, Interoperability – Cerner

Present.

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

Hi, Bob. Christine Bechtel?

Bob Robke – Vice President, Interoperability – Cerner

Hello.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Good morning.

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

Hi, Christine. Josh Mandel? Julia Adler-Milstein?

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Present.

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

Hi, Julia. Larry Wolf?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Good morning.

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

Hi, Larry. Mike Zaroukian?

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

Hi, good morning.

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

Hi, Mike. Micky Tripathi?

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

Here.

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

Hi, Micky. And Stan Crosley? Do we have anyone else from ONC on the line? Okay, with that I'll turn it back to you Paul.

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

Great, thank you, Michelle and thank you everyone I know this is August but really we appreciate your participating in this fast paced group. All right so our agenda for today is we're going to review some of the work that we did not get around to last time and our goal really to summarize the past work, we're not generating new thoughts, we're not generating new work if there is something glaring then bring it up and we can discuss it.

Our main concentration for this Task Force is on the financial/business incentive barriers and that was the work that Julia presented last time. So we will be returning to that after we sort of clean up understanding and digesting the past.

Sort of the metaphor we used last time was first of all our target, the request is from congress, so the target audience is congress and we're trying to help them understand a pretty complex environment for what it takes to get interoperability to work effectively not just the past bits but work effectively for the transmitter and the recipient for the benefit of patient care. So, that's the overall goal.

We want to make sure we don't get in the weeds it is really, what would you actually catch yourself talking to a congress person in the elevator?

Okay, and then we will spend a fair amount of time at the end trying to go over suggestions for topics and presenters at a virtual hearing which is actually scheduled for next Friday. So we have two of these scheduled and we want to hear from particularly things that address new areas that we have not, as a larger group, not necessarily this Task Force but as a larger group in the HIT Policy Committee heard about and that's why it is a focused a lot on the business and financial barriers. Any questions on that?

Okay, next slide, please. So, this is our illustrious group and I think everybody is on here except for Stan and I think he might be on vacation. Next slide, please.

This is the language that was given to us so we are to report to the congress no later than 12 months which is due in, I believe, it's January and ONC is preparing to have that report together by December, did I get that right Michelle?

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

Sorry, I think it's actually due in December.

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

Okay, okay so that's a 12 month period. And so we're covering the technical, operational, financial barriers to interoperability and the role. One of the things that they've thought about is the role of certification for overcoming some of these barriers so that's one of our levers. Next slide, please.

And so these are the questions, you heard that from Jodi, and it focuses a lot on the financial and business barriers so where they lie, what are the stakeholders, what's the impact and really how can we overcome those barriers, and it's a combination of maybe push which might be under regulatory or as a backstop law changes or a pull and of course pulled carrots are much better than pushes. So, that's what we'd like to also focus on. Next slide, please.

This is sort of our timeline, we started out understanding...digesting the information that's come out of past hearings both the findings and recommendations, we hope to clear that up this call and then move on to gathering new information to fill some of the gaps, particularly in the finance and incentive pieces.

And finalize our report, we're going to give a draft report to the HIT Policy Committee in September, early September, get their feedback and then finalize our report by October and the reason is then that goes into the clearance process so that's why we have to have a lead time between that and the December report. Next slide, please.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Paul?

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

Yes, please?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

It's Larry, so the...here's a question when you say this goes into the clearance process because I've been mulling on that, if this is coming from the Policy Committee to congress not Policy Committee to ONC to congress or am I wrong? Is it Policy Committee to ONC and then to congress?

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

You know that's a fair question. Michelle do you want to address that?

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

So, what ONC has decided to do is we have a report that we have to submit to congress on an annual basis anyway so what we are going to do is submit our typical report and then include the Policy Committee's report within that same ONC report.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay so it's coincident timing with the Policy Committee document...we should plan on giving a clean, nice edit thing when we do our handoff to the Policy Committee and we're done or should we expect additional administrative time for all of us to participate in cleanup or ONC is going to doing cleanup and edits? Do you know what that...do you know what I'm saying? It is like going to be a co-transmittal? We're going to hand you our recommendations, you're going to do your report to congress and they're going to go as a two-part package or...it's both mechanics and also, you know, who's actually creating the report to congress?

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

Let me take a...

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

Okay, you go ahead, Paul.

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

Let me try a stab and then see if that fits. I think Larry's right that this actually would be a report from HIT Policy Committee. Logistically they're including it as an appendix to their normal annual report. So, I guess my expectation is that it wouldn't be...there wouldn't be any substantive changes to our report it's bundled with the annual report so that's why the combined report is going through clearance but it's not as if they're clearing our report. Is that fair Michelle?

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

That's right Paul.

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

Okay.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Thank you.

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

So I think it is what you would expect Larry to answer your question.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay.

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

Okay and speaking of Larry, next slide, please.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I have a big blank slide, this is the talking point, no, can we switch to the document? Thank you, very much. Okay, so having created a different document last time we met that was trying to synthesize what was in the earlier materials I decided to be sort of much more focused on what was actually in the details. So, let me open my copy. Sorry.

Okay, so the first piece, so what I did was I took the work from ONC staff, thank you, very much it was really wonderful, and I crunched the wording in the findings recommendation column and I often piled on things in the hearing workgroup where I was combining things from multiple sources. I tried to use the wording as it was in the source and maybe edit it down in a few places and/or replace abbreviations with non-abbreviations.

So, the first one was certification does not adequately cover interoperability and I think there's really two parts to this, one is certification by itself is not sufficient to get interoperability. And the second I think that was being communicated was that even if everything that was certified was completely accurately certified and there were no issues with the certification itself the current certification process is not sufficiently broad to pick up all the pieces that are broadly needed to do broad interoperability and I keep using broad, broad, broad because there is also a whole question that people use the term interoperability in many different ways and ultimately I think we're going to need to bring some clarity around that in our recommendations but that's getting ahead of myself.

The next major message I think that came from the findings and showed up in recommendations was that the existing certification program looks at a lot of things and it would be better as a certification program if it focused on a few things and one of the things that was suggested repeatedly is interoperability.

In addition to interoperability other things that were suggested as a primary focus for certification were security and we'll see that resurface I think as we talk about other barriers around privacy and also quality measures and outcome improvements as end points and that came from Certification Hearings and also the JASON Task Force said related things about focusing certification in a much more narrow way.

And so I used a phrase need time to get testing right, maybe it should be need time to get certification right and there were a lot of pieces here that I have assembled. So, it was everything from the timing of the rules to the time to create the test specifications, to the time to deal with errors that were found in the specifications with testing of the specifications and the test procedures so testing of the test...if you will.

And then the time after certification to release products so the customer can actually implement them if the goal is to deliver functionality that's available for interoperability. And time to learn from prior Meaningful Use stages and this came out mostly in the Certification Hearing and the Meaningful Use Workgroup Hearing.

That there was complexity in the program to date and that there were thoughts about that we should really work to reduce the complexity of certification and that this should be an all hands on deck kind of activity about engaging collaboration between private sector and the government. And the specific recommendation to hold a Kaizen process, and I did have some follow-up discussions with ONC staff about the Kaizen process, and it sounds like that work is ongoing and that there was a big Kaizen event this spring and that it really focused on the nuts and bolts of the certification and testing itself, mostly on the testing.

And then there were a few areas that came as additional scope for certification. So, this notion of an ecosystem, which I think is actually important for us to pick up on, that interoperability doesn't happen in a vacuum, you can't just have Product A that is "certified for interoperability" and Product B that is certified for interoperability and necessarily expect the two of them to talk with each other because the assumptions about what they're going to do may require a lot of infrastructure. There might need to be various clearinghouses or health information exchanges, or health ISPs, or, you know, any manner of things that connect end points and if we don't broadly address those various touch points that make up the ecosystem that we wouldn't actually be able to get the interoperability we're looking for.

And so in the details there were some examples of vendors, providers, health information exchange organizations, possibly new kinds of networks to connect people and this was all looking at the technical aspects of the ecosystem, you know, we've also talked about some of the governance aspects.

So, most of this notion of an ecosystem came out of the JASON Task Force and so while it was specifically focused on APIs as its primary recommendations. I felt that there discussions around ecosystem applied broadly beyond just APIs.

A second piece was what seems to be surfacing in the real world and I would say that this is not just looking at barriers so as we think ahead our charge is barriers but I think we also have to find examples of success where the barriers have been addressed.

And so one example where things seem to be working is creating various notification services typically around ACOs but not just around ACOs to know where a patient is and so those are building on admit/discharge notifications coming out of registration systems whether they are ED's or hospital systems, or potentially even physician practices.

Adding a timeliness criteria, so I don't know that this...this came out in the ACO piece maybe it's not technically the timing piece is not technically a certification element but I think it speaks to like the ecosystem is like what makes it valuable, the timing of the information makes it valuable. So, it has to be the right information at the right time.

Specifically the API piece, I didn't want to lose the fact that we have a recommendation that we want to improve interoperability we should get public APIs certified and add them to the standards and the whole process of certification.

So, another piece of certification criteria that maybe should be looked at is the ability of systems to incorporate information more effectively. It is not just send but you also have to take it in. And there seems to be a lot of focus on the prior certification criteria on sending and less on receiving and as well data portability. So, this is usually brought up in the context of data portability so I can change systems, I can take all my data out of one system and bring it into another system so portable in that sense.

But there also seemed to be some sense that improving data portability would also improve data interoperability. If you could move it in bulk from one system to another you could also move it in more discrete chunks from one system to another.

