



**HIT Policy Committee  
Clinical, Technical, Organizational & Financial Barriers to  
Interoperability Task Force  
Final Transcript  
November 2, 2015**

**Presentation**

**Operator**

All lines bridged with the public.

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

Thank you. Good 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 today's 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 and 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. Christine Bechtel?

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

Hi.

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

Hi, Christine. Bob Robke? Larry Wolf? Larry is on mute; I know he's on. 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**

Hi, 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**  
Hi, Julia. Mike Zaroukian?

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

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
And 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. Anyone else from ONC on the line; I believe Veronica Gordon is on the line.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
Okay, with that I'll turn it over to you, Paul.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**  
Thanks a lot Michelle. And in looking at the...what was passed out, were we going to ha...did the group get the latest?

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
I didn't send the group the latest; I was a little bit worried about being confusing with the feedback that we got from Christine and Mike, but we can certainly distribute that now.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**  
Okay, I was in clinic this morning so I don't know about the feedback. So you're saying...

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
So I was thinking that we could walk through the recommendations, because we did tweak those a bit...

**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 then we talked about walking through the categories for the barriers to make sure that everybody agrees with those.

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

Right.

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

And then I thought we would walk through some of the specific feedback that we received from Christine and Mike.

**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 then, you know, meanwhile we can distribute your updated version, Paul. I was just worried about being confusing when people are talking about a version that we distributed over the weekend.

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

...okay. Okay, let's do that then. So what we're doing is, we're going to go review the slides, it looks like it's from last time, right?

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

Uhh, these are updated based upon what was in the latest version of the report.

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

I was just looking at the arrow, it says October 9, so that's why.

**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**

Okay, so let's, umm, let me go switch over...why don't we advance the slides, please? This is our illustrious group; next slide, please. And this is...so I guess we're at November 2, so this is the last call before we present to the Policy Committee. Next slide, please.

And I think what we wanted to do is review, we...last time we made some tweaks to the recommendations for section...the last section, which is financial barriers; this is where we spent most of our time. We wanted to make sure that the group was still in line with those recommendations, because those are the new ones from this activity. And then we'll go over the categories that Micky Tripathi laid out, in terms of a summary of the past recommendations. And then Michelle put together some summary of the recommendations under those categories and let's just make sure that we agree with those categories or we'll want to edit or add to those categories. And then Michelle, did you...is what you sent earlier also the recommendations that align with those categories, recommendations from our past work?

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

There was a document I sent just to you, it wasn't distributed to the workgroup.

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

Okay. But that's what it is, right, recommendations that are lined up with those new categories?

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

Exactly, yes.

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

Okay, that might be something we go over. Okay, next slide, please. And we're familiar with this; next one? Okay, that's our original charge to the financial business barriers; next slide, please. And recommendations; go on.

Okay, so we've done some reordering and we've sort of given some rationale for these recommendations. First one, looking at HI...is moving towards the let's measure something that everybody moves towards rather than dictating things that you must do and the emphasis here is that in order to do well on these measures, these outcome measures, then you must have effective interoperability in place. That's the theory here. And behind that, of course is...are specifications from the Certification Program that says, well, you need to comply with these standards and be able to exchange with other systems, but we'd like to align the North Star in the HIE-sensitive measures.

So the first one has to do really with the providers, and this would be for public reporting and eventually the intent, of course, would be this is how one of the recommendations is this is how CMS would measure our performance, "our" being providers. To the extent that you are able to interoperate from a data point of view with all the folks that have an impact on an individual's health that would be good and that would help you score well on these HIE-sensitive outcomes.

An example that we gave was this whole...as an exemplar, is to not get reimbursed for medically unnecessary duplicate testing. So by definition that means you have to know what tests have been ordered on this patient and you'd like to know the results. So that's a really nice way of measuring the outcomes of being interoperable with other systems. Any questions on that? Does this still sound good?

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

I just...Paul and Michelle, its Larry; I apologize; I'm having kind of some problems, but...

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

Okay, thanks. Does it still sound good to folks?

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

Paul, it's Christine; it does sound good and I gave some edits to this section and then also I had made some suggestions around just some examples that might also be consumer-focused to add in, not to replace anything, but I sent those to you guys today as well.

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

Okay, thank you. Okay, next slide. So these bullets are basically rationale, I think, for...this looks like new, is this something that Christine sent in?

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

No, it was in the original version that I edited, this was all there.

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

Okay. Maybe do you want to go over this?

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

No, so my computer's running slow so I can't see what slide we're on. Paul, these are the recommendations...

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

Nine.

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

...I believe; I believe we're looking at the recommendations that were in the updated report that we distributed. Slide 9, Christine, that what you said?

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

Yeah.

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

Yes.

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

Thank you.

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

Yeah, slide 9 and I mean...

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

Yeah, so these are just the recommendations in the back of the report, Paul. We had updated the language so most of the language came directly from there.

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

Okay. Okay, it's more or less rationale, I think, still follow up rationale from the first recommendation. Okay, next slide, please.

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

Yeah, it's Christine. The only substantive change, I think, I mean I made some suggestions in this area but one that is refl...is not reflected on this slide is around this reference that says in the first bullet which we develop further in recommendation 4. Recommendation 4 is the one about the multi-stakeholder initiative that kicks off with the summit and I think the measure development process is different than that process we called out. And so just to make sure that folks agree with that, I would just have deleted the reference to recommendation 4, mostly because I think it needs to actually be consistent with the processes and infrastructure we have in place today for measure development, testing, validation and then ultimately use, right, most important.

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

So do you want to elab...so I'm not sure that in here we're talking about changing any...changing the process, for example the NQF endorsement process. I think we're saying we need to focus more on what we call the measures that matter...

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

Yes.

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

...and saying that we want to make sure that that pipeline is full and part of our argument is actually the pipeline isn't very full. We would recommend...

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

Yeah.

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

...that we turn our...turn some of our attention to these measures that matter to payers and consumers, you know the outcomes from healthcare.

