



**HIT Policy Committee  
Clinical, Technical, Organizational & Financial Barriers to  
Interoperability Task Force  
Final Transcript  
September 11, 2015**

**Presentation**

**Operator**

All lines are bridged.

**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 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. Paul Tang? Bob Robke?

Christine Bechtel?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

I'm here.

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

Hi, Christine. Josh Mandel?

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

Hello.

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

Hey, Josh. 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**  
Here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
Hey, Julia. Larry Wolf?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**  
Here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
Hey, Larry. Mike Zaroukian? Micky Tripathi? And Stan Crosley? And from ONC do we have Chris Muir? Or Veronica Gordon?

**Veronica Gordon, RN – Program Analyst – Office of the National Coordinator for Health Information Technology/Office of the Secretary of Defense**  
Yes, Veronica is here; hello.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
Hi, Veronica. Okay, well thank you everyone for joining. Today we are planning to review the feedback that we received from the Policy Committee meeting earlier this week. I'm guessing none of you were actually able to participate in that call, but if you were, please pipe in as we walk through. So today we're going to review the feedback that we received and talk about any changes to the presentation.

Paul did make a few changes or actually a significant number of changes based upon the conversation that we had leading up to the Policy Committee, based upon all of your feedback. One major theme that we did hear from the Policy Committee that was at the recommendations were much too high level and we needed more specificity. We're hoping that most of the specificity will be within the written report, which ONC staff is now working on. Next slide.

So, I don't think that this is in the slide set that Paul had shared, so the basic structure of the report will be a preamble, with context of interoperability, the summary of past recommendations, which we worked on during the first few meetings, a summary from the hearings that we had and then draft recommendations. Next slide. Next slide. Keep going. Go one more slide.

So I just want to talk about how we'll get through to our end product at this point. So today we'll talk about the feedback again that we received from the Policy Committee, integrate that feedback into the set of recommendations that you see here, which is a higher level set of recommendations. Then next week there are a few follow up items that we discussed, based upon past meetings. We'll have the update from the ONC team related to interoperability measurement. We've talked about some information related to data blocking and the CMS...and other activities that are happening there, so we'll provide an update there. We'll talk about how any of that information could possibly get integrated into the recommendations.

At the October 2 meeting, we'll review a draft of the final report, walk through that in some detail, and hopefully give you all some time to review before the meeting. And then make any changes as necessary to the report. During the October 9 meeting, we'll continue to update the draft report. There will be an ONC presentation that will inform the future work.

We're working right now on scheduling one additional meeting because we now have a little bit more time and the plan is to present the final report at the November 10 Policy Committee meeting. It will be an in-person meeting and so that's where the final report will be presented. We likely will also share an update of the recommendations, a more high-level update, during the October 5 joint meeting, which is an in-person meeting between the Policy Committee and Standards Committee. We won't share the detailed report at that time though, just because the Standards Committee won't have had all the background that the Policy Committee has had leading up to it. So this is our plan for getting us through the final product, which will be again presented at November 10. And I think we now have Paul Tang on the line so hopefully I can...

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

Yes.

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

...stop talking and turn it over to Paul.

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

Michelle hi, this is Micky, too; just wanted you to know I joined.

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

Thanks, Micky.

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

Great, thank you Michelle. Just, in Dulles you have to take a plane to get to the gate...but at any rate. So, let's go to the next slide, please. So this is just a reminder of the questions that were posed to us; next slide, please. And the goals we presented to the Policy Committee; next slide, please. And we went to the themes...

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

Oh...

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

Go ahead.

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

Sorry, Paul; I'm going to switch over to...I'm going to take control so that you can see the notes that were presented or, you know the feedback...

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

Yes.

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

...that was shared, so just give me a second and I'll bring that up.

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

Great, that's great. Thanks. Did most people on the call get a chance to either listen in on the Policy Committee meeting during that time?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Paul, it's Larry; I was able to listen in. I don't have my notes up but I thought overall it was a lot of good discussion, so, hopefully I'll get through security soon and I can find a good spot to work in and bring all that up.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

It's Christine; I was not able to listen.

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

This is Micky; I was not able to either, sorry.

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

Okay. Just as an overview, I thought the comments were positive and there are a couple of things that we need to add to, primarily in specificity, so we're going to go through those. So, Michelle did a nice job of capturing the comments, the feedback are recorded in the notes section that you see in front of you; and that goes for each of the slides. And I'll just pointed out that most of the comments were, I think, supportive and in the end, I even asked whether we are in the right direction and had a lot of good, positive comments there. I think the big ask for our task today is to add some specificity where we think is appropriate.

Okay, on the goals, there was a mention of the fact that yes the dynamic shared care plan is the next big thing. It isn't, probably an overnight exercise and we all know that. This group and the Advanced Health Model Group has been consistently very energetic and enthusiastic about getting that activity underway, so we may continue to describe what that is, but one of the comments is, it's probably not going to happen right away to push interoperability per se in the next 18 months. Any comments on that? Okay, next slide, please.