And finally, there was a notion of creating more public reporting of what's happening with the results of use of information. So, again, this is not necessarily strictly the certification results but the broader use of are we achieving positive health outcomes and are we achieving effective sharing of information.

So, that is my take on highlights out of all the background work that's been done.

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

Thanks, Larry.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And I guess closing comments is that my overall sense is that certification is one of many enablers to interoperability, that it's helpful but in and of itself it's not sufficient, and as we look forward that actually having a really good process flow diagram around the certification process might help because I often feel that certification is being brought forward like in the charge to us as, well if only we could get things certified it would solve the problem, and I feel like we need something that places certification in context of everything else that's needed. Okay, that's it for me. Thank you, Paul.

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

Larry, that was really outstanding, that really was. It really explains...it was a great job digesting what has been said in a really consumable way. I think many of the examples you've used were very understandable by somebody it might take the 25th floor but it really...and it makes you interested in the why's and your closing comment I think was another great add that as you implied, so congress only gets to hear certain things that people bring to their attention and then there is also a default that you saw in the language that, well, maybe all we have to do is certify them to "be interoperable" and your suggestion of this diagram and then from that diagram it will be clear where does it sit and what's the context, and where else do you have to jiggle things.

So, that maybe one of the outputs we want to have as a result of your analysis of what we've heard so far then come back to it and look at that diagram and see what kinds of recommendations we can make with certification in the context of the bigger ecosystem that you described. I think that would be really, really helpful. Anyway, thanks, and let me open it up for other comments?

Actually, Lonnie, could you give me the view of the hands just in case...just so I make sure I don't miss anybody, but, please feel free to speak up now.

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

This is Micky, I thought it was great as well, I don't have any other comments.

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

Thank you. Mike?

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

Yeah, so I agree, great summary. I'm wondering if there was sort of a top three that Larry wanted to suggest from that process. If I look at it from a provider perspective the things that we tend to crave are those ADT feeds, the electronic discharge summaries which I think many of our providers, at least today, have found more helpful than a hospital summary of care record and then the receiving and processing of data that capability being certified and present.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I like your list.

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

Wait I thought you...Mike did you list three?

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

I did.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

He did.

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

Oh, would you mind doing that one more time I guess I missed it?

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

Sure, ADT feeds.

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

Okay, yeah.

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

Electronic discharge summaries.

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

Yeah.

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

And receive and process data not just send it.

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

Right. Other comments on that, which Larry seem to agree with?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I'll add the piece I already said which is it takes more than just the end points.

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

Do you have ideas for this diagram you spoke of? I love your summary which says certification is not sufficient that is a key message and we need to explain why and diagrams are always so helpful for that.

Do you have an idea or do you want to work with ONC?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I'm juggling two ideas, one was in the material I submitted last time that's in the document that Michelle distributed today that was a summary of the prior...

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

...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Documents.

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

The why is this important thing?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And it's got like three bars...

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

Right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

With sort of the circular arrows and that was an attempt to sort of broadly place...certification is certification to criteria to standards, right, so it says that the core thing there is, you know, we start at the top and I call it care transformation and maybe that reflects a bias that I'm thinking that we don't have a long history of information being available from other sources and even from our own history.

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

Let me just interrupt, Lonnie, this is on page five of I don't know what document, but...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Is this the ITF summaries version 2?

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

Keep going down, yeah.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, that's the right document.

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

Just keep going down, yeah, there we go.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

It's there, that diagram, if you could scroll it up, perfect and maybe can you blow it up?

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

A little bit, yeah.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Thanks, there we go. Okay. So, I'd call the top box care transformation and maybe it just should say "care" it reflects my prejudice that we actually have to be thinking differently about how we provide care when we have the assumption that there is information available from other care settings or even our own history, because it's not just the patient who is used to being handed the clipboard, right, the patient gets a clipboard with a form, providers traditionally get a clipboard with a blank piece of paper that has a little bit of patient stuff on the top, but they have a blank piece of paper they're working with.

And, you know, as various organizations have automated and worked with the workflow and the provider process in their organization they've tried to incorporate information that's already known it facilitates the current process so you have that information, it could inform the current process, but it's relatively new in the history of healthcare that we have that. So, that's why I labeled it care transformation but maybe I should just say "care."

But out of that comes some needs and out of those needs we define people process and technology that then support care transformation. And out of those people, process and technology comes standards for interoperability. And those standards then as they get defined and created, and refined, can then enable new people, process and technology, and you can certify the people, process and technology.

So, there are different certification programs to address all of those things. People have certificates, processes go...ISO standards around process and their technology certification programs and all of those together can enable change, enable the care process. So, that's sort of the, I think, contextual framing and it maybe a little too abstract and we can maybe tweak it to make it more energetic. So, I'll leave that as one piece.

So, I think there are two other diagrams that maybe I'm talking about. So, a sense from the folks, is this a useful diagram that we should work at tweaking or yeah it's okay but doesn't really help us move forward with the discussion?

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

Mike is your hand raised?

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

Yeah, thanks, so Larry, again, really nice and I think it really is a good way to frame it. For the elevator component and for what I think a lot of physicians might comment on is one of the differences between certification and interoperability is usability. So, the notion of people, processes and usable technology is a key to the difference between certification and actual interoperability.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Got it that's a really good point. We do hear a lot about usability that would be a good way to bring it in.

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

And Larry when you say that you can certify people, process and technology...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

There are organizations that do that is what I meant.

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

Yes...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right people get certificates, right?

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

Yeah, but is that in the context of...so a people, a professional might get accredited or trained, or educated to use data effectively as part of global care coordination and the shared care plan that we talked about is that what you had in mind?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right.

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

Okay.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, yes, yes, so very broadly, certification could be really, really broad or we could choose in our...when we present is to say it could be really broad, it could be people to be certified either they're generally certified in their profession, they're specifically certified in Health IT or are they even more specifically certified in how to use information from other sources as part of the care process. We could have processes certified there is ISO certification for lots of different kinds of processes.

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

Right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And we could do technology certification which is what the ONC certification program is focused on.

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

Right. You know what you might do is expand out that middle rectangle and give those illustrations that you essentially just did verbally but make it a pictorial and then we may have to, as a group, or we should as a group step back and say, do we want all of that "Regs" speaking broadly or...so one way you could do it is to make it a licensure or a maintenance certification kind of a process. People are getting a bit allergic is actually a big thing in medicine. I mean organizations have been...so you might offer other ways to make the people, process, technology effective at care coordination in the bigger sense and that may be part of the curricula instead of a more regulatory approach. I mean, that just gives us opportunities...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah.

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

If you blow that up you can see what do you mean by people, process and then there maybe this umbrella, what are you certifying them or causing them to do and then what are the options which may include certification. Do you see what I'm saying?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah.

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

That maybe a good way...so you're trying to put it in perspective and then how do we look at what's the lever, is it certification, is it training, is it licensure, is it continuing education, what is it that's most effective and efficient.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right.

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

It's interesting...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And I think...

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

Your diagram actually...probably a lot of people think of certification as almost the standards when you include technology use of those standards and so that's why this diagram is helpful, so really it's the middle piece where it makes body contact with the human knowledge workers and to Mike's point the whole usability and can impose on those knowledge workers.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right and the standards don't become...you don't certify to a standard unless you have technology that embeds it.

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

Right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Or unless you have a process that embeds it.

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

Other comments, questions? I have one more question, you started out saying, making your statement about not sufficient when you were reviewing the past work, not sufficient, certification not sufficient to ensure interoperability. You gave a couple of components of that, did one of them include it's one thing to get tested in the test lab it's another to either be offering it to your customers let alone be used by your customers. Is that kind of surveillance, you know, we've heard that problem both in standards, interoperability and functionality actually, the difference between certifying in the lab versus actually even deploying amongst the customers. Is that included somewhere?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I do think that needs to fit into the discussion. I don't think I've brought it forward that much in the things I've pulled out of the material.

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

That was one of the complaints we heard both I think in certification, it was either certification or interoperability and we heard again like in the Advanced Health Model Hearing.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah and in the...

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

It has come up multiple times.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

In the senate hearings a week or two ago whenever that was.

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

Yeah, it came up too.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

There were concerns about the vendor tested this to the standard...

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

Right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

But they make it really hard to get to, they would much rather sell me their service...

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

Right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

That may or may not use the standard. It allows me to do the function the standard is meant to achieve, but they want to sell me a service instead of giving me access to the free thing or the potentially lower cost thing if I use just the standard itself.

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

Right. Mike?

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

Yeah, I just wanted to reinforce your comment in vitro testing and labs...

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

Yeah.

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

Is great if we could advocate for in vivo in real life settings that would be great.

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

Yeah, that's a good way to put it. Any other comments before we move on?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Let me toss out two quick questions to the group. So, in my mind there are two other diagrams and they may just be getting way too complex and off topic, so one of them is sort of the ecosystem of what's needed to get interoperability, right?

And so I'm thinking about is if you focus on a use case like ePrescribing you need the tool that the clinician is using that does the ePrescribing, you need the protocol of SCRIPT to get the prescription to the pharmacy, you need a network like Surescripts to get it there, the pharmacy systems needs to be able to accept it and do something useful for it, right, and so there's like those components. And if you just said, well, I'm certifying EHRs to be able to generate SCRIPT to the standard you wouldn't get ePrescribing out of that.