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

Yes, that's totally consistent with my interpretation of this section. It is just this reference that says, "which we develop further in recommendation 4," because that...the sentence that says "agreement on a set of high value HIE-sensitive measures would require coordinated action among key stakeholders, which we develop further in recommendation 4," is a reference to the more Interoperability Roadmap focused initiative, which I think is different than the quality measures process. So I'm just suggesting to remove that reference to recommendation 4.

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

Well let me comment on what was inten...so, it really is focusing on coordinated action among key stakeholders, that's the focus of recommendation 4 and I think that still plays here. Consumers are an important part of that and you wouldn't want them to be, I mean, I just think it fits in, maybe you're...

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

No, I think what I'm sa...I don't think we're saying different things, Paul, but this sentence says agreement, that to me is the endorsement process to NQF, the process of selecting measures instead of the, you know, that to me is different than the multi-stakeholder initiative which...both of which involve consumers in 4, so that's not my concern. But the multi-stakeholder initiative in recommendation 4 is one that's really focused on the Interoperability Roadmap and yes, these things come into play but that's not the forum for gaining agreement necessarily, I think, so that's how I was interpreting that.

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

Okay, so th...

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

I just think we need to nuance this a little bit.

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

Okay, we can work on it. The latter phrase actually is modifying the...is modifying the requires or coordinated action, so that...

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

Okay.

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

...I think is just a matter of words where you're taking the emphasis, but we can help clarify that.

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

Great. Perfect.

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

Okay, next slide please. And so the second is a complementary measure set and this is something I think we sort of newly introduced and that is where one of the concerns is raised in this whole interoperability space is whether vendors are fully cooperating and progressing on interoperability. And so one way is to work on certification requirements; another way and sort of the ways that we've been emphasizing is just like we talked about with the providers, is to put in front of vendors the outcomes that we desired and then let them innovate in terms of achieving those.

So likewise we wanted to have publically reported HIE-sensitive vendor performance measures and we gave an exemplar and some of the details on how would you measure not just can you communicate, can you exchange electrons with another system, but really can the other system understand the meaning of what you're transmitting so that it could also make use of it, for example, in clinical decision support or plotting lab results, etcetera. So we wanted a set of measures that would take you through everything from transmission of data to its being incorporated and actually used in decision making by the end users, like the consumers and providers.

So that's the notion behind this recommendation. Any changes there? Okay, next slide, please; which I think is just a further elaboration of this. And just in sort of prose, I guess, give some examples of what we meant going from the denominator of number of exchanges all the way to the numerator of actually informing and changing...informing decisions that are made. Next slide, please.

Okay, the third one has to talk...is to sort of accelerate, you know, we kept hearing over and over again that, well everybody seems to be going in the right direction, but probably not fast enough. And one of the...the root cause of that as explained to us is that people aren't feeling it that much in either you could call it the payment or the incentive.

So we're asking for the incentive to be more palpable in this direction; I think there's a lot of things that CMS is doing, for example, that is moving in this direction and I guess people are just wanting it to be more...even more direct, more concrete with clearer timelines so people know exactly where they're going, why and when. So that's the thrust behind this recommendation. Any changes there? Okay, the next slide, please.

And this is further elaboration. We also do talk about as you incorporate in the payment policy there should be some way that because it takes two to tango, and we certainly saw that in Meaningful Use Stage 2 when you want providers to transmit the summary of care, the transition of care document, they may actually also have to watch out for recipients, whether recipients...healthcare providers can receive this information.

And so because it takes cooperative effort, you wouldn't want one organization to be penalized if others aren't cooperating; so we're just suggesting that this be included when you make payment decisions such as CMS or private payers, then make sure you account for the fact that we have to have cooperation between providers and provide the incentives or disincentives not to be...party to that. Any other clarifications? Okay, next slide, please.

Okay and our final one, so called recommendation 4, is that we think ONC provided a great roadmap, it's sort of directions and a blueprint for going forward in the short, medium and longer term, but where we want to make sure that doesn't sit in the bookshelf, so we're recommending...and the oth...and the second part is that I'm not sure, we're not sure that everybody who needs to participate is...knows they are part of the party. So everything from consumers to, we even talked about working upstream to the training program of like how would you use this data from other folks, how, you know, what's the workflow? What's the process? How do you reconcile? There are a lot of unanswered questions because we've never had the luxury of having this information everywhere that the patient goes.

So we thought that we need to have a sort of a kickoff, the federal government being a key player in terms of being able to convene this and involvement of the private sector because in fact, it's going to be carried out, most of the activities should be carried out in the private sector. So that's the purpose of having "an event;" it's not just a talk to event, it's actually a working summit and our hope is that the milestones and the accountabilities are laid would in that summit, clearly can't do all that work in the one or two days. But that that work would go forward because of the compelling value. That's what's behind this.

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

Paul, this is Christine. I...one of the...I think this section looks really good; one of the comments or additions that I had suggested went, in the version I sent in is that we have some contextual information that basically says, look, there are other bodies and particularly the Health IT Policy Committee and the Standards Committee that are focused on health IT. And trying to make a distinction between the Health IT standards and policy work versus what this initiative or...that kicks off with the summit might be and how they're different.

And so my framing was really about how the summit and the subsequent initiative are more operationally focused on interoperability whereas Health IT policy and standards at large are encompassing a lot of other policy issues in the field, if that makes sense; and the reason...

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

Oh...

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

...I just wanted to explain why I was suggesting that because, you know, in Congress there's some legislation that would actually eliminate the Policy and Standards Committees and replace them with something that looks probably more like this. And there are questions in...lawmakers are asking questions about whether that's the right approach or not and so I just wanted to draw the distinction and see if people agree with it.

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

No, I think that's an excellent point, Christine and I'm glad you picked that up and I haven't read your updates from today, but I think that's an important distinction. This is focused exactly as you said on interoperability, even though it has broad reach and the Policy Committee and the Standards Committee really work across the board on policies related to health information. No, it's a good pickup, thank you.