And wasn't any disagreement here on the motivation and the use case; a lot of people recognized that the case we brought up, electronic prescribing, was a good case that was successful. It had the attributes that we described and, of course, interoperability in the broad sense is a bit more challenging than that. Next slide, please.

Okay, so maybe...yeah, if you can...I don't know whether there are any more below this. So this is talking about the broader challenge of widespread and broader interoperability per se. People did appreciate that this was a good thing to bring forward. It's not clear what needs to be shared; people did comment on some of our e.g.s in that last sub-bullet, the patient matching, provider directory, record locators and a...brought up to make sure that we add security to that, and that certainly seems valid. The one question here is whether we want to instead of having e.g., go ahead and spell out these three plus one common services or common framework; open it up for discussion of that.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So Paul, it's Larry. In my notes there was also discussion about consent and I actually think that the comment that the person who was suggesting that we should focus on security was really raising consent issues more than security, per se.

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

Okay.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

And to your point about should we be fully...enumerating all of the things? I don't think we can do that but we could put forward the things we think are priorities and I think those three plus security consent, however we decide to phrase that, in my mind are at the top of the list.

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

So no, the suggestion was not to enumerate all of them, as you say, we can't do that. But these seem...these three plus the security consent did pop the top on the list. So what do people think in terms of one, enumerate and two, going ahead and taking a position that these four areas are things that should be one of the top priorities.

And then I'll fold into them the convening function; so we're going to convene around specific actions that the broader community takes up; these four things should be...there should be work streams that get these four things addressed, how that would work together. Other comments on that? Is the sense of the group that we should enumerate those four and are those the right four?

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

Tell me where...I'm sorry, this is Micky; security, consent and the other two were...

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

Well, it's four so patient matching, provider directories, record locators and security/consent.

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

Ah, oh, I'm sorry, there it is, right?

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

And so the proposal is instead of e.g. to make it i.e., not that those are the only...

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

Right.

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

...there the ones we want to focus on and would be rolled up into our convening function.

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

Yeah. Yeah, I guess for me...

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

The context...sorry Micky, I just had a superfast question. The context is the bullet above it that said those are the critical few standards-based services, is that correct? So...

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

Those are among the critical few that the community's still asking for, needed and we would recommend being addressed, correct.

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

I would suggest separating security and consent, those are two separate things.

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

Yeah, all right. Agree with that...other people?

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

And the only other comment I have, which is just...may be just my personal one, record locators, I mean, it's not...I think it's a convenience, I don't know that it needs to be in the core, core of requirements. Some large networks have record locators, like CommonWell, other large ones like Care Everywhere or like the eHealth Exchange don't have record locators; each of them function but certainly the other ones are pretty important.

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

That's an important point, Micky. So do we think that the record locator function, which then of course has other things that have to be in place in order to have the function, including actually consent and security? Do you think that's a good, and in some sense it's almost a use case and is that a good thing to focus on and I'm not sure it's saying that everybody has to have record locators, but the function of locating records that are available on an individual with the consent is a function that has to be addressed. Do you see I'm trying to separate?

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

Yeah.

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

It's actually sort of part your noun, verb kind of argu...

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

Yeah, yeah. Yeah again, I guess part of the question is also, aside from the noun verb is, what do we want to define as the absolute minimum? And, you know arguably if I could, it would be...this is my own view, is that if I know where the record is, if I know that I have all these other pieces in place, I can generate the query and I can get it back and that's really, really valuable. Being able to do a search to understand where those records are would be great; I'm not sure that I need to consider that as a part of the core, especially since some large networks have gone a different path and they can still function. I mean, in the same way that we don't have lots of abilities to search for, you know have phone books for e-mail addresses, for example, but we manage to get through our days.

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

Um hmm, um hmm; how about if I pull the technique you pulled last time on the care planning and maybe change...so these are all...and change them all to nouns. So the...being able to ma...so patient matching is essentially a noun; that's a function we need to have throughout the whole system. Locating...so provider dir...I don't know what the noun i...provider directories is...provider loca...provider identification maybe is a noun. What I'm getting to is record location rather than record locator, the noun.

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

Right.

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

And then security, of course, has to be there and consent management has to be there. Would that help, especially if we made the text sort of explain that, would that help describe what's needed in this nationwide infrastructure that allows...make...

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

Sure. Yeah, no I think that helps. So record location one again, is just for me, I'm on the fence about whether that gets included in the core or not, but I'm not...I don't feel strongly about it. I could see an argument either way.

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

Okay. Maybe it's most important that we actually describe what's necessary.

**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**

Paul, this is Julia...

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

Other comments? 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**

...can you possibly...here on sort of how this gets back to the specific financial and business barriers? You know, I think particularly given the focus of this report that it was just...do we need this because this would help bring down the cost? I just feel like this is starting to feel a little disconnected from our main charge and so just making really clear why we feel like this is sort of in scope, given our focus, would help.