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

That's a really good example. So, now I'm thinking about this Task Force and the request is about interoperability. I wonder if there is a version of the diagram that we see in front of us as sort of an overarching framework and then to breakdown that middle piece because it's probably the piece that people least consider and least understand, and then have, and this maybe your second diagram, have that Surescripts, because people get scripts everybody has had a script filled and as an example of standards, technology and even you can get upstream to the people/process, the workflow so that people can understand...so once they get the bigger picture and I think that's what they're missing and I think your diagram really helps to figure out, well, what does...what is required for interoperability and somewhere probably in this picture we can introduce the notion of semantic interoperability, then break down the middle section and then break down an example that people can follow.

I think that would do a lot to just give people a sense for what's involved and just your last example says, you can certify the standards and even technology but it still won't get a script to go, that's really nice.

What do other people think? Do you think we can use some version of this three box diagram as part of our overarching theme or framing of the problems of interoperability?

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

Yeah, this is Micky, I think we can...let me go backward, I agree with you I think it would be good to have some overarching schematic that sort of explains everything we're going to talk about and then we sort of drill down into different pieces of it.

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

Yeah.

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

I think that makes a lot of sense and it seems like some version of this, you know, would work. I'm still wrapping my head around all the different pieces.

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

Yeah, it might be a little bit expanded particularly in the middle piece, but still we could start with this and then blow it up and I'm trying to think now our new flavor, the whole business barriers probably could be put into that blown up version under people, process and technology because that gets...well, actually it's at the intersection or maybe there's a care transformation, anyway there are places where we can insert this new piece to sort of frame it.

I think this really would work well, privacy you can fit into this as well because it comes in the exchange perhaps, I mean, you know, the ARCs.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

This is Julia, so I like...in some ways this diagram feels like it would capture sort of the way that relationships should flow.

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

Yeah.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Sort of what should drive what.

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

Yeah.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

But it is sort of less obvious to me a framework to pinpoint where the problems lie today. So, I sort of like it as a conceptual like let's remember where we want to start.

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

Yeah.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

And then sort of how that flows, you know, but I think we may just want to have some separate ways to think about depicting where the problems lie today.

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

Yeah, but it starts the process that, oh, I could understand this, I mean, thinking as somebody who doesn't spend all their time...right, I could understand this and then you get deeper and deeper in and then finally even when you blow it up to the detailed like the Surescripts thing you can...everybody can get that really. And you come away with a new understanding...I just really like this whole notion. I think it fits what we want to do in terms of communicating the real problems and then we'll...in those blow ups we'll show where do we think the important levers are, the ones, you know, you can't put one at every...you don't want to put a Reg at every step, where are the important steps where you need really the public good, you know, somebody has to come in and do something for the public good to raise the tide and then where will the market drive the rest.

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

Right.

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

Something like that.

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

So, this is Micky, maybe an important thing that this can help draw out also is that there are...interoperability isn't a single thing, all right...

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

Yes.

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

There are...like ePrescribing for example is very well developed whereas other things are not very well-developed and so with this schematic we could, you know, sort of draw out, well, look here's the generic view of what the end-to-end looks like for interoperability and there are a number of different pieces that are more or less, you know, sort of orchestrated depending on that market ecosystem and then ePrescribing is a really good example of here "here's an example of how a full almost end-to-end market ecosystem has orchestrated that end-to-end to give us relatively mature and well performing interoperability in this particular area."

And then it invites us then to sort of point out and some other things like C-CDA exchange or whatever it is have...there is no end-to-end orchestration for that for example because there is a lot of complexity along the way and it just hasn't matured from a market ecosystem perspective and what might be the levers of, you know, being able to motivate that.

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

That's excellent. And in fact, so you have the Surescripts where it's understood end-to-end and then you have the thing we picked on last time which is the dynamic shared care plan and you show how that involves much more than a document, the standard, I mean, it flows up stream to the training...

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

Right.

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

And that kind of certification, yeah, those would be nice...two anchors on both sides so the well understood ePrescribing and the future but critical, that's what, you know, we're all trying to say, this piece of having a shared care plan and that it is more complex but let's enumerate some of the steps.

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

Right and I wonder...

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

Yes.

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

Sorry, just one last point on this, this is Micky, on the care transformation does it make sense for us to try to...and I don't mean this in a pejorative way, but to dumb that down a little bit because it's such a jargony kind of term that...especially for those who aren't that familiar with healthcare are going to be even sort of more separate and more removed from what that might mean.

I wonder if we can have something more generic there that says that it's about, you know, what people want to do and how they intend to do those things and that has to interplay in some kind of consistent way with the people, process and technology and standards, and interoperability are intimately connected to those and that might make it a little bit more intuitive for people to sort of, you know, understand how these pieces fit together.

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

I agree. Michelle if I can...I'm going to just pose a question, this would be a fabulous...the only way to do this diagram, which I think really will have huge leverage and value, is for us to all sit in the room together I think and I think this is the right group of folks to sit in a room to make this diagram. So, I'll just throw out another plea to see if we can't find a way to get ourselves together to really just do this. I think this would be extremely useful.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Beats barbecue in Portsmouth.

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

I welcome that.

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

That's right, I mean, it can be something simple, something simple...I mean, I'm just imaging a lobster bake at the cape that's all. It's just this little arm being attached to Boston.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, let me suggest that while it would be really wonderful to spend a big chunk of time together, you know, a day or you can...a middle part of a day, if we could find a couple of hours as a work session with a shared screen.

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

Yeah.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

We could probably...we actually have the virtual white board, we might be able to make a lot of progress.

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

So, do we have that virtual white board capability? Because you really do have to draw this and erase and etcetera, that's how we would have done it face-to-face.

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

Well, we could have an administrative meeting and then bring everything back to the public call so that we could make something like happen.

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

Well, but I mean, do we have the technology to do this virtual white board?

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

Yeah, isn't there a Google...there's a Google thing for that. I haven't used it but I think there is.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, I think we can do it on Google Hangout.

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

Yeah.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Maybe that's a question for ONC to explore for us.

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

Okay.

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

Yeah, we'll figure it out.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

There are technologies that do that.

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

If we can find the time in person I guess I would suggest maybe leveraging the Policy Committee on September 9th if we can't make that happen...

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

But that's too late.

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

Then we'll find a time. Yes, so...

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

And actually I have a 10th and 11th that I'm going...but at any rate, I mean, I just think this is one of the best investments is really this problem as you know ONC hears about it everybody hears about...is really tough and I think most people don't understand...so it's harder to get a solution when you don't really quite understand the whole process and we don't...I think combined we understand this and that's why I'm trying to advocate for us coming together to actually draw this.

But at any rate, otherwise we can do a virtual if we can get a...it really takes a white board rather than like this Word document, it's too hard to manipulate. All right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, let me, as a sub thing, so it might be...even if we just had someone with PowerPoint up making the diagram or some other diagramming tool in a web-ex.

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

I think we can figure out the tool.

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

Okay.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay.

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

So, why don't we plan an administrative call and we'll figure out the right tool to use.

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

Okay.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, I just checked and Google Hangout does have a draw feature on it, it's kind of interesting Michelle I can invite you to my company hangout and we can experiment and see if it works.

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

Okay.

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

That sounds good, thank you.

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

In the meantime I think Larry you already had two other pictures in your mind, I'd even encourage you to go ahead and blow those up because I think I understand...it's a blow up of this and then you have your examples and you might introduce Micky's talk about the other example might be the shared care plan which is going to look a lot different and far more players in that one, but just to get us going.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes.

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

Because it's far easier to edit than to start from scratch but you're on the right path.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

It is, I agree and the third one...the last one I don't know that really we need to do this for this exercise, is the process by which certification happens, right, there is the whole like, you know, oh, I want the certification, well great, what does that mean, well, I need certification criteria, they come out in NPRMs, there are comments, there's all that stuff.

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

Right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Testing that get baked into products.

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

Yes.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I don't know that we need that for what we're doing but it's one of those background things that I don't know that it's out there.

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

I think it's useful, it illustrates your third point about the, get the certification right, meaning, you know, everything from the timing to the specificity, etcetera. So that helps illustrate why you don't just, in a sense, a lot of people may think certification...you just legislate the darn thing and then it happens and that's the whole problem and to illustrate what are the different things, and the vendors of course feel this, that go into this help people understand that this is not the end all which was your beginning statement.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right.

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

Even if you go through it all it still doesn't necessarily fix the problem. Great.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes, okay.

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

Oh, this is a very useful discussion, thanks, Larry for taking the time to get this down on paper here. Okay, let's move onto the next topic, please.

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

While we're bringing up the slides I don't think that we have Josh Mandel today.

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

Okay.

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

So, maybe we can skip over to Bob.

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

Okay.

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

And so Altarum can you go to the slides that start with the development summary. Thank you. Do we still have Bob?

Bob Robke – Vice President, Interoperability – Cerner

Yes, I'm still here. Great, so the...I put together a series of findings from the development summary around the view from a vendor's stand-point on challenges around interoperability and certification, etcetera.

Part of the summary had a lot of concern on the development community around a timeline surrounding certification as well as the whole process of getting new code and new developments out supporting the Meaningful Use and other initiatives out to the client-base in a way that was touched on earlier around not only implementation but, you know, everywhere from the development cycle to internal testing, certification, rollout, training all those sorts of things and I think there's different perspectives from different vendors about how much time that takes.