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

Great.

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

There are a couple more slides which go on to, it really looks like it's coming out of the report; it's sort of the text in the report that sort of justifies okay, why should you even have this meeting and why do you need it and what Christine is also saying is, and how is it different from the FACA groups? It's possible that the FACA group, like the HIT Policy Committee could be either the steering committee or at least a party to the steering committee to try to get this kicked off; that's one possible role in this single event.

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

So, sort of a related observation, Paul; it's Larry. It struck me in listening to this how some of what we're calling for is a little bit like the work that the ASIC did, you know, the predecessor pre-HITECH that was trying...

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

The AHIC, yeah.

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

AHIC, American Health Information Community, yes, yes; that was trying to sort of work collaboratively to move forward the agenda.

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

Yup.

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

It's not exactly that at all, but it feels a little bit like that.

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

Yup.

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

I wonder if there's anything from that experience actually might be useful to bring forward into what we're proposing, if anyone has any thoughts from the past.

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

Which part do you think is similar to AHIC?

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

So that was strictly a public-private collaborative.

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

Correct.

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

Right? There was no legislative imperative, there were no incentives.

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

Correct.

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

It was an attempt to bring people together to find common ground to move forward in the agenda of improved health IT adoption and use in the country.

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

Yeah, but that's an ongoing sort of forum to talk about things.

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

Right.

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

Maybe we still need to strengthen the language here. This "summit" is, as Christine was saying, is far more operational. It's not to talk further about policies like how do we get this done and who needs to be part of it.

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

Um hmm.

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

That's...this is almost the...it's the action arm...it could be thought of as the action arm of the roadmap or the action arm of the Policy Committee's recommendations around interoperability. So it sounds like...

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

I think...and that's a good way to describe it.

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

It sounds like based on these questions that we need to tighten up that language and either...and actually explicitly say why it's different. So, appreciate these questions; I think both of these comments will help us strengthen the language.

Other comments about any of the four; do they...I think they hold together well. They're a...I think they're a different approach than a lot of the more process ways we've been going at interoperability so far and anxious to see whether people agree. Do we have a good reflection of what's been discussed here and do you still feel that it is a new and action-oriented approach?

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

Well, it's Christine; I definitely agree, Paul, that we could tighten the fourth one to draw some real distinctions around being action-oriented and kind of an implementation arm. I would probably also add to that the...some framing around the real leadership and action role of the federal government, I mean, you know, right Mike...it's...there are three pieces; one is, as you've mentioned.

But the second is also that the environment is so different now than it was during AHIC's time and I think the report's largely done a good job of outlining the way it's very different environmentally today because of Meaningful Use and certification and these new trends towards different types of healthcare payment. And so it might be good to bring some of that, you know, kind of as a reminder into that fourth recommendation. And then talk also just about the essential role of the federal government really co-leading this in a way that is also action-oriented and operational for them; I think that would also be helpful.

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

I think...

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

Umm, yeah, go ahead.

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

No, you go ahead.

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

I was going to move into another area of recommendations.

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

Okay, let me then...could we move to slide 15 Altarum? Because I think what I may not have done verbally is communicated in the language. So if you look at the second bullet, we try to say exactly, I think, what's been raised here. One, it is a different world than it was even in the AHIC days. Second...

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

Oh, right, yeah.

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

...we have clear milestones. Third, we need actually actions, not...more than that, we need collective, synchronous actions for this to happen. And we don't have the forum to do that right now. So those were sort of enumerated, I think they covered what you and Larry had said and...

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

Yeah.

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

...I didn't state that out loud.

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

You are right, I forgot about that. I actually added in, there's like three things that this paragraph talks about; I had added in a fourth, you'll see it in my comments, but just around how consumers are increasingly asking for and exercising their ability to download their health data. So that's also...so, I had forgotten about that, so that's a good reminder.

Speaking of consumers, just so folks know, in the kind of first part of the report we had talked in past workgroups about ways to bring the consumer role forward and think about interoperability more broadly than provider-to-provider and so I gave some stats that came from...statistics from ONC around the gaps that individuals experience in information exchange as a way to kind of help paint that picture early on and had suggested that we start to think about some specific...in a subsequent recommendation some specific HIE measures that might come from consumers.

And so I suggested some framing that instead of talking only about HIE-sensitive outcomes measures, that we talk about HIE-sensitive outcomes patient experience and either cost or resource use measures; that we kind of begin to break that down a little bit about, you know, and be more specific about what we mean and those areas of gaps that individuals are currently experience are really some interesting potential patient-reported experience measures around information exchange and interoperability. So I sent in a separate e-mail this afternoon on that.

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

Okay, that sounds good. Would you be open to just to keep the language simple, having HIE-sensitive outcome measures, but going on to explain that outcomes are...can include health outcomes, they can include experience outcomes, they can include cost outcomes, maybe...

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

Yeah, I mean, I think that's fine. I probably...I tried to make as many of the changes as I could just flat out so you guys didn't have to do the hard work of thinking about it.

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

Okay.

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

You can, you know, do whatever you'd like with those but, so I think I made them in a different way than we were describing, but it's in concept definitely the same.

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

Okay, those sound good. No, those are...we want to make sure that those are included.

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

Great. Thanks.

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

Other comments? Do we have a yay or nay on these four recommendations?

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

Paul, there's a couple more slides that I think might affect them coming up on...I think it's 18 and 19. I don't know if you want to cover those first or how far you're looking for approval.

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

Umm, okay. So 18 and 19; those are...okay, so those seem to be related to, are they related to these...the financial and business...

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

Yes.

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

Okay, well, do you want to...

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

Some of them anyway, because I think one of them is a comment from...a couple of them might be some of my comments as well.

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

Okay.

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

Right Michelle?

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

Yup, both you and Mike.

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

You want to go ahead to 18 and 19? Okay.

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

No, can't see it.

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

I think this one's mine, right? I can tell you what it was.