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

It's a good point, Julia and one of the ways we could handle this is, it is addressed actually, we'll see. We're still waiting for the consolidation of the summaries that we worked on earlier and we had a change sort of in staff and so we're a little bit behind in that one. But, when we get the summaries, we'll find that this will come up so in some sense, it's going...our full report deals with it all and while you're correct that this is not specifically on track with the financial barriers, I think the lack of this stuff is actually causing a lot of the costs in the system. Maybe that's one way to look at it; it's going to come up in the end.

**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, my sense is that it actually is related to the financial and business barriers because I think it's...what we heard is that generally people want to do this, we're heading in the right direction but part of the reason that progress is moving slowly is because we lack these things and...

**Paul Tang, MD, MS – Vice President, Chief Innovation and 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**

...given that, it makes it costly and complex and those are the financial barriers that prevent faster progress. So I just think making sure, again it's hard to fit in on a slide, but I just...I'm just worried that as we start to get into these concepts that feel more related that we are diligent about tying them back. Because I do think they tie back, but we should make that clear.

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

Right. Okay, so I misinterpreted your comment that you were trying to eliminate some...

**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...

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

(Indiscernible)

**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 completely agree why they're there, I just think we need to tie it back because I think, it's not obvious just looking at it, why it...what that connection is.

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

Got it. Again, so I think Chris...listening and we need to in text tie this back; that makes great sense. Any other comments on this slide? Okay, next slide, please.

This was I think the comment was reemphasizing the need for understandable, accessible transparency. And that is something we tried to make clear both actually in bullet one, which has to do with the certification process, trying to make that actual process more transparent so that it could affect...it's almost like public reporting of providers; it's not that many, and actually very few, both providers and patients look at those, but the public reporting causes people to be more introspective and raises the bar. So we're hoping something like that would happen in the vendor world.

So that's a main part of the certification process or program and the other part is we wanted to make the results of that, whether it's to consumer patients or to providers who have to use vendor products, make the measures of their effectiveness transparent to HIE sensitive measures. I think that sort of...I think we could strengthen sort of the language there and that would address the comment that was made from the Policy Committee. Any other comments about...comment or the ways to address it? Okay, you can finish with that, Michelle. Okay, thanks.

Okay, now here is...now we're getting to the recommendations and we already have talked about enumerating some of the core functions in exchange, even as Micky pointed out, we don't have every function in every participating exchange network, but these functions need to be addressed in an...way to everybody. So we can build that into...we said that we want to convene major stakeholders because we want instead of just...there's a nice plan that's outlined, it's in the draft roadmap and we expect that that should look...there still should be a plan that's outlined in the final one that we hear about next month and we're building on things...if left by itself, no matter how cogent and rational it is, it...we're concerned that there may not be a momentum of activity that accelerates the pace moving towards true interoperability.

So that's why we called for this convening function and we really do hope that it continues some activity. So one of the topics we're going to put in the convening function is...that we talked about earlier. That's I think how we build the specificity we just talked about into this recommendation. So the question is what other...are there other specific concrete things that we want to recommend are really part of either the convening meeting or the topics that get addressed and in theory then have a work stream built around it? That thinking going on and nothing clear coming up or...

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Paul, what was your last question; I'm sorry, I couldn't understand it? Sorry.

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

It's really our recommendation is convening the major stakeholders to develop essentially a working plan and work streams that go along with that and we decided earlier to say put in these standards, address these standards as one of the work streams and are there others that we should call out? Perhaps privacy and security, for example, are...

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

(Indiscernible)

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

This is Micky...sorry, go ahead.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Go ahead, Micky.

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

Is Ann on the call by any chance?

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

I was just going to say if we're focused on the slide that I'm looking on here, I mean I wonder if we want...do we want to be that specific or are we saying that this summit meeting really needs to be focused on taking the Interoperability Roadmap to the next level. So that sort of the structure and the outline and the focus areas of the Interoperability Roadmap would define what they should be working on.

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

I think that's the approach that we were intending, the comment we got back was, try to add more specificity. So we can say...we can go back to what you just said or we can add some things. I think so far we considered really adding those enumerated standards that need to be worked on as part of the things that is covered, and of course that's your...anyway.

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

Right. Maybe we could reiterate those, you know the key areas that the roadmap covers and just say we think those are appropriate and I'd be...

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

Um hmm.

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

...surprised if those don't map directly to everything we're saying.

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

Right.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yeah, I was just going to suggest the same thing earlier that we can, you know because the Interoperability Roadmap has governance issues and, you know right, so it lays out specific areas. So I would just reinforce our recommendation, which is already here, that that is a blueprint but if we looked out for these broad areas and integrate them, I think that would be great.

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

Okay, that's a good point. And then if there are any surprises when we hear the final roadmap then we do have time, as Michelle said, to change that before November. Okay, that's fair enough.

**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**

Paul, this is Julia; can I just maybe make one broader comment which is about sort of making it clear what barriers we feel these recommendations address? I feel like...I was just going back through the slides because I feel like maybe I missed like the clear articulation of the barriers such that when you see the recommendations it makes it clear what we think it's addressing. Because I feel like we've all been following this so we now have a sense, but now just looking at the recommendation by itself, it's not obvious sort of what barrier it's addressing.