So, I think, you know, from our point-of-view here at Cerner I don't think we have, other than, yeah, it's a lot of work in a short period of time, I think the converse of making that a longer process I don't think necessarily changes the ultimate outcome of that scenario.

From a deployment stand-point varying models of an interpretation around the Meaningful Use and interoperability doesn't allow us really to expand on them to a great extent, you can go to the next slide, and what I mean by that is there is a lot of goodness around some of the interoperability standards that were put forward by Meaningful Use, however, this was fit on in the summary of the recommendations from the worksheet was many vendors took the letter of the law and designed and built their application to support that versus stepping back and saying "what are we trying to accomplish with this standard."

And what we found in the marketplace was varying degrees of implementation of the standard. All of them met Meaningful Use but really couldn't use the tool for any other workflows supporting referrals or supporting other secure messaging enabled workflows because we couldn't find a mass number of vendors that built to the spirit of the rule versus the rule itself. So, I think there is a challenge there on how do we certify what the spirit of the rule is as well as what the measurement of it is.

Demanding workflows, keeping or introducing C-CDA documents, this was hit on earlier as well, not typically well received by physicians and in order for it to be really useful at the actual point of care a lot of work has to be done to deconstruct those documents and really put them into a much better presentable summary if you will.

And it was also mentioned the lack of the narrative is probably the most common theme. The summary of the C-CDA is good but without having the physician perspective or the narrative around that data is often a dissatisfier for the physician. Next slide, please.

From an implementation stand-point, a variance in the networks, this kind of goes to the ePrescribing concept a mature ePrescribing network our clients or any client or healthcare organization can connect once and really get ubiquitous connectivity to any pharmacy that they really need to, pretty simple, very straightforward and a very defined workflow associated with it and that has proven to be a very scalable way to do mass or to get adoption relatively quickly.

In interoperability, as mentioned earlier, not as mature, a lot of our clients or a lot of healthcare organizations are trying to connect and we as vendors are finding just different models and different standards or interpretation of standards and there really isn't a single way that we have found that is connecting multiple or connecting with some sort of commonality amongst those networks.

The standards are complex as mentioned earlier around C-CDA documents. The ability to make them useful requires quite a bit of understanding and some pretty deep technical knowledge. So, that's always a drain on resources.

And then back to the ePrescribing, really a true lack of a natural infrastructure is causing a lot of angst and cost, and things that you would associate with a variance of different types of connectivity. Next slide.

So, these are just...I put together some just basic recommendations based off of that, around, from the development stand-point is outside of just arbitrarily providing more time to the vendors understanding that there is a lot more than development testing and certification that goes into many vendors plans around this upgrading solutions and keeping clients or vendor client's relatively current with the deployments of their code is a big challenge. So, I think everything...and I'm sure there is consideration to that in the certification process but I think that as long as we can spell that out and understand that this is in the estimate of the certification rule.

Back to the certification of the spirit of the rule versus the core rule is around, a good example is the transition of care, we talked about that a little bit earlier, but if we would also certify a very simple workflow around Direct that would have enabled other workflows around referrals and around scheduling and coordination of care I think that we would have gotten more uptick on it and I think vendors would have potentially built that a little bit differently than looking at the exact transition of care rule.

There was a mention in the findings around the need for more innovation, I think it was around clinical decision support and use of interoperable data in other ways and while I wasn't sure exactly where that came from I do think that vendors should be the ones that need to innovate around the use of interoperable data and not necessarily driven down by a rule. So, there were a few of those in there around, you know, if we can get this into clinical decision support it would help, etcetera. So, I do think there is a fine line there between a standard and how do you use a standard within each vendor's stack of software that makes it more useable for their clients.

Simpler standards, this kind of goes to Josh's list of standards that he is talking about. C-CDA I think was well thought of and well put together but that it has proven to be maybe not exactly what we need for all forms of interoperability. So, I think there is a stress to get more simple standards and things that we could use as vendors to incorporate more of that into real workflow.

Insure the data content is reflected of need, this is really around making sure, you know, we look beyond the core components of the C-CDA and look at the narrative and really at the patient summary or the discharge summaries, or other important pieces of information that really tell the story.

And then, you know, strive for as much person-centered models as possible. Organizational, this is, you know, into what's the hot topic now is blocking and things of that nature and if you leave most of the interoperability within healthcare organizations and the like, you know, we'll always struggle with this I believe. So, that's a very quick summary, I don't think I have...I think that's the end of it there on the last slide.

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

Thanks, Bob, can I ask a question, on this list of recommendations are these all...do these all exist in previous materials or are some of these your interpretation and your ideas on recommendations?

Bob Robke – Vice President, Interoperability – Cerner

These are...so the summary that was...it was really an output of what was in the document and then these recommendations are really reflective of what I've seen and maybe some of the other comments that I've heard and other aspects of the full spreadsheet that were in there. And some of them, you know, don't touch on development but they touch on content and then you have certification, etcetera.

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

Okay, I'll make one example, the last statement having the patient in the middle can solve many of the barriers existing today, is that an opinion of a Task Force or Workgroup?

Bob Robke – Vice President, Interoperability – Cerner

That's my opinion. Yeah and so I wasn't sure what exactly this section needed to be so I figured I would...consciousness on what are things I've seen and, you know, that particular one there on the end was having a person in the center removes a lot of the barriers around consent and blocking, and things that are hard to get around in organizational...

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

Is that your opinion?

Bob Robke – Vice President, Interoperability – Cerner

That's my opinion.

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

All right, I just want to make sure that we can trace each statement to something that a group, you know, a consensus group has put together. Okay. Other comments? All righty. Let's see, are we going to...so Josh isn't here probably?

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

Yeah, we don't have Josh. I'm not sure...we could read the slides, I'm not sure what you want to do with the standards piece. Micky sent an update to the governance section, I don't know if maybe we want to look at that and Micky can share what he changed?

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

Okay, Micky, so Mike has a comment and then we'll have Micky.

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

Yeah, sorry, I was on mute and I didn't have my hand raised. So, thanks for putting this together the thing I struggle with a little, although I resonant with lots of it, is the notion of what the elevator statement would be about what we might be asking for specifically.

I think, to go back to the point I made on the earlier one, that notion of both useful or usable technology to make the interoperability happen I think is a little at the spirit of the rule and maybe is one way to operationalize that in a way that would resonate.

The other is the...what I heard was some selectivity about what data might be shared and giving some flexibility around that issue which I think harmonizes somewhat with the workflow request that was made so maybe some of those sections come together that way.

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

Okay, anything else? Thank you, Bob. Micky did you want to share your update or how do you want to do that? You might be on mute.

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

Yes, hi, yes, I'm here.

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

Okay.

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

Sure and actually mine is...I didn't get to spend as much time as I would have hoped to have spent on it so what I did is just based on the feedback from last time is tried to just streamline it. So, I just took the format that it was in and really just tried to consolidate things and really streamline it I didn't add any new content.

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

Okay.

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

And are you going to pull it up Michelle or should we work offline?

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

Lonnie's going to pull it up now.

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

Okay.

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

The other one, Lonnie.

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

Great.

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

Yes and its right after that section. I think its page eight. Oh, yeah, a little bit lower, there.

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

Those aren't my funnels, but I recognize them. Okay, so starting on the governance, and as I said, I haven't added any new content here so what I've tried to do is just, you know, streamline the narrative so that it's a little bit crisper which I think was some of the feedback from last time that there was a little bit of a hodgepodge of things there and probably not as clear and clean on narrative as there could have been.

And it also just in seeing the other presentations from today there is certainly a lot of overlap with the others ones as well, so maybe as we start to map things to those schematics that will help to sort out, you know, some of the redundancy that we might have across these different presentations.

So, first off, interoperability has been hampered historically by lack of incentives and by market fragmentation just pointing out that, you know, the market fragmentation issue sort of, you know, makes very acute the need for governance and however you define that in order to bring all those pieces together, which I think is what we were just talking about with the diagram as well, there are lots of different pieces in that end-to-end, you know, sort of interoperability and governance sort of describes how that orchestration happens in specific ways end-to-end so that you can, you know, sort of have some type of interoperability function, you know, coming out of that.

So, you know, certainly advanced health models are motivating providers to want to share data but integration across EHR systems is still a challenge. Move it down please, Lonnie, thanks.

Governance is required to overcome this collective access problem, you know, brought about by market fragmentation so it's not the only thing but governance is what provides that orchestration.

We have the same, you know, the definition of governance that I think came out of the JASON Task Force, I forget exactly which or it might have been the Governance Sub-Workgroup of the IE Workgroup, and the idea there is that it's not just about technical alignment there is legal and business and you need to be able to solve a variety of problems that go beyond just the technical, it may not require the government and indeed in most other industries market-based governance has proven to be effective that doesn't preclude the need for, you know, strong government intervention and perhaps in the pathway that was a recommendation from the JASON Task Force was using market-based levers since the federal and state government are significant market participants in healthcare and thus have considerable influence on interoperability and governance just through their market actions alone.

But a challenge there is that federal and state governments have many market reinforcing levers and alignment that coordination of those levers is, you know, certainly, you know, a difficult challenge just looking at the government itself.

The transition of care and view, download, transmit experience that we've had in the market to date has shown that there are two significant challenges that really can only be addressed by governance with a small "g." One is coordination of trust across entities and then the other is the workflow in process innovation and this may be something that we're able to directly link to that schematic we were just talking about as you start to, you know, sort of lay out sort of that intuitive notion of what trust means and what interoperability means.