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

Yes. I don't know if you want to...if you can talk here Christine, I'm sorry; I was hoping you'd be able to see it.

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

Yeah, no, well I can see it, I have the slides open on a separate screen and that helps. So this is the...in the current state, as I was reading through the description in the report about the current state of interoperability, it struck me that we had two kind of missing things; one is that there are many not MU eligible providers out there, whether they're ESRD facilities or nursing homes or home health or individual provider types that aren't listed in the legislation.

There are lots of folks who really aren't adopting, certainly not adopting certified systems because they largely aren't available and so if we really want to get to this picture of full interoperability, that's a big gap area for me that we're missing discussion of strategies that begin to connect the whole system, regardless of Meaningful Use. Plus we still need to close the gap, at least among the fifty-fi...you know, the...well, the one-third of providers that have not adopted yet, even under Meaningful Use.

So, I wanted to flag those two things early on and ask whether we actually need some type of recommendation or something that acknowledges and says we still need to get these guys connected. And they...and we need to do it u...with certified...or systems anyway that have...that operate on the same standards as the Meaningful Use certified systems, so that real information exchange is going to happen across the continuum of care and not just among meaningful users.

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

That's a good point. So, I think we do want to make the fact...people aware of the fact in terms of the current Meaningful Use Program, which is a major accomplishment, but...

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

Um hmm.

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

...we could also make the commentary that you're making which is, and there's more that...so really to talk about what isn't...that wasn't covered by Meaningful Use and what; you know you also have to play in the interoperability space. That's a good point.

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

So...

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

Yeah and, you know to be candid, I'm not sure what the recommendation would be because I don't think, I mean, I think there would be a lot of controversy around saying, oh we have to expand Meaningful Use to all these other provider types. But, I think we have to both explain the current state more completely, but also we need something that is action-oriented that begins to say look, we've got to get the rest of these folks connected so that's more than just sort of the context setting, I think there is also a recommendation there and I'm not sure how best to frame it.

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

So Christine, its Larry; a couple of thoughts, one is at the least I wonder if this shows up on the immediately prior slide, which is barriers which interestingly we were sort of blind in our discussion, even though we talked a lot about it, we were blind to it in this summary. And the other is that what I'm hearing in the sort of general world is that the payment stuff is going to force this...force inclusion of those other providers, at least at some minimum level of functionality in order to support the payment model that they're in.

And I don't know whether that comes across as a big stick, like you have to find your own funding to get your own systems or, in fact, payment models can include recognition that there needs to be some level of additional payment that covers the ability, you know encourages providers to adopt technology that may not have it or covers their cost to some extent; not a direct reimbursement or not a direct incentive, but I'm seeing that happening in discussions about payment models, but I'm not seeing anyone actually putting dollars on the table today, with a couple of except...a couple of states are doing that through their Medicaid programs.

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

I think this is late in the game to get...I think it's important to point out the contexts, but...and this is a great place, the current state of interoperability. So I think we can definitely include the description of the broader context. I think it's late, at this point, to develop a new recommendation though. And as you know, I mean, it's...there's really not much money to play around with here that came during the stimulus bill. So I...but I think it's really important for us to just give the broader content.

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

Paul, what if we do something about that the...it's just more simple or contextualized recommendation that really is about the, you know multi-stakeholder...maybe within the multi-stakeholder process that someone, the multi-stakeholder group that has federal leadership needs to develop a strategy for driving adoption through that last mile of Meaningful Use eligible providers and for, you know creating an interoperable marketplace of products, which is not, you know it's stopping very well short of saying you've got to give everybody money to buy, you know certified systems...

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

Right.

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

...but it's saying, the Certification Program has been a really important policy lever and so we need a strategy for expanding that to other, you know other settings of care and other provider types and we're really just recommending that someone create that strategy.

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

I think that's fair.

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

So it's not us figuring it all out...

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

Right.

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

...but saying it needs to be figured out.

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

I think that's...

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

And I think ONCs actually and CMS to some extent in the current Certification Program...

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

Right.

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

...is trying to address that in terms of some of the modularity, in terms of freeing it from Meaningful Use terminology; but it's only a beginning and it's only an enabling piece, it doesn't sort of drive it in and of itself.

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

Right. And so what Christine's calling for is the strategy, nothing Congress co...should...but anyway, I think the wording that Christine suggested seems appropriate, so here's the broader con...hey look, the Meaningful Use has been successful with these stats, let's recognize the interoperability across the whole continuum that a patient faces has a lot of other providers who weren't included in Meaningful Use; a strategy needs to be developed. I think that seems appropriate.

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

Well, and I would suggest an action plan needs to be developed because ONC I think would claim there's been a lot of discussion about strategy to engage ineligible providers and so maybe with a theme of action. And part of the action's coming out of the group ought to be means to address providers that were not part of Meaningful Use or providers that for whatever reason did not get on the MU bandwagon.

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

It just sounds that much closer to a recommendation and I don't know that we have that, I mean; we just didn't do that at this point.

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

Would it be helpful Paul, if I find a place in the report to outline the strategy idea?

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

Uh, yeah, it's got to be very quick because we're sort of finding out...finalizing this text.

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

Yup.

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

But sure.

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

I can do that today.

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

I think it's probably going to be in this, yeah, okay. Who else do we have on this call from the task force, Michelle?

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

The whole group is on except for Bob Rope, so, Micky, Mike Zaroukian, Larry, Josh, Christine and Julia.

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

Any other comments from people who haven't spoken up yet?

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

Yeah, so this is Mike. I've been holding back because I know the next slide has a little bit to do with me, but I'm having a fair amount of cognitive dissonance. On the one hand while I think the recommendations, you know categorically are in the right place and in the right direction, I think about the charge to identify you know, barriers and make suggestions for removing them. I'm having a little trouble looking at it from the frontline and seeing the impactfulness of it.