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

That's a good point. Going back to our themes, we really were saying, ah, the market's going in the right direction but the clear...the actions that are needed both local and global are not clear, so that's one of the points. And the other is the pace isn't fast enough, so in a sense we think that this convening of people who don't even necessarily know that they should be involved is one of the pieces. And the working together on a clear work plan and work streams probably doesn't exist in anybody's...mind.

**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**

It's really a coordin...it's like a coordinating function.

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

It's both, it's enumerating because I'm not sure everybody knows...so, for example, it's common that people think oh well what we need is standards and that'll take care of everything...

**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.

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

...and another common one is, oh, these people weren't playing nicely and those are the things that people thi...and I don't...well we've been discussing is, it's more than that. And so I think clearly enumerating what's the more than that and getting people in a coordinated fashion to work on those and...

**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 I like, I don't know, the way you just described it to me feels really clear in a way that I feel like what's on the slide isn't, which is sort of this need to enumerate and then need to coordinate. And I think even just those two words I think will really help make it clear that this is a more focused and targeted recommendation than it may feel.

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

That's an excellent point, we'll have to go back to the recording and figure out how to say that, okay. No...

**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, but I think that was helpful.

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

...very fair point; that's what this call is about is really to take different eyes and go, hey, if I see this does it make sense and do I know where they're coming from, so exactly that kind of feedback. Thanks, Julia. There was a reinforcement of our approach of taking this as a co-led both summit and co-led activity, so that it's not just the federal government, it really is the federal government plus the enduring market forces and the private sector that needs to make this happen. And really it's important to just...we thought it was important to have this one meeting where we get to say that and actually create the energy. Okay. Next slide, please.

Here there was a question about, so who are we talking about? Let's see, let's first talk about the measures that matter to consumer and patients, I think that was reasonably clear. Now David Lansky mentioned something I want to make sure that we cover. So he was one, wanting to bring payers and purchasers into the discussion because they would both be on the demand side, you know what is it they're looking for and also to fold it into their ability to influence the payment stream. And so he's sort of reinforcing the need for a strong business case from their perspective.

And then maybe another question, would you say it...do we say it strongly enough about the ties to payment reform? We did, of course, do that in our sort of theme, maybe just like Julia was talking about our other recommendations, maybe we need to actually have an ask there, too. In some sense...

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yeah, I agree; I think you can't possibly repeat that too many times.

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

Yeah. In some sense, and again, this is the closeness, that's built in or that's implicit of what we're saying here, the measures that mat...these new measures, these HIE sensitive are essentially coordination sensitive measures are to...we intend to do both the public reporting for people to act on it, but also to drive some payment policy, but we didn't say that specifically. I mean it's there, and with payment, that maybe being more explicit is helpful.

Comments about making sure, so the comment about collaboration across the federal entities and that stretches from CMS, of course, through HHS, SAMHSA and can involve the DoD; it could...so there are lots of players on all side of the supply chain from delivering care, delivering policy to paying for them. Wanted to make sure that...so I guess yeah, it is the next point. We're saying we need to develop the right measures, fund and develop the right measures and we should also say and it should be by the various people in the supply chain.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yeah Paul, I agree and I think adding the bullet that's currently in red, where it's added now doesn't make as much sense, I think. I might say that there's a develop and implement across multiple payers which will include the federal government, that that's really at the high level bullet and that way it's implicit that payers and purchasers are part of the discussion. But I think you're right to separate out, we need to first fund the development of measures that matter. The second thing we need to do is publically report and pay for the measures that matter. And then there are a separate set of measures for vendor performance, but I think they're very different and so I think it is worth having an additional sub-bullet in here that really talks about how the measures that matter component would get used since they are different. In fact, you might want to, just to clarify and I think we probably will in the actual report that the transparent measures of vendor performance is really like just adding transparency to vendor performance. Because I think it's just such a different set of measures but the proximity to the first recommendation is probably throwing people.

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

Yeah, in fact, let me build on what you just said and propose, see what people think about adding a third recommendation. So we...this slide, this set of activities basically focus on development, which includes the funding of that development of measures that matter to consumer patients and provider vendors. And, I mean it's not that they're lumped together but, the first set is really how do we measure things that are really going to matter to an individual and community's health and wellbeing and those are of course going to be HIE sensitive.

And the second is, let's have new measures that we haven't had before that help us understand where we may be succeeding or falling short in the HIE world, and a lot has to do with...does have to do with vendor performance. So this is one fairly big comment or topic and maybe we need to add what we're just discussing which is, we are recommending, and CMS is doing but maybe we need to strengthen that and be aggressive with that is to pay on these measures that we recommend in recommendation two. So this is the recommendation on measures that matter and recommendation three is...and as part of two, it's publically reported. But recommendation three is that we...both public and private payers act on these measures that matter.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Paul, I guess...I think everything you're saying makes sense, I think the question I have in my mind is what's the best structure and I'm wondering if, do we have the big top level bullet right here, this develop and implement meaningful measures of HIE sensitive outcomes for public reporting and payment. I think there are two sub-bullets; one is what's currently there, which is fund the development of and then the second one would become something around how we're actually...the implementation part, the actual pay for publically report for consumer choice and you know, blah, blah, blah.