Conventions for transport and content, and processes are developing but there is still a lot of variation in the market, which I think reflects back on what Bob was just talking about. And then finally, the development of market ecosystems takes time especially in the current situation.

As demand has started to grow driven not only by Meaningful Use but growth in accountable care we're starting to see those governance networks form along different dimensions. So, certainly advanced health models are recognizing the importance of practice data sharing, networks up until recently had been geographically focused, so you have the regional and state level HIEs but we're now starting to see them develop along a number of other affinity dimensions as well, which is kind of a sign of maturity.

And then finally, this is, you know, kind of reflects back on Bob's last point, patient-driven governance could become significant in the future as we start to see DVT and APIs, so just sort of introducing here the notion that there are very different types of governance and that governance doesn't have to be a single thing we can have multiple types of governance and then it is the orchestration of those different type of, you know, sort of governance mechanisms that could constitute nationwide interoperability.

And then, you know, finally, if it follows the pattern of other industries nationwide interoperability can be established by connecting these market-based networks because they're already starting to form according to a common understanding of what's required, which also reflects back to, you know, Bob's point about the need for some type of nationwide concept of what people should be pointing to regardless of what kind of network they're in.

So, all networks don't have to be the same they just have to be able to bridge, you know, these technical legal and business definitions to meet the set of common transactions and behaviors that we believe constitute nationwide interoperability.

Everyone doesn't have to do the same thing there's a subset of things that we can define that would say, here is what constitutes nationwide interoperability and it's those things that we have an expectation that there will be some kind of alignment. Some examples of that might be patient matching, authentication and authorization, format and content conventions, what have you.

And then finally, clear and concise, not finally, I think there is another bullet after this, but clear and concise achievable widely accepted definition is a prerequisite to achieving that, the ONC interoperability roadmap, so this just points the congress to that roadmap as providing some useful guidance, obviously it's a dynamic, you know, document that's being worked on over time, but there is some initial guidance there that helps provide some direction. Next slide.

And then finally, the last point, the market is making rapid progress and the best approach is coming right out of the JASON Task Force recommendations, the best approach for government at this point may be to use the various levers already at its disposal to catalyze and motivate market-based accountability and governance.

We've got existing networks already and more are forming, but it's that need for cross network bridging that's now apparent, the idea of the coordinated architecture, again bringing back the federal government playing a significant role, the recent announcement of DoD contract I think can be brought in here to point out that the DoD contract could be a significant motivating factor for, you know, sort of shaping what interoperability might look like across the country.

And then, you know, certainly one of the recommendations coming out of the JASON Task Force was that top down regulation is an arrow in the quiver but perhaps should be thought of as a last resort only if nationwide interoperability doesn't progress according to a clearly defined set of metrics and it points to the other issue that we have with respect to interoperability is how do we define it and how do we measure it so that we know that we're making progress or not and then we're able to, you know, sort of attack those specific areas where there may be weakness which again maybe a way to point back to Larry's diagram that sort of shows that there is an entire set of things that have to happen here and a breakdown at any one of those points along the way can, you know, sort of be the breakdown in interoperability and figuring out where those points, where those specific points might be for any particular type of interoperability you're trying to accomplish and then try to figure out what the appropriate lever is on that particular point of weakness might be a better approach than trying to think of, you know, sort of top down solution.

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

That's great, Micky, thank you, very clear as usual. Let me ask a similar question about point five because it does have some recommendation or approaches and is that traceable to a Hearing or Workgroup consensus recommendation from a group?

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

Yeah, I mean, I drew all of this directly out of the JASON Task Force recommendations.

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

Okay, mostly there, okay.

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

Yes.

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

Okay, other comments or questions? All right, wonderful. So, we still have two missing standards and privacy that's an important one but you can see the overlap as Micky was describing of how it ties back both to this diagram which I think is one of our tools we can use to pull these elements together and if we keep all these things in mind we're going to go to the next topic which is trying to construct our virtual hearing and see what kinds of information, what kinds of commentary would we like to hear about.

Let's see, if we could move back to the PowerPoint, please, Lonnie and its slide number 16. So, what new information, new perspective would help us sort of digest this and come up with either an overarching recommendation that sort of pull things together instead of adding onto the existing 40 recommendations that come out of the group, how do we unify this and make it understandable and hopefully come up with those key touch points where we can make a difference and either free up something or let things percolate down the rest of the path.

So, here is...this is a discussion that Julia and I had in trying to prepare because of our fast timeline we're just trying to keep moving things that people can edit rather than starting from a white space all the time that approach.

So, here is a way...so we have two...we have right now planned two virtual hearings and it's tight because we're trying to invite people to participate in like a week so that's why we wanted to get a jump start on this.

So, one of the thoughts is really organized around the how do we overcome some of the barriers and Micky just talked about this, and where do you need sort of someone to tweak, it doesn't have to be government but there is some kind of governance small "g" that provides an organizing framework and hopefully some commonality whether it's privacy approach or implementation of certain standards, or the role of patients and consumers, something that helps organize everybody so it's around a common theme or like patient matching.

There is that kind of overcoming barriers and then there is the pull side which amongst the ideas are clearly an aligned payment system that has a timeline so it's just delivery system reform and we have a couple of things that are mentioned down there. So, I'll try to go over this and then get your reaction and ideas for names for example.

So, one is the perception, and this is part of how this thing got started actually, that HIE may have some competitive disadvantages or stated another way that people fear that it may advantage their competitors and we hear about that from both vendors and providers.

And so if we could...ideally there's an academic sort of step back and a review and talking to multiple people that could shed some light on, well why do, I'll pick the first one, vendors think that may disadvantage them if they interface to another vendor's system and it's not just EHRs, and why does a provider think it may disadvantage them, and it would be really nice to know, and is that really true.

So, there is the perception, gosh if you share anything that could interfere with your business and then there is the reality, and then there is the "what benefits all parties" including the two that are involved by sharing. It would be really nice to...and we're looking for people's ideas on who could speak to that. One idea that Julia proposed was Ann O'Malley because she did a set of interviews of provider executives in the hospital domain and trying to understand that and Julia please feel free to chime in here.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Yeah, so, no, I mean, I think it is a really important question because again these are talked about a lot but like really identifying who is the expert that can speak to this I think would be really helpful to get people's thoughts who has heard people really articulate this well.

And I think sort of on the vendor's side there is sort of the competitive, you know, disadvantage of sharing data but then there's also these sort of revenue stream that is realized from making...you know sort of building out interoperability where it doesn't exist. So, I think that's something that's important to put in this bucket too.

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

Does anyone know of someone who has either studied it or can speak eloquently from a perspective and so possibly it is a vendor speaking about the general issues that vendors face? Ideas or paths to pursue?

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

So, this would be an EHR vendor?

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

It doesn't have to be. No, it's someone who can speak to the concerns that vendors or providers have in sharing.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So, somebody who can speak to the perception that there's a competitive disadvantage if you share?

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

Yes, right.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Got you.

Bob Robke – Vice President, Interoperability – Cerner

Well, this is Bob, I can certainly give you our perspective of it but some of it is perception and some of it may be reality but...

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

So is there...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Paul...

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

Any...could an EHRA spokesperson speak more broadly? I mean, I think if we have an individual, whichever vendor or provider that can speak to the problem that they've heard about and they can feel that would be fine it's also nice if we can have someone who can speak on behalf of a number of that stakeholder group.

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

Right.

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

So, Paul, this is Mike, the person who came to mind as this was being described is Charlene Underwood, you know, who has spent a significant term...

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

That's a really good point.

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

As the EHRA Chair and also as a vendor representative as well with a pretty broad view might be able to speak to that pretty well.

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

She is a retired vendor operative.

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

Yes.

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

But that may not...I mean, I don't think that's a disadvantage, she really does speak quite eloquently and she does speak on behalf of vendors in general.

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

Right and very recently retired, so, yeah.

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

Very recently. I think she can still remember those days.

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

Yes.

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

And may speak from a little bit more distance.

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

So, you know, Athenahealth has made many public statements including in congressional hearings about the vendor competitiveness issues and vendors seeing...other vendors seeing this as a competitive disadvantage for them.

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

Sure.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I like that idea, it's Christine, because I think they do have a different model and that's not to say it's better or worse but I think bringing in perspectives from some of the newer players on the scene I think would be very helpful.

I do have...I'm struggling a little bit Paul, because I feel like we just cataloged a lot of barriers from existing work and I was hoping that the in person would focus more on enabler or the hearing, sorry, the hearing or listening sessions whatever we're calling them, might focus more on the enabling side. So, I'm, you know, struggling a little bit.

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

I think you're right and that's where the desired...you know giving the desirable attributes of somebody who can speak to this is, do we have evidence that it really does affect your own company or organizations best interest or actually do we have evidence that it actually doesn't and actually raises the tide for all the boats and you participate as well.

I think it's the insight we're looking for Christine so we know that people complain about this and we know that the perception is out there. Drilling down a little bit more are they afraid of losing patients let's say is the provider point-of-view and what have they thought about the other side which is that the care could be better coordinated and less costly, etcetera. How do they weigh those that's what I'm looking for.

See we know the problems and the complaints. We don't know as much about what's the insight that they...the thought process they have so that we can start understanding the problem to solve and what maybe a helpful solution.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, exactly and I would love it if there was a little bit of vetting happening with some of these speaker particularly in ones we are or aren't sure but to make sure they have some thinking that...

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

Yeah.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

You know would be valuable.