I think in those environments where we've had really, really good both exchange and interoperability of the data that are exchanged; we had an experience where we were easily able to find the right patient; we knew we had permission to share. We knew there was useful information that was being well curated by the other end rather than getting what we knew would be either some combination of note-bloat or structured list bloat that the data that mattered the most could be ingested and wasn't just going to become a new piece of work to manually re-enter and therefore it eased our work rather than adding to our work. And that it had additional documents ready at the standby, if you will, for those things that are not easily ingestible and they're not part of summary of care documents but are relatively easily exchanged and then add value, even in their purely textual format.

So I'm a little bit concerned as I look at the recommendations only, not that they're not good recommendations, but rather how do we make sure that they're tying to that positive experience of robust exchange that works, because it's also highly interoperable. And what I would interpret as, you know for example, to have more measures, I'm going to sort of channel the grumpy primary care frontline person; I don't necessarily agree with it, but I'll channel it. That notion that says if there are going to be more measures that are HIE-sensitive that's great, but if I still...I don't know that that removes a barrier to it, it may encourage the market to move in that direction, but that's a very I wouldn't say secondary, it's an outcome of it rather than the removal of a barrier to encourage it, per se. And for those who feel like they still don't have enough exchange or interoperability oxygen in the room, I don't think they would see it as helping them get there.

To have more measures of vendor performance might, and I think that was a discussion that was held in the certification hearing and in our advanced health models hearing where we heard people talk about barriers that they saw and some of the things they would like to see vendors be able to do as part of certification and maybe public reporting that would help move interoperability forward. So I'll pause there for a minute, but the same I think could be impl...applied to the payment incentives and even to the stakeholder event.

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

It's some really good...thanks for taking that step back and looking at are we answering the question. One ap...well, I'll ask...give you heads up, I'm going to ask you for suggestions in terms of removing the barriers. I think one of the ways we've looked...okay, so some of the things we heard, the incentive is not palpable enough, that's one thing we heard. We did hear about infor...and there are barriers to, and some of those show up as information blocking, to actually getting the stuff across. We heard that it's complex, for example the privacy laws.

And we heard about what you mentioned, doesn't sound like this...it's not...people are not asking for overwhelming information, they're asking for just the right information; in some sense we don't have the mechanism, whether it's technology or professionals curating the information. The right information isn't becoming available. And so I guess you could look at this approach, and that's not saying that we...this is the approach we took and looking for your comments, is...and we also heard that that's another piece and then certifica...prescriptive certification has a number of unintended side effects that cause work and don't necessarily solve the problem.

So, when we took all of that together we said, well is another approach, we make sure that everybody has the North Star pointed in a good direction and that when you do perform well according to that North Star, then you have to have had all these things in place. And so that allows in theory, “the market to innovate.” So that’s a bit of the context, let me let you comment on, well what’s the alternative? Is it more towards certification criteria or certain rules; do you see what I’m saying? It...

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

Sure.

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

...how do you unblock the barriers? You can either try to keep prescribing things or you can just hold up the North Star in a more clear and concrete way.

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

Yeah, so I think it’s akin for me to the notion of how do we make sure the nation has a dial tone so it can start talking and then how do we make sure everybody can speak either a common language or translate so that they understood what they had once they had a dial tone and then a connection.

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

Right.

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

So I think there are the technical aspects, again there is this dichotomy between being too prescriptive and not being standardized enough and so I think some of what we’ve discussed previously that notion that says, we don’t want to confuse an outcome with a method. And I think one of the problems we’ve had with the Certification Program is that certification tends to be certified to an outcome, a desired functionality but using a method and vendors are either unwilling or unable or afraid to use any other method and it’s that perception of prescription and lack of flexibility that I think hampers innovation and probably gets in the way of what we’re trying to do.

But at the end of the day, those of us who are trying to send receive and use information, basically we need, you know dial tone and understandability so that the messages are sent and received and understood and used. And I’d like to see somehow where if we can sort of tackle the how do we address the technical barriers to that, because that was one of the three big areas we were looking at.

The financial would be similar to it in the sense that the cost of implementing this interoperability is not insignificant. And we already talked about the fee-for-service disincentive for doing that and you can apply penalties for not sending, but that’s not really a financial barrier or financial incentive, that’s really sort of a punitive approach to people who are not ready or able yet, for whatever reason.

So again, I guess I would stop here again and say, I think we could talk about how that could be implemented within our four recommendation areas, but I'm just trying to do what feels to me to be a check against whether these can be clearly...these recommendations can be clearly linked to the...each of the technical, operational, clinical, financial barriers that are part of the charge and that as we look at them we go, you know that would do it. That's the part I'm having trouble connecting all the dots.

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

...comments?

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

So we've been making the general argument that technology per se and standards per se are not the fundamental problem; they could be better, but they're not the fundamental problem. Is that, in fact, our consensus? And therefore, we should focus on driving to outcome measures because...and payment models because then people will implement and use the technology that's available.

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

Well this is Mike; I would say if there are no technical barriers it sure feels like there are out there when you talk about one vendor interoperating with another it's still a large body of work and a large effort to try to make it work.

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

Well, problems are surmountable when you want to overcome them and I think the sentiment of this group, and others informed by hearings is that the motivation to overcome them and to make sure everybody's aligned, one approach is to make sure that the incentives are strong and concrete. I think people are saying they're strong enough that people are moving in the right direction, but they may not be complete enough and clear enough that people know exactly what road to get on, what common interstate to get on.

And that certainly...so, if you accept that and that it's vague, then you can see how even people wanting to get on the road and find the way may come up with different solutions and that still doesn't get us to the universal interoperability. So our thought with this approach, because I think there has been quite a bit of effort in the certification side, I'm just sort of trying to re-summarize where I thought we were going, just to check off everybody, is to make sure that the endpoint and what it takes to succeed in that endpoint is very clear. And then we thought that the forces would align more precisely and get and overcome some of the technical challenges.

Another way of saying that is I think what we heard, and I thought that's what our sentiment was here is if the incentives were clear and strong enough that we are at a point now where some of the technical hurdles could be overcome.