But then we take out the transparent measures of vendor performance and ha...and lift that up to be its own separate, high level bullet at the same level as the mea...the develop and implement bullet. Does that make sense?

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

Okay, well something...

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Because I think that's really around vendor performance and things like that. I just...I feel like we're going to get confused.

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

Okay. So I hear so far two options, and feel free to propose a third. So one option is to...Christine is suggesting to link payment to the develop and implement measures that matter and the other option is to keep this recommendation topic number two, around developing measures that one, are things that matter to patients and consumers and two, that matter in the performance of vendors and to have a separate recommendation that says...that focused in on how public and private payers, and purchaser I guess you could lump in, act on those...use those measures for payment. Like to have people bounce those ideas off and if you want to change anything, feel free.

**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 I think the two parts really are what give it teeth, you know I think if we just sort of focus on developing the measures without the clear recommendation that they really need to get implemented, it loses a lot of the weight. So, whether it's str...how it's structured, I'm agnostic, but I think both parts really need to be there and be given equal...

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

Um hmm, okay.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Hi, it's Larry, can you guys hear me?

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

Yes.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Oh good, okay, sorry, I've had problems with the audio connection on this end. So my sense is that there's a lot of interest on the vendor piece of that, but as got brought out in the Policy Committee, getting these measures right and useful is going to be really tough. So I think it's really...it would be really helpful if we could sort of break these out into two chunks so that overall the kind of measure that's like, you know not paying for a duplicate test obviously needs to be parameters around what makes it a duplicate, right?

It has sort of a certain very straightforward value statement that clearly is going to depend on getting good information from prior care whereas a lot of the vendor things start to get very complicated, especially given the complexities of getting numerators and denominators right. And I could easily see that becoming this swamp of, you know getting lost in the details and losing sight of the big picture. And I would hate to lose the more end goal kinds of measures in the squabbling over getting the vendor stuff right.

On the other hand, there's a lot of interest in the vendors being transparent about what they're doing and so I think if we on the vendor piece sort of step back a half a step and look at the goal is transparency of what the vendors are doing and their ability to enable exchange and that actual exchange is happening. And sort of let that be a...maybe not so specific on what the measure is but sort of that that's the intention and then let, you know the various stakeholders battle it out about the specifics. I think we'd be...let us rise above the fray a little bit on that but still kind of put it out there that it needs to be addressed.

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

Okay, let me try to summarize a couple of approaches; so one approach is to focus recommendation two on developing measures of both kinds and a recommendation three on paying against those. Another option is to divide it into two recommendations, one focuses on measures that matter for consumer patient and that encompasses both the measures development and the payment acting on...having payments act on those and separately dealing with vendor performance.

...speaking, I think the latter, meaning put the whole measurement, the per...the measurement system and the use of that measurement system for the benefit of health of individuals and communities seems like it may be a nice tightly knit recommendation for recommendation two that says and as a separate and new and things that people have been calling for recommendation three around vendor performance and how we approach that.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

I mean Paul, I think substantively we're all in agreement I think it's just a structure issue. So I'm...

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

Right.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

...the only reason I was trying to lift out the vendor performance separately is because I think that the issues are different in nature than the payment, public reporting and development of measures for consumers, purchasers, you know quality improvement, performance comparison things like that. But, I think again everybody's...I'm completely fine with all the substance and however it makes sense to organize it in the end is fine by me.

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

Okay. Anybody else want to weigh in on which way we organize it? Okay, well, we'll decide on where that has the most...story. All right, any other comments on this recommenda...set of recommendations now? Okay. I think that's it; next slide. It's just a summary I think, oh, the funding. And this is where we got to specify, because when people recommend convening and starting up activities, it always...it can have very far-reaching implications like oh, starting yet another entity. So that's a...we want to be very conservative in terms of whether that...whether what we're asking for is an entity and so far in the discussion we have not asked for a new entity.

So this is a clarifying recommendation actually to say, so left alone, just asking for activity won't solve the problem because you do need funding for any kind of activity. What we're saying is, the kind of activity we're asking for one is not just the federal government and two, the convening function we're talking about is an event, it's a summit and we are hoping for ongoing activities that are both publically and privately funded. So to make clear that this isn't you know a five million dollar proposal.

And the second piece is to acknowledge that these measures that matter have been called for over a number of years, almost since ACA and it's not that they happen with the pay for the volume that we all would like to have and so that also requires a funding stream. And again, it's measured in high cost actually. And we wanted...and we did get some endorsement for the second bullet which talks about making sure that we align the payment, and maybe we fold this into our payment recommendation around the high value goals and reemphasize community and outcomes. Any...