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

The reason Julia proposed Ann is because she wrote this up and also she wrote up her findings from talking to a number of providers and so it's a little bit more objective or third-party.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I wonder, it's Larry, I wonder in terms of maybe this is what Christine is saying or maybe not, it's sort of the notion of looking for success to understand the success as well as looking at the barriers to understand the obstacles.

So, I wonder if either embed in here...I know that the charge was addressing the barriers, but I wonder if there is a way to flip some of this. So, you know, I was using ePrescribing as an example of pretty successful, a lot of uptake, prescriptions are happening, you know, are there examples of success beyond that one where people would go "oh, I get it, I see, you know, there was a value driver, people wanted to make this work" as opposed to you know "let me do the minimum effort to check the box and get my incentive check."

No, no there's an intrinsic value to what you're doing or there is an extrinsic value that pulls interoperability along with it and so maybe in terms of trying to frame this...

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

Well and...oh, go ahead.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah so it could even be...I mean, you know, I'm thinking maybe there are examples even of "closed networks" where you go "oh, I see where the value is." And, you know, maybe the kind of ultimate closed network is when a healthcare system wires up their EHR with their ancillary systems and their labs, and their pharmacy, and make all these dedicated connections which are sort of, you know, the 20 or 30 years in the past when we were making this work.

And maybe in some ways the success of that model is part of the problem of getting it to replicate further, right, it's all governance within one organization, its organizations making choices about their tradeoffs and where they're willing to spend money. It's "I'm happy with my custom interface because it gets me some custom functionality inside my own environment."

And so some of that is sort of like, how do we get to the shared value as a driver. So, I don't know, so we could find examples where there is shared value maybe that would be a piece to put forward, maybe it is part of the business model considerations I'm not sure.

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

We actually used that approach in the Advanced Health Models Hearing and we did end up with all three of the ends of the spectrum. So, one group essentially solved the problem by giving everybody access to its medical record. Well, that solves a problem but it's not necessarily interoperability, using interoperability.

Another group did interface with a number of systems out in the community but was yet another repository of health related data and everybody logged into that one.

And then the third group was like you just said, we talked to a large integrated system and how did they deal with it.

So, these were resourceful ways of collecting information that bears on an individual's health and so those were great demonstrations that they...I don't think any of them felt that they were able to take advantage of interoperability the way we're describing it here to make that happen in a far less burdensome way and far more seamless.

So, we actually tried to find a great example, not that we...not that they aren't out there but we didn't tackle them down to illustrate the points you just raised actually.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I'm wondering in listening to my questions and your response on the phrase of scale, bringing things to scale is one of the problems we're trying to address, right, that interoperability is seen as sort of the method of bringing information exchange to nationwide scale. It doesn't require custom building, it doesn't require lots of special cases. I can broadly get information sharing and it's the taking it to scale piece, we have our little examples of success.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Yeah, I just...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And the challenge in part is taking it to scale.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Question whether that...like it really is the root issue because I'm not sure that there are a lot of places to point to where we would say, they really do sort of, if you said, you know, every provider that touches the patients we see do we have the ability to get access to their information, right, I mean, I think there are closed system in which they've been able to treat...keep the patients within the same system and, you know, therefore achieve connectivity but I'm not sure that that's the model that we want to herald as success because I think that has much broader implications.

I mean, I think when we talk about interoperability what we're really talking about is that regardless of where patients go there is an ability for their information to follow them and so I guess I'm just a little bit cautious about sort of going that route and then sort of talking about scale as the key issue there.

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

I wonder if there is...so if we go to Christine's...how do we search for enablers in a sense that's what we tried to do with the AHM Hearing is go try to find some exemplars and it was really pretty hard. So, it's pretty hard to find examples and then try to learn from where they got.

Other ideas of maybe...so we're looking for new insights, so other ideas of people who can help us with new insights or new ideas. So, insights would help us understand the problem and try to understand the pinch point's better and new ideas for solutions would help us, you know, contribute to making recommendations.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Again, this is Julia, I mean, I think for me what I continue to really want to know the answer to is, you know, if you brought, you know, a vendor, a provider in a room and to try to understand, you know, what is it that would sort of get you to fundamentally shift business practices, you know, to sort of align. I mean, I just don't feel like we really know the answer to that yet.

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

Yeah.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

I think we know what is preventing that from happening.

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

Yeah.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

But I don't feel like at least I have a clear ability to say, if you changed this that would really be the game changer for us and sort of the way we go about and think about this.

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

Yeah.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Because, again, I think...I keep starting from the fact that they are operating under the incentives that we've given them.

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

Yeah.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

And so I don't think there is a lot of surprise about the behavior that we're seeing today but what I don't know is what would really change, you know, the facts on the ground to make them want to change business practices.

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

Yeah, well stated.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

And I think a single organization could tell us that if they were willing I think to speak, you know, honestly and transparently, and I think perhaps Micky that's what you were saying Athena has done is they...I don't know if it's a risk or not but they have been very clear about, you know, why they're doing what they're doing and I think...

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

So, just for the record I didn't say they were being honest and transparent, I just said they were doing something else.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Well, I feel like they have been more...in what I've seen them discuss. I feel...I will say that I feel like they have been more honest and transparent.

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

Well, they've been transparent about their position that's clear. But we're really...we are searching for...I mean, ideally it's what Julia said, we're looking for this person that could help give us some insight and suggestions on how we can help the whole industry get better.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

This is...

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

And that means...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Sorry, Paul.

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

Well you have to be pretty forthright about, well what's holding you back.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Paul its Christine...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I keep coming back to the fact though that we have this whole interoperability roadmap that's catalogued a lot of barriers and a lot of enablers. I'm wondering if there's a way to pull in...and that has a lot of public comment on it, I wonder if there's a way that maybe Erica Galvez or someone from ONC could bring that into these discussions, because I think the component we're talking about now is around, you know, create the enabler is creating a supportive business and regulatory environment, there are lots of steps on the roadmap that outline what that means and some proposals for doing that.

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

Yeah, that's interesting. Is Erica around Michelle?

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

Yes, so, as Christine just said, I think with Kory leaving we've kind of lost that piece. I think somebody from Erica's team maybe listening in but I'll be sure to follow up with them and figure out how we can best integrate that work.

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

Well or some of the...either the input to their work or public comments, people who could help, you know, put it on the table for discussion.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Well, I was actually thinking it might be helpful if we were to organize the...we have these sort of functional buckets, right, but each of those is absolutely reflected on the roadmap. If someone from ONC could even just summarize, look there are some essential calls to action around this issue that we, you know, proposed in version 1 of the roadmap and its things like, we need private payers to step up and implement provision supporting interoperability in their VDT arrangements covering commercial populations.

And we also said in the roadmap that CMS is doing this and I mean all of that stuff is there so that I think points us in the enabler direction and then to have it paired with, gee to the extent there is a payer who might step forward and personify or exemplify either those enablers or barriers depending on, you know, sort of where they're at, this is an enabler and we've been able to get some success or this is why we're not going to step into this market. Does that make sense?

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

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I just happened to use the payment, you know, component.

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

Right, this is Micky, I wonder if there is a way of integrating that in a concise way without taking up panel space just because it's so valuable this panel space.

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

Yeah, I mean, we can certainly punt it for the first one. So for example, it would be nice to have somebody to ask the question who has broad knowledge about that sector but is it because the interfaces cost too much and really you see the whole value, the value to your system but really it's the interface and the time and I have so many other things to do. So, that's one thing you could hear. And then you could work on that piece, right.

Or you could say, oh, some people say it's HIPAA, that's incorrect, but then you can address that, well we can clarify that it isn't HIPAA, I mean, HIPAA allows you to share this as part of ops, but, so there's a lot of things where if we could just have some frank discussion about what really is getting in the way we can better work on those and that's where Ann O'Malley's study or set of interviews may help.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Yeah, I mean, this is Julia, that's really the only thing I've seen that I think has tried to, you know, from a like research perspective collect that from a lot of organizations but it's fairly old, I think it was done in 2008, so it's...you know, but again I think that if that same study had been done, you know, last year I feel like that would definitely feel like...

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

Right.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

The right person.

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

Right.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

And I think I'm just hesitant about it because it was done a while ago and so it sort of is...does that still reflect today's reality.

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

Right.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

So, that's why I'm trading off to sort of get a single organization's perspective does feel like we're losing some "generalizability" there. So, I don't know...that's why I feel torn about what the right way to go is on this decision.

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

Sometimes AHA, you know, AHA does an annual, I don't know whether they have any questions that could help illuminate this, because those are somewhat anonymous so it can...and more representative. So, something like that, I don't know whether that exists for this topic.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Yeah, so, I mean, I've done a bunch of analysis about data and I think it has, you know, sort of indirectly illuminating in the sense that you can see that like for profit hospitals are much less likely to engage in health information exchange.

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

Right.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

But that does make me think that asking someone like, you know, Chantal Worzala or someone from AHA who sort of is regularly in discussions with hospitals that could be another option.

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

Yeah, yeah.

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

So, one thing that's...and I was just thinking of an initiative that's not named here, perhaps it can go on the first one, is CommonWell and I know certainly Bob can speak to that as well, but, you know, Jitin Asnaani who is the CEO of CommonWell, I mean, so in a sense that there is a perception that HIE may advantage competitors they could offer the other view of, well, what did it take to get, you know, a set of vendors together who decided that it doesn't...you know, that they have more benefit to their working together than whatever disadvantage there might have been.