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

Maybe that's the way to frame it because then you get into relative cost and relative effort, right? You have to take the effort to get the information exchange going and it's not...it's far from free but given the right incentives, an organization will make it work and corral their vendors to make it work or bring in third parties to make it work.

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

I'm curious to hear what the other folks who haven't been speaking 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**

Paul, this is Julia; I mean I very much agree with the way that you phrased it which is that I think no one's saying that there are not technical challenges...

**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**

...but just that the resources and efforts and prioritization given to addressing them would be significantly set up if the incentives were stronger; so they're really sort of a driver to address those problems. Which is not to say they were directly addressed, that there wouldn't also be progress, but just there needs to be something that drives that...

**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**

...at a faster pace. And I think we've been working on the technical challenges for a long time and so to me, to my mind, the way to pick up the pace is really by strengthening the incentive side.

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

Thanks, Julia. Micky?

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

It's Christine; I agree, but I also think there's a difference between information sharing and interoperability, which I think one of my comments is, we do need to define interoperability somewhere in the report and make that distinction. But I think it's totally right that in the presence of stronger incentives, people will absolutely find ways to share information. They might not always be the interoperable ways that we've been thinking of where it's sort of that standards-based exchange of structured data. So I think I can understand both sides; I think we need to be careful about what exactly we mean and make sure that we're moving both efforts forward together, which is let's definitely incentivize information sharing but let's also do it in a way that incentivized interoperability as a key mechanism for information sharing.

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

Well put. Anybody else have a comment on this latest discussion?

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

No...this is Micky. Paul, I thought you framed it...I like the way you framed it and for Julia's comment as well about that we're at a point where the incentives are starting to gain some strength, they could be stronger, but they're starting to gain some strength in a way that we think will motivate people who, to Larry's point, set the priorities in a way that allow them to overcome some of the challenges that they may not have seen as high enough priority before.

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

Okay. Thank you. Let me try a little corollary to that just to even more directly address Mike's, the issue he raised. So I think we're also saying that a substantial increase in the certification requirement didn't appear to us to be the thing that would overcome the barriers that we've identified as much as making the incentives stronger and more concrete. Is that also a true statement that reflects people's opinions here?

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

Well Paul, this is Mike. I would just say that the other part that I hear a lot is, it worked in the lab but it doesn't work in the world and so that the verification, if you will, out in real environments that the interoperability required for certification yields functional exchange and interoperability in the field and that's the measure of certification probably would be a step forward.

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

So wait, so I thought you were going to say the opposite. You said we did have experience that even though vendors got certified in the lab, it didn't happen in the field that, I thought you were going to argue that well that means adding more requirements to the lab isn't necessarily going to change it in the field and so we're shifting to the let's draw everybody to the same destination and make it clear.

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

Not quite sure I understood that but basically, if you believe that the kinds of functionality that you're testing in a certification exercise in a lab means that when you im...when you go out into the healthcare system and you ask two EHR vendors to interoperate, do you get the results you expect? And I think what a lot of colleagues that I've interacted with have found that the answer to that is no, so the question is, I don't know that that means the certification requirements need to change or other aspects of what does it take to achieve the interoperability and what does that say with regard to implementation, training, cost, barriers, etcetera. Or does it mean that certification requirements need to be different or refined so that you do have the common dial tone and the railroad rails the right distance apart.

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

So let me try to answer that question and I'm going to try to see if I can echo the sentiments others expressed. It didn't...lab testing didn't make it happen in the real world. We think that more testing isn't going to do any more to guarantee that it'll work in the real world and as you said; it's more than just the technology. So we're arguing that the stronger, clearer incentives is more likely to get all the other things to happen in addition to the technology working together and that's why we're putting a lot of our weight of recommendations in that latter part.

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

So I guess my question would be why did we think it didn't work in the real world?

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

Just a whole number of reasons, the most compelling it seemed to us that we heard is people didn't have a strong enough desire to make it work, whether it's the vendor, the provider or the standards; whatever it is, the combination did not come together and that's the source...that's the mo...the stimulus for two of our recommendations; one that we have HIE-sensitive measures, to make sure that the goal is clearly defined, go to the moon. And two, that we get all the people who didn't even necessarily realize what it is...what their roles were in order to get this to work, and that's recommendation 4.

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

So I guess I would just argue...

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

I'm hearing something else get raised, Paul and that's to strengthen certification by having a surveillance loop, which is something that ONC is beginning to explore so that if you say, you know I can do this function and then in the field it turns out your customers can't do that function, then you didn't pass the criteria.

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

Yes, that's another approach. If we think that if all we have to do is get the right criteria and then monitor it that would make information flow, I think what...

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

And I don't think that's sufficient either; I think that you could have lots of technology that works just fine and still not move information. But I think that's...I think it's sort of raising a question about, is that a way to make certification more effective if the goal is actually that the systems in the real world do what they did in the lab.

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

Right, and I think, let's see, I'm trying to think where...it's in the text somewhere, I don't remember where now, about that finding that wasn't necessarily testing out in the real world. And so I think additional surveillance, somewhere in the text didn't show up as a main part of our recommendations now. There is another...so I think...are we...I think we're...

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

So Paul, to that point; we went into this with a lot of discussion about certification, but that's not in our recommendations and I have to apologize for not having read the narrative. Do we have to explain this thinking that we think the technical criteria are not the main hurdle and that we need to focus on these other areas?

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

Yes we do. So there are a couple of things; it should be in the prose somewhere, I'm just not remembering where it is in the prose. And the other is, which is where I would like to transition us in the last half hour is it shows up in the summary of the previous recommendations as well. So...

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

Well, before we get off this slide deck, I want to jump in on one other barrier that I think we talked about that we didn't specifically recommend on, and I wonder if it needs to be on the barrier slide...

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

Okay, so let's...

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

...which is the things I usually...sorry.

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

Let's go to slide 17 then please, so that's the next topic is just to sort of, these are two, four, five...these are the headings that Micky had put, and thank you Micky for...I want to thank both Micky and Julia for spending a lot of time on the text, the prose that's in these documents; so thank you to both of them.