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Sorry, it's Larry. Yeah, so I'm backtracking a little bit when I was having connection problems but my sense of what David Lansky was asking for is, and I don't know if we can get more information at this point, is perhaps some specifics out of either larger business community or the private sector payer community around the measures that they would value that align with payment strategy. So, I don't know if anyone else was either hearing that or has suggestions on how to give that a little more depth, given that we're trying to wrap this up and don't really have another round of public input scheduled. Or if maybe it's a follow up question to David as a member of Policy Committee.

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

One of the things we, in fact we forwarded this...we sent you but, one of the examples he raised is basically registries, so joint replacement registries have additional variables for risk adjustments. And what I mean by additional is some of the things that a registry would like to have are not routinely captured, certainly in coded form, in an EHR. So one possibility for the group's discussion is whether we try to standardize variables across some of these variables in registries across the various EHRs.

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

We're getting a lot of feedback if somebody can mute their line, please.

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

Any thoughts on whether we delve into any details around specific registries or specific set of registries?

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

Paul, this is Micky. As I said, I wasn't able to hear David's actual comments only because I wasn't able to attend the Policy Committee meeting but, that just strikes me as being a level of detail that doesn't seem quite where we should be going with this particular task force. I mean it seems like we're focusing on, you know, what are the bare bones, key elements to jumpstarting interoperability; the of detail that I think I just heard seems like, well that's an outcome of a set of activities or of maturity of interoperability once it's up and running, but is too difficult to define at that level right now.

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

Okay. Other comments?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Yeah, but sense is that, and Paul, you were specifically tying this to registry reporting. I heard that there was sort of like a homework assignment and maybe this was not specifically to us but maybe is...we should think about where it would go and if that placement of the thought is actually something we should address is there's a knee and joint payment plan put forward by CMS that says we're going to bundle this, we're going to have certain conditions. We'll get it paid for as a bundle and there's going to be some quality measures, which I actually didn't realize was in the proposed regs.

And so David was saying are there currently good data standards for all of the data required to do the risk adjustment? I have no idea, I haven't looked at it, but I feel like he's trying to say, it's in those details that you're going to then be able to judge success or failure of your interoperability.

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

So I think, somebody can mute their line, it's...I think you're exactly right, that's what David was asking about and then so Micky is asking us whether that's the level of detail we should have in this set of recommendations...report, that it's something that has to be dealt with if we're going to have good, reliable, risk-adjusted measures to hold people to. There's definitely a need in the questions even the one that Micky poses that detail should be...

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

I wonder if in our...sorry, I wonder if in our background material that that becomes a useful example.

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

That's a good...

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

When we say, you know in order...interoperability is this really broad goal, everybody wants to achieve it; here's an example of the specifics that we would say, this would be success. I don't know.

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

I think that's good and that would fit in with what Micky was saying, yes, there's a work stream and maybe it gets assigned to the SDOs, but there's a work stream that has to deal with how do we, if you look at bundled payment, how do we measure the performance of folks against that set of activities. So I think that makes a lot of sense. Okay, all right, any other comments on this set? I think we've done a good job of reconciling the feedback we had from the Policy Committee.

We'll strengthen both the recommendations and the tie-in, Julia had a good point, the tie-in between our rationale and the recommendations. It's sort of...it's the style of the background, the rationale, the rec...the background, the recommendations, the rationale and the implications, that kind of thing. Make it easy for someone who's just going to pick out the recommendations to figure where does that come from and what do they hope to accomplish with that.

And I think we'll have a set of words around it that also expands on that rationale in particular and the implications, much like the Interoperability Roadmap report; I thought that was actually quite well written. It's something...we hope something like that for the document that we produce back for Congress can be self-contained and can be an accompanying document to the roadmap, that's sort of how we were thinking of this.

Oh, okay, on the screen Michelle had some additional notes, let's see...make sure that we covered these. Oh, there was one mentioned about calling out behavioral health specifically and we certainly had raised that, where we could put that; we may be able to work that in probably as one of these e.g.s for what the convening function does, unless people have a better idea. And of course measures that matter would include behavioral health, too.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Paul, it's Christine; I think it would be good to call behavioral health in areas of measures that matter. I worry that if you start to call out specific stakeholders in the convening function, the list becomes a laundry list, like I think it's more valuable to talk about where the connections need happen. I think there are also some real policy issues around connecting to behavioral health systems in privacy and security that could be called out as well, but it's...this is really an all-inclusive, multi-stakeholder and so I would approach it more from the perspective of what are the unique issues, and in the case of payers and purchasers, the unique issues are they need...we need them to fund the development of measures that matter and we need to pay on them, right? So I'd rather focus on actions in that regard.