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

That's interesting.

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

Because I was also thinking of them perhaps for the business model considerations of HIE not that EPIC isn't great, I mean, EPIC is fine, but one of the things that has struck me, and again, certainly Bob can speak to this much better than I can, but that, you know, CommonWell maybe look at what they're doing, it has taken a long time and not that they're not making great progress and they're going to do it, and to me the taking a long time speaks to how hard it really is.

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

Yeah.

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

You know that even when you have vendors who are motivated and they put a lot of money into it and they have some of the smartest people in the industry working on it, it still takes a few years to get this done, to get it done right in a way that solves the end-to-end problem.

Bob Robke – Vice President, Interoperability – Cerner

Yeah...

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

What do people think about that?

Bob Robke – Vice President, Interoperability – Cerner

Yeah, so Micky is absolutely right, even when we collaborate, you know, in a pretty intense way actually for the last couple of years it's not...the adoption while it's picking up and will get there, it's a multi-year process and most of the conversations we have are all positive, at least from the Cerner angle on these conversations are all positive, but most of the time connecting outside of their strong referral base is just not high on their strategic priorities so it gets pushed into, you know, we'll do that in Q4 this year, we'll do it in...so it gets pushed out because it's not part of any kind of key strategy for them which is, you know, sort of sad because they're not looking at the patient, they're looking at, you know, what's their business strategy, which is normal it's just there is a lot of, I won't say it's trepidation it's just not high priority for them to do connectivity in a way that they can't see the financial benefit to it even when the services are either free or no cost to them.

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

Okay, so let's...I wasn't watching the time closely enough on this, we have to get through this slide. What do people think about the suggestion of CommonWell and you have to pick the right person to be able to talk about these issues, it's really what's taking the time, what are the barriers that you see, how does that enlighten us about both the vendor side and the providers in much the way that Bob said.

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

Right.

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

What do people think about a CommonWell representative for the "vendor's" side?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Only them or in addition to...

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

Well, right now we only have a "them."

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I thought...

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

So, are we talking about that first...is it the first bullet Paul?

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

Yeah, the first bullet.

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

Right, because I wonder if on that one we ask Athenahealth, they're a member of CommonWell, but again to Julia's point, you know, they have been very public in the statements that they've made so perhaps they would be good in that one and I was thinking of maybe CommonWell down for the second one just because, again, this isn't a criticism of EPIC but CommonWell has been dealing with the cross vendor issues and these business model issues in a different way.

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

Although I think CommonWell is hitting this topic perception that an HIE may disadvantage, example, vendors.

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

Right, right.

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

So, I thought that was pretty...I thought that was a great idea you had because it shows...and like you said, it's taking time and well, what is taking time about it, it just really...it helps illustrate that.

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

Right.

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

And if they're able...

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

Okay...

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

If they're able to...being able to decompose, which I really liked and just the...

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

Yes.

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

Comments that Bob just gave, that, you know, you've got...you've solved a lot of the problems...

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

Right.

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

Now it's really just up to the providers...

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

Right.

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

And there is still a little bit of, you know, balking.

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

Well, see that...yeah, that's how it spills over into the provider's side.

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

Yes.

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

So, okay, so let's say CommonWell and then what do you think about AHA trying to help from a trade group illustrate why their members either are not prioritizing it or finding it, you know, somewhat threatening, whatever it is. What do you think of that?

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

This is Micky, I personally don't know enough about, you know, how far into this they've gotten.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Yeah, this is Julia, I mean, I suspect they will come down pretty heavy on finger pointing on the vendors and so I just wonder whether that's going to give us the information we need, but I don't know.

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

Okay, shall we rely on Ann and then just try to recognize that it's older data, pre HITECH, not that...all right so...

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

Paul, this is Mike...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I have some hesitation too but I just wonder if it's worth a vetting first.

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

Of Ann or...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

No of AHA. If there is survey data and, you know, real work arounds that might be actually helpful if it's conjecture than not so much.

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

Well, right. Mike?

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

Yeah, so I'm not familiar enough...I'm not certain whether even to mention it, but whenever you listen to EPIC talk about CommonWell they talk about an alternative strategy where they have a...they are using Carequality as the Sequoia Project as an approach to a network to network kind of interoperability. I'm wondering if other people have more familiarity with it and if so whether those would be an interesting way of having two perspectives on vendor approaches to interoperability happen. Does anybody have more familiarity with it?

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

Yeah, this is Micky, yeah, I'm not sure that they're quite as juxtaposed as it might seem from that.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

But maybe that's part of the point, it's Larry, maybe part of the point is that they're not really an opposition they might actually be cooperative.

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

Right.

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

So, you're...actually you're going into the second bullet. Let me try to close the first bullet and then hopefully the second will go easier, but so from a vendor...it's not...to shed some light on vendors working together and how they interface with providers would CommonWell and does anybody have an idea of who in CommonWell would be a good person to help us take that perspective?

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

I hate to...we're always dragging out the same names, but it's because they're good, Arien Malec is very articulate on both the policy and the technical dimensions of it.

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

Okay.

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

And really helpful as a technology provider underlying that, but he of course works for RelayHealth it could be, you know, Jitin Asnaani also very good is the CEO of CommonWell.

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

Okay.

Bob Robke – Vice President, Interoperability – Cerner

Yeah, I would get Jitin if possible.

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

Say that again, please?

Bob Robke – Vice President, Interoperability – Cerner

I would say Jitin if possible he does provide, you know, the pure CommonWell view of the things versus...while Arien would be fantastic there may be a conflict of interest there.

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

Okay, let's try that and then on the provider's side do we think Ann or an AHA survey?

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

I'm happy to try to do some vetting if that is where the group feels...

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

Okay.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

I can talk to Chantal and sort of get a...feel her out a little on what she's likely to say...

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

Right.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

And then if it feels like she is going to be too much finger pointing we can fall back on Ann.

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

Okay, sounds good, thank you very much.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

AHA has just...

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

I think I heard...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Done a recent position paper on that as well on interoperability.

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

Well, so, I guess what we're trying to get is less to the position of an organization and more to the data so we can try to get the...I think.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay, that's probably good to then clarify when you ask Chantal what you're looking for.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Yeah, yeah, I'll sort of ask her if she feels like she has had enough conversations with various hospitals to really understand like where their current thinking stands on this as opposed to an AHA perspective.

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

Okay, right. I'm going to move very quickly obviously for the rest. So, on the business model consideration the thought behind this is to look at various business model considerations of how information gets passed around.

The hope is that by understanding more the different perspectives that there isn't one model and that actually was...Micky talked a lot about this in governance, and we'd like to just understand the rational, the challenges why that works and how well does that work and what other things would you like to have from each of the perspectives, whether it's an HIE organization and Tim from Michigan was mentioned from the other side, the vendor-based HIE EPIC is an example of course. And from the other multiple HIE, a vendor of multiple HIE efforts CareEvolution and then maybe a different kind of a more academic perspective on it and that is with Ann again. So, these are some initial thoughts. How do people react to that?

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

You know another...this is Micky, another angle on this might be, you know, some of the, you know, like the ACO enablement organizations that are companies that are now formed and growing. So, one of which is, you know, Aledade, Farzad Mostashari's Company which is in many markets trying to figure this out on the ground to solve particular, you know, ACO business requirements and clinical requirement needs...

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

Yeah.

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

And I know that they're operating in different markets and confronting the, oh, in Delaware I can leverage the statewide HIE, but in another state I'm...we have to build it from the ground up because there is nothing there. They're not the only ones there are a couple of other I think competitive companies to Farzad's.

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

That's a...

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

Like Iora Health is kind of doing, you know, stuff like that as well they might be just an interesting different angle on this.

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

Do you...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

That's a great idea.

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

Yeah, that's a great idea. Would that be...could that replace this "HIE vendor" slot? Or were you thinking of CareEvolution.

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

I...

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

I don't know anything about CareEvolution.

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

Yeah, I think it could, I mean, nothing against CareEvolution but the HIE vendors are always...it's difficult for them to be completely open about the other partners because those are their customers.

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

Right.

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

Like vendor, you know, issues with EHR vendors, those are partners who they're trying to connect with.

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

Right.

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

So sometimes they're just put into a difficult position.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Yeah and I think it would also fit nicely with our prior discussion about sort of care transformation as what's driving this.

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

Yeah.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

And so I like that too and I think CareEvolution has been more honest but they don't serve certain markets where they think the competitive dynamics are just sort of too toxic. So, I think that particular vendor maybe more willing, but even with that said, I really like the suggestion.

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

Okay. Okay, so we have, Farzad and then do you think Julia that Tim would add a different flavor?

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

I mean, I think that it's sort of the state HIE perspective and I do think...

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

Right.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

That is a different perspective and I mean, I think it's a question of sort of, you know, if we think that the states are going to continue to be important players in this, which I think they are...

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

Yeah.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Then I think it's helpful to have that in there.

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

Okay.

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

Yeah, I think what Tim adds is actually a little bit more than the statewide stuff because they are very, very acutely focused on commercial payer needs and so they've built things, value-added services into their HIE that are working directly on care transformation kinds of activities and that's really all they do. They don't do sort of general HIE stuff, they really focus on these value-added services. So, I think that's really a new dimension on the HIE thing that speaks right to the business model considerations.

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

Okay, that's good.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Yes, that was why I suggested Tim because I feel like they have been sort of razor focused on that and sort of how do we make sure that we're sustainable and identify that as sort of their path.