So Micky had come up with this set of labels for the categories, and so that's what's in front of you and open now the discussion of are these the right categories? Is there something you'd want to change? And then if you want to submit any wordsmithing things in terms of how you describe it, that's fine but so these are the categories, draft categories on the table, so open to comments. So Larry you had something you wanted to add...

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

Yeah, I was going to offer governance.

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

I think that falls under his collective action.

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

That would be my thought; it may in fact be collective action.

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

Right, yeah, that was the thought to put it...to call it more sort of a more neutral term than governance, which has all sorts of other baggage that comes along with it.

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

Um hmm.

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

If you read his text, then it does describe a lot of the things that...so they're basically rules of the road.

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

That's fine. I'm just thinking that my experience is we often spend as much time sorting out the rules of an agreement with another organization as we do on any of the technical issues.

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

Right. And no amount of testing or surveillance is going to fix that.

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

That's correct.

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

Just to put it...

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

Unless, unless, so here would be a devil's advocate piece to say, if, right, if we had something like the DURSA that came out of the NwHIN and we had a better level of privacy and secur...privacy consistency across the states that might actually be a floor of agreement that you could know that that was the level at which you had to agree, that you could get your organization to sign up for that and then anybody who met that floor, you were good to go and you didn't have to spend the next 3-9 months hammering out an agreement with lawyers and senior vice presidents and everybody else weighing in.

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

I think that's covered in collective action.

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

Yeah. I'm fine with collective action.

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

Let me go back to these five categories; do people feel that they cover it? Any additions? Any subtractions? Consolidation?

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

This is Mike; where's the patient identification problem barrier? Patient identity matching?

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

...that's...I'll, I'm going to let you speak first. I'm guessing that would be in collective action.

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

Let who speak first Paul?

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

Pardon me?

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

I'm not sure if anybody heard when you said you were going to let someone speak first? I couldn't understand.

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

I said Micky, but it sounds like...

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

Oh, okay, yeah, I didn't...sorry, this is Micky. I didn't hear that either.

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

Okay.

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

So yeah, I don't remember where in the text it was, I mean it might have been in the, if it was mentioned, and it may be an oversight that we didn't at least mention it in the standard-based EHR systems or collective action; it could have gone in either of those places.

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

Yeah, I think you did mention it, but...and I think it's in collective action because it's one of those things...

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

Okay.

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

...you've got to agree on.

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

Oh right, right, right, yeah, this was sort of the...right, the bridging concept.

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

The bridging, yeah. Anything else missing, start there?

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

Since there's so much wonderful stuff under collective action, does it need its own break-out slide or a couple of sub-bullets here? Or it's just going to get into a...

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

Well there's more...the document has a who...each of these categories has written text and we're going to summarize the recommendations that pertain to those.

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

Okay. Great.

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

Paul, my only comment was under privacy and security because I felt like, and this is a high level, just saying privacy and security at large is huge, right? So I wasn't sure, I think it would be helpful if we can to say, what do we mean? Is it privacy and security technology? Is it policy? Is it, you know workflow and education? It's just it's so broad that I struck...it because I also am concerned we tend to blame privacy and security for a lot of things and we don't look at them as enablers. And so when you have something that is this sort of conceptually large, it's a little bit problematic. We do a good job in the text detailing the variation in state laws and some other things, so I think we probably can specify this at the heading level a little bit better.

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

Okay.

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

And then I think I also made some comments in the privacy and security components about just we have a really good section about HIPAA and people not understanding HIPAA, you know the whole HIPAA means nothing and so I did add some components about not understanding the electronic right of access under HIPAA because that...and I...it didn't go so far, although I think we could to say that the consumer right of electronic access under HIPAA could also be another lever and sort of accelerant for interoperability, but that there's such a lack of understanding in the marketplace among providers and staff about what it is; the right to negotiate format, the right to negotiate delivery mechanisms. That it is another barrier that we're facing.

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

That's true. So clearly under...we covered that, I think in the last privacy and security, their recommendations that might have been around big data, let's see...anyway...

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

Yeah it's, I mean it is definitely in here and I just added it's on page 6, so I just added a section about providers not understanding the details of the HIPAA right of electronic access. What I think I would do is maybe also add, which I did not, a framing of, you know this consumer right to download can be an accelerant and a lever for interoperability, but we have to address that barrier. But you'll see it in my comments as well.

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

Okay, that's...good. So we're in general agreement about these categories, and I think we can wordsmith. I think where I would spend a little time is on the clinical processes just...so we can do a little bit wordsmithing on the titles just so it's a little bit more descriptive and self-explanatory, I think. But they seem to cover the spectrum of...this is in the past without looking at the financial parts, this is sort of a framework we were going to use to summarize what we've already...what the Policy Committee's already rendered some recommendations around.

So Michelle, I have...I was in clinic this morning so I haven't had a chance to look at what you created. Is that the sum total of all the recommendations we've made in each of these areas do you think?

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

Umm, when I created this, probably a few missing, but not that we can't add them later on.

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

Okay, so there's something like 15 or 20 there and so that'll be...and then we'll have sort of an appendix we'll have sort of the full text of the previous recommendations. But at a high level, we're going to try to distill that and have that all in this one section. So let me describe a draft of an approach for how to get between now and next week. So, let's see; I think Christine was going to prepare some edits today on...

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

Yes, it's already in your inbox.

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

...okay. I will work on editing the last section on the financial barriers to try to add some of the stuff we've talked about. We're going...Michelle will send out the summary of the past recommendations under these headings. If anybody, let's see, wants to suggest some changes in the headings to try to clarify or make it more self-descriptive and encompassing that would be great. And then we'll go through another iteration since we'll go through another iteration of the draft, both with the headings and revised text and revised last section and get that out to you, umm, today is Mon...let's say by Wednesday and then if you could turn around things so that we, oh actually, you know what? Is there any chance if we got it out to you late today that you could turn around by the close of...by 4 o'clock p.m. Eastern time on Wednesday? The reason is then I could work on it on the plane back so we can try to get, you know a really nice, good draft that we can all look at before we actually make the presentation next Tuesday.