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

Yeah, it makes sense. And by the way, just to point it out, that last sub-bullet, the measures that matter and the sub-bullet ONC will need to focus on the infrastructure, that's David Lansky's comment. Okay, how are people feeling about the revised recommendations and trying to develop the prose around this, which I think is going to be very important.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

I think they're really looking 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**

This is Julia; I agree, I think they're looking great. I think in the set-up one of the things we may want to do, just because there's been sort of so much sensitivity about bad behavior and information blocking and things like that is sort of acknowledge that we heard, you know cases, but those are really isolated examples and then sort of move into, you know, but the much stronger thing that we heard was that the market is moving in the right direction but it's happening slowly and blah, blah, blah. I just think it will be important to sort of acknowledge that there is...there are these anecdotes and other sort of examples out there, and not just sort of not address those because I think it will look like we maybe are out of sync with some of what...where the current concerns are.

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

I think that's an important point and I might even build it so one, I think we need to do a better job of acknowledging it because it did come up in one panel in specific. And I don't know that we have specifically, it's probably under certification...but I'm not sure our recommendations specifically address this, so that might be an omission.

**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 when we talked about measures, particularly vendor measures that was one of the motivations for it was that it would serve to combat some of that bad behavior, where it exists.

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

But I think to your point that you made earlier, yes, that was one of our motivations, but it doesn't say it in here so I think...

**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**

Right.

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

...saying it in there on...okay, so we're trying to measure effective exchange, so that's how we constructed those four sort of components, but we also want to be able to detect bad behavior, so maybe even saying that and saying how measuring this for these components or maybe a different kind of measure would detect that.

**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**

Yup, absolutely and I think in the certification piece that was another place to tie it in potentially where...

**Paul Tang, MD, MS – Vice President, Chief Innovation and 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**

...you know, one way to approach that would be to think about being much more rigorous on certification but it does have these downsides, which is why. So I think we can tie it in there as well.

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

Right. And I think also in governance, the governance is where you set the rules of the road and with every governance, you need to have some kind of enforcement otherwise it just doesn't...isn't going to be as effective as it could be. So I think there is...we do need to pull that in, at least in the findings, the theme, but we may need to be more explicit in the recommendations as well on how that ties back.

But just as we talk about some of the topics under the conve...the work streams and the goals that are going to come out of the convening sum...the summit, privacy and security is one that we haven't mentioned. And I think we're a little bit short handed on that and governance, which has been part of the roadmap, for example and we certainly also believe in, but that's one of the areas and information blocking comes under that. Okay, so I think we do have to not only tighten what we say, but I think we've found areas where we need to be a little bit more explicit in some of the things that the inputs that...motivating us. Is Chris on the line?

**Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology**

I am.

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

Chris do you h...how are we doing in terms of...the reason I'm calling on Chris is he's going...

**Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology**

I'm taking copious notes...

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

Right.

**Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology**

...along with what you guys are doing, so I think we're doing pretty well. I agree with Julia and others who said that it's looking really good.

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

And do you have any other questions, things that you want to clarify as you write some of the text and prose?

**Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology**

I don't at the minute, but once I get into this area, there may be some that come up and I'll reach out to people, but right now it's pretty clear. I like the tie-in, I like following Julia's logic of tying it back to some of the challenges that were mentioned earlier, all that's really good stuff.

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

Okay. Any other comments before we open it up? Okay, could we open up to public comment, please?

**Public Comment**

**Lonnie Moore – Virtual Meetings Specialist – Altarum Institute**

Sure. If you are listening via your computer speakers, you may dial 1-877-705-2976 and press \*1 to be placed in the comment queue. If you are on the telephone and would like to make a public comment, please press \*1 at this time. Thank you.

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

And Michelle, did you go over the schedule? Is it on the September 25 call that we're going to have the consolidated summary for the task force?

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

I'm sorry; I was getting myself off mute.

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

Sure.

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

What did you ask for the September 25, I'm sorry?

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

So the September 25 are we going to have the consolidated summaries?

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

No, for September 25 we're going to have an update from the data team regarding interoperability measurement and discuss what was in the data blocking report around data blocking. And then for the October 2, I think its October 2 meeting, we'll have the report.

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

So when are we going to review the consolidated summaries?

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

Before the October 2 meeting.

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

So you mean we'll be reviewing the consolidated summaries and the sort of the prose around our recommendations for financial at the same time?

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

Correct.

**Paul Tang, MD, MS – Vice President, Chief Innovation and 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 still gives us a month before the November 10 meeting.

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

Yeah, not a whole lot of time before the presentation...the update to the Policy Committee.

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

The presentation won't include the full report because we don't want to share the whole report with the Standards Committee because they won't have any of the background and we don't want to get into those details for them. It'll just be a high level summary, probably just sharing; you know the changes at a very high level that we talked about today.

**Paul Tang, MD, MS – Vice President, Chief Innovation and 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 we can talk about if it's even necessary to share at the October 6 meeting, because I'm not sure it is.

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

Okay. So ju...if you wouldn't mind making a note that at the October 2 meeting we'll be reviewing the consolidated summaries as well, because people have been asking...

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

Yeah, that was the intent, the full report; it'll be a summary of the full report that has everything in it.

**Paul Tang, MD, MS – Vice President, Chief Innovation and 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 we do have some public comment. First off is Craig Carey from athenahealth. Just a reminder Craig, we have three minutes for public comment; please go ahead.