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

Okay and do people object to the EPIC as a representation...to speak on behalf of the vendor-based HIE model? Again, not as an exclusive but hopefully a complimentary.

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

I mean, certainly the thing they can speak to is that they've got a mature model with people...with a lot of exchange happening.

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

Yeah, okay. And then so Julia do you think we need Ann on this one?

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

No, I think we can drop her out of this one.

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

Okay.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

I actually think she may even end up being best for the dynamic shared care plan, so anyway I think...

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

Super that would be great.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

We'll find a role for her one way or the other.

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

Okay. And then do you want to speak to the experience that Mike brings as far as the voluntary corporate compliance?

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Sure, so I think one of the levers that we had talked about was sort of, you know, the idea of, you know, voluntary transparency, voluntary code of conduct as a way to, you know, sort of help flip some of the incentives to, you know, sort of be better actors and promoting interoperability on both the provider and vendor side and so we talked about, you know, what do we know from other industries that have tried these voluntary code of conduct and there has been I know some work done on sort of environmental practices of companies and adhering to these codes of conduct and so...anyway so Mike is a researcher at Harvard Business School who has studied the effectiveness of those.

So, I haven't heard back from him but have sort of reached out to say, you know, do you feel like there is...to the extent that they have worked, you know, is there a body of knowledge around sort of under what conditions have they worked and what, you know, that we could leverage. So, to the extent that people agree that this might be an important lever I think he could help us understand, you know, how to do it well based on what's already been done in other industries.

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

People okay with that? I'll take that as a yes.

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

Yes.

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

Because it would be wonderful if transparency was a way to move things. Then, even though Stan hasn't presented about the privacy we all know that this remains a barrier and a concern, and a legitimate concern so we were going to get an update from Deven, who we know well, as far as well, what's OCR finding in the field whether it's their audits or the complaints and what do they think are the gaps in privacy whether it's Regs or laws that could help move data to the extent that lack of trust or concern about privacy is impeding that flow. How does that sound? I'll take that as a yes.

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

Yes, sounds good.

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

Okay. Dynamic sharing...so we really would love to have a focus on the pull and everybody and all the workgroups have talked so much about the shared care plan and so Ann has done a lot of work in this area of course and so Julia you think that we can move her down here?

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

I think so but I am curious if other people know...

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

Right.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Sort of who have really given good thought to sort of what shared care plans not just the concept of it but the actual sort of technical architecture that would be needed, you know, behind them. I don't know that we have...I mean, I think Ann could speak to it but maybe there is someone who we know is more of an expert here.

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

This is Michelle...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, it...

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

Ann is listening in and she did leave a comment about that so I'm going to read it now. In terms of shared care plans we have interviewed a lot about patient providers on care coordination more generally so we have some observations on that which has implications for shared care plans but the shared care plans were not the specific focus of that work.

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

Yeah, yeah.

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

Yeah, the problem with dynamic shared care plans is it is kind of like asking people's perspectives on flying cars and they may have some idea that okay it should have some wings or something but there aren't many out there in the wild.

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

Right and...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I wonder, this is Larry, I wonder about either Terry O'Malley or Larry Garber and kind of working the standards route for enhancing information exchange. I know they've looked at care plans as part of that. I don't know that they have a silver bullet kind of answer but they maybe could define better what some of the requirements are.

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

Actually you're right Terry speaks quite enthusiastically about this area so maybe.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Paul is the point of this section strategies that might sort of galvanize or incentivize a pull?

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

Yes.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Tell me what pull means here? Okay and that...

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

That's correct it is along the line is clearly a payment, you know, or shifting of the payments model...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah.

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

Is one of those but we are also picking on...in some sense this is enablers. So, it's fine to get paid for delivering better outcomes and thinking that care coordination is one of those vehicles but it's hard to coordinate if nobody knows what the game plan is and there is no agreement and the patient is clueless too.

So, this was really creating a new construct that we have talked about obviously in the Policy Committee and Workgroups and trying to speak to how would life be like if we had this and what's required from a technical architecture or information architecture to do this as well as everything else.

I mean, we actually have to move up stream to the training and education of health professionals. The same thing is spoken about the HIE sensitive quality measures, well again, it's nice to move to pay for value but if all we have for value measurement and I'm not...I'm making a characterization of this, is a process measure we're still not going to...even if we move the payment system we won't have the performance, the outcomes that we would like to have.

So, HIE sensitive, and I already ping Helen and there is really almost no HIE sensitive quality measures, could be a call for those things because at the pace that we're moving towards the pay for performance or pay for outcomes we need to have the quality measures go through the pipeline in order to get to that stage.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Right.

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

It's really to learn more about these what we think are critical infrastructure things that will take time to put together.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So, one of the things that I have on my mind a lot lately, since I'm working with the Get My Health Data Campaign, is about consumers and their role what happens when I get my...I end up getting my health information from my primary care and my cardiologist and a couple of different places and I'm the only one, right, because I don't have a local HIE that has everything, you know, that could potentially be an enabler but right now there are many barriers (a) to me getting my health data and then (b) how do I make it usable...

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

Right.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

You know for Dr. Zaroukian who is not going to want to shift through either my handheld App on my phone, although actually that wouldn't be terrible because it at least organizes it, but, you know, how do I get this sort of into an automated workflow that my provider could use as opposed to something that's just going to be time consuming and they're going to roll their eyes at me, you know, so I don't know how much that makes it in here, but I do feel like the sort of consumer notion of HIE of one kind of...probably needs to come into our deliberations somehow.

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

Yes. Okay, so...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

You know there is...

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

We're closing up on time so if people could contribute to what people you think or critique the topic if you don't believe that would be helpful.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

It's Larry, Christine's comment had me thinking about sort of things are happening around I would call them PHRs, personal health records 2.0 or 3.0, to do what she is describing, put in your hand your information that pulls it together from a bunch of different sources either through a health record bank or through going to all the different VDTs or by scrapping the websites on your behalf, or something to get the information in your hand and those seem to fall down in that next step of then getting the information back to the providers.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

And Larry they're falling down in the first step, I mean, the stories we're seeing as part of Get My Health Data of even, you know, paid professionals who on behalf of the consumers they work for usually some type of App or PHR company and they're going out and collecting data for a fee and it's unbelievable what they're up against.

But you're right, so I mean, that would be...you know, we could either talk about what the Get My Health Data folks are seeing or we could potentially engage...we would need to do some vetting but some of the App companies who are offering that service...

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

Christine Bechtel, MA – President – Bechtel Health Advisory Group

To the extent they're willing to talk not about their App but about the barriers that they're seeing.

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

There is a company called CareSync I think that was...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes.

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

On the...blog he wrote about his experience using CareSync so that's already out there in the public and they may be willing to talk. I don't know the individuals.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, there are a bunch of them.

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

Let me interrupt here because we're at the end of the hour. Let me propose this and see what you think. We have these two overarching concepts the overcoming barriers and generating pull what do we think if we have...the hearing is actually the 14th a week from now, what if we focus on the overcoming barriers, because we do have some names there, and then gosh I don't know when our next discussion is going to be to figure out what would be the people we would want, topics and people we would want to hear from in a generating pull.

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

Paul, I think we need an administrative call, I'd probably prefer not to talk about names on a public call anyway.

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

Okay.

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

So, I think that would be better. So, we'll work on planning that.

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

Okay.

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

And a planning call to also finalize the framework that we talked about earlier today.

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

Okay. So, does that mean we'll go to invite people that we've talked about in the overcoming barriers?

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

I think so.

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

Everybody else agree?

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

That sounds good.

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

Okay and then we'll find an administrative call time to talk about the generating pull. Okay, any other business before we ask for public comment and then we'll actually hopefully be able to schedule these folks on very, very short notice. Okay, let's open up for public comment please.

Public Comment

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

Lonnie or Caitlin?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Are they on mute?

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

Okay, I'll read it, if you'd like make a public comment dial 1-877-705-2976 and press *1 to speak. What I can't tell is whether there are any coming in but...

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

It looks like we have no public comment.

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

Okay.

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

We did receive a few comments via the public chat so we'll send those out via e-mail after today's meeting.

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

Super. Thank you, everyone, thanks for a good discussion and hopefully we'll be able to schedule some of these folks to talk to us next week. Appreciate your discussion.

Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan

Thanks, Paul.

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

Thank you.

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

Thanks, everyone.

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

Bye-bye.

Public Comment Received During the Meeting

1. I'm not on a microphone, but we have some more recent data than 2008 on provider perceived barriers to interoperability and to market consolidation and hospital acquisition of practices as that affects clinicians being on the same system.
2. One place to look for "real information" on shared care plans is to look at integrated delivery network or multi-specialty clinics that have worked on shared problem lists. I have heard in the past from AAFP members on the struggles with a shared problem list. I do not have specific name of individuals to reach out to though.
3. Regarding certification. There certainly is a precedent for a federal agency to delegate to a private body to develop criteria (e.g., the NQF for measure approval). The complexity of the certification needs for interoperability makes it clear to me that we need a larger process than one that can be managed by the ONC. For example, this may end up in the ISO process or some other formal process that has shown success at dealing with complex, large, certification/standards development.

4. Sorry, dialed in late. Are you looking for experts on interoperability for these meetings or for public testimonial?
5. In terms of shared care plans, we have interviewed a lot of outpatient providers on care coordination more generally, so we have some observations on that which has implications for shared care plans. But the shared care plans were not the specific focus of that work.