**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 say again the timeline you were hoping for Paul?

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

I'm going to try...going to try to get...

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

Paul, I don't think today is realistic; there's a lot of pieces that we haven't quite gotten through.

**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**

I just want to be honest.

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

So when we get this to you, which may be as late as Thursday, is there a chance you could get a one-day turnaround just to give us any last, any last minute comments. How does that sound, Michelle?

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

Perfect.

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

So we will get to you as soon as possible the latest draft and if you could turn that around so that we at least have a piece of the weekend to work on it, then we'd appreciate it.

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

Okay.

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

Um Paul, one thing I just wanted to check with Christine and Mike; there were...I tried to at a very high level pull out some of the concerns that they had. Christine walked through a lot of hers and I think Mike mentioned his as well; they both had said that we needed to clarify the difference between interoperability and health information exchange. I know Mike was concerned about patient matching, but do Mike and Christine feel like we talked about, at least at a high level, some of the comments that you all had?

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

For me yeah, I think we talked about some of the most important stuff. The other two bullets on slide 19 were ones that I had mentioned; I gave you some text around the culture stuff which was a replacement of a paragraph that I didn't think added that much or was that distinct from the one right before it. So, I don't think it's anything controversial. And then I just was highlighting the fact that the fee-for-service...a lot of the report felt like, oh yeah, we got payment reform done, check.

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

Yeah.

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

And we definitely don't and it's definitely going to be a long road and it's a slow road and so I just was really trying to back off on some of that and I may not have caught every place, but really trying to recognize that the reality that I think, and Mike and others will you know, say what they think; I think the reality is that most providers are absolutely not operating in a sense of, oh now we have payment reform.

I think they're really still stuck in a payment system that is largely fee-for-service and will be for several years and I wanted to reflect that reality. And because I think it's really key to setting up the leadership role that we need for CMS to play both in payment change, but also in linking payment to these HIE-sensitive measures. So, those were my other kind of big picture ones and then you'll see a series of other smaller things in the report.

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

That's fair.

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

I think to acknowledge these things is really good, but no, it's good. Umm, anybody want to take a crack, Michael, do you want to take a crack at the just spelling it out in words the difference between HIE and interoperability?

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

Yeah sure and actually I think my biggest point in the document was to make sure that when we want to talk about exchange, which is the movement of information from one place to another, whether it's usable or not. We can say that and that actually is a step forward, even if it's a pure document you can't ingest, versus the interoperability which is both the exchange and all of the things that have been mentioned on the call with regards to the ability to use it to inform clinical decision support, to populate problem lists and medication lists, etcetera.

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

It's a really good point and I think we'll put this way up in the preamble and if you could avoid words like ingest...speak as if we were...

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

Yeah, whatever the word is, right.

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

Speak as if you just...

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

But having just been on Capitol Hill for a Health IT Week and talking to Congressmen and their staff, it was really clear that it wasn't really clear.

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

Correct.

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

Yeah.

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

So I really think at least half of the value of this document is, we're trying to have in one place something where if you could sit down with this, you would have a much better understanding both of what we're...what the goal is and how much more it is than whatever it is your favorite topic you want to pick on. So that's...it would really help to do that and I think this is a really good distinction and it is not understood and if we can make it in plain English, that would be great.

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

So just for the record Paul, what term do we want to use publi...out there in the world when we're talking to people about what I'm calling ingestability but really has to do with the incorporation of discrete data into a record, etcetera? Is there a term?

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

Well, it's, I mean, I think people understand the whole meaning thing, I think I in some of my edits I talked about the receiving system being able to understand the meaning of the data that's transmitted, and then you can give examples.

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

Sure.

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

So a common understanding of a diagnosis, you know a common understanding of the lab tests in the appropriate...you know, something...you know those kinds of words because I think that would be a real revelation to, like you said, the staffers. And this is a report to Congress, which just means report to the congressional staffers, to the diff...distinction between this whole shifting, and I think that's actually a pretty good and understandable example where if you just send a PDF, yeah another human could read it but we can't leverage it the way that if you use standard terminologies that both machines under...both systems understand.

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

I think if we can...it's Christine; I would suggest we try to u...leverage the definitions that are well established...

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

Yeah.

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

...at least for interoperability and health information exchange so they, I mean we...you may in stacking them up together Mike sort of realize, oh, well that's interesting, you know how similar they are.

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

Yeah.

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

But I think we need to leverage what's out there, I'll just leave it at that.

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

Yeah, so it's important that we not create yet the fiftieth definition...

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

Right.

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

...but it's really helpful to translate it, what does that really mean in ways that I can actually now understand, what I...why are they so...they got the information, why can't they use it? What do they mean they're overwhelmed? Just explaining what that means, and I think you did some of that just earlier in the conversation, Mike. Great, that would be really helpful. Anything more? Anything else? We're a fast turnaround.

Thank you everyone for all of the efforts you've put into this. Special thanks to Julia and Micky for adding some of the prose that we've got in the draft and we'll continue to edit those. Any other final comments? It's been a good discussion. Okay, we'll open it up for public comment then.

**Public Comment**

**Marcus Hudson – Project Coordinator – Altarum Institute**

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

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

Michelle, any further instructions you have for us?

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

Ah, nope, just hopefully people are looking at their inboxes and will be ready to review things once we get them sent out. And I appreciate the quick turnaround from Christine and Mike today.

We do have a comment that was submitted via Chat from David Tao from ICSA Labs. He says that he supports the concept of convening multiple stakeholders; it's important that the recommendation be crisp so that it doesn't sound so much like things that have been done before, like AHIC or the S&I Framework which was a convening function, action-oriented and open for anyone to participate. Something should be said about whether the convening would merely be open to all or whether balanced stakeholder representation would be achieved by special effort (sort of "affirmative action