**Greg Carey – Technology Standards and Policy Manager - athenahealth**

Sure, hi; this is Greg Carey from athena and just a quick couple of comments. First, thanks for the opportunity to weigh in. We think that there are a lot of good things happening and we're moving in the right direction in a lot of ways, but we also feel that the workgroup has lost sight of the original charge questions to identify technical, operational and financial barriers to interoperability and to also discover where these barriers lie.

What we've seen is that financial and business incentives continue to act as the primary barriers to actual interoperation among disparate health systems. The barriers don't necessarily need to be malicious in order to have a negative impact in the sense that these are powerful market forces, whether it's an EHR vendor or a client acting in their own short-term interest that can have that negative fallout. On paper it continues to be that every influential stakeholder has the same rhetoric about interoperability, everybody's open to data fluidity and exchanging information but the business models continue to promote information containment in these different silos.

And just the last thing I'll add here, I think in an earlier workgroup a participant asked, what would make a vendor or a healthcare organization provider fundamentally shift how their business is practiced to achieve interoperability. From our experience, what we've seen is when the health systems realize that the reimbursement model is moving toward these value-based payment models, siloing that patient data will no longer be a competitive advantage and that's the same founding principle as CommonWell's functioned on. So I just want to urge the group to refocus on the original charge to deliver a clear assessment of where these business barriers lie to interoperability. Thank you.

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

Thank you, Greg. We have no further public comment.

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

Okay. Well thank you, we're going to give you back an hour of your time this morning, or afternoon for you all and see you next call. Thanks.

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

Thank you, Paul. Thank you everyone, have a nice weekend.

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

Right, thanks Paul...

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Okay, bye.

**Public Comment Received During the Meeting**

1. Greg Carey - athenaHealth: The very clear charge of this workgroup is to identify technical, operational and financial barriers to interoperability. The primary charge questions are unambiguous: “what financial/business barriers to interoperability exist in the ecosystem?” and “where do the barriers lie?” The workgroup has lost sight of its charge and risks squandering its opportunity to address the very real problem of business models that inhibit interoperation in healthcare, by shifting its focus to a much more generalized assessment of the supposed “current state” of interoperability. Financial and business incentives continue to be the primary barriers to interoperation among disparate health systems. Crucially, these incentives need not be “malicious” to be negatively impactful. Indeed, in our extensive experience behaviors that effectively inhibit interoperation are rarely if ever “malicious.” They are, rather, nearly always created by powerful market actors—health IT vendors and their clients alike—acting in their own short-term self-interest.

Small, independent practices that utilize a certified EMR are increasingly forced by larger hospital or health systems to jettison their chosen EMR and adopt the EMR selected by that system, ostensibly to enable participation in referral networks and/or contracts that would impliedly be unavailable absent platform homogeneity. Again, this behavior is not necessarily “malicious,” but it does rely on assumptions about technology and interoperability that are out of step with the reality of the 21st century information economy. More importantly, these assumptions impose wholly unnecessary costs on small practices that are in some cases threatening to their viability. Worse, this push to local adoption of closed information networks creates and reinforces data silos, impeding progress toward nationwide interoperation in healthcare.

Unfortunately, nearly every impactful stakeholder in the healthcare system deploys the same or similar rhetoric about interoperability. Every vendor is, on paper, “dedicated” to openness and information fluidity. No hospital or health system openly admits to deploying closed systems to contain referral networks. In practice, however, many of the stakeholders who profess dedication to openness maintain business models that assume continued information containment. This rhetorical homogeneity underscores the need for an impartial arbiter to identify and illuminate the very real barriers that currently exist to interoperation in healthcare. This workgroup was created to be that impartial arbiter, and it seems poised to take a pass on the task.

In an earlier workgroup meeting a participant asked “what would make a vendor/healthcare organization/provider fundamentally shift their business practice to achieve interoperability?” athenahealth has worked for the entirety of its existence to build an interoperable healthcare ecosystem. In our experience, health systems shift toward interoperability when they understand and accept that as the larger reimbursement system moves inexorably away from fee-for-service and toward value-based models, the hoarding of patient data will no longer be a competitive advantage. To the contrary, those who get ahead of the interoperability curve will enable provider success in the new paradigm. The groups that are currently making interoperability a reality share the common belief that competition within the health IT industry should focus on the value of the services provided, and not proprietary patient lists and closed information silos. This is the organizing principle of the CommonWell Health Alliance, which continues to grow and extend its services with the active participation of some of the largest health IT companies in the nation.

CommonWell and other initiatives like it illustrate that progress is happening toward interoperation in healthcare. Barriers are gradually coming down. In our view that progress will continue regardless of the output of this particular workgroup, because the gradual shift toward value-based reimbursement is creating business incentives that increasingly trump incentives to lock down information. The workgroup has the opportunity, however, to accelerate that progress by refocusing on its original charge and delivering a clear-eyed assessment of business barriers to interoperability. We urge it to do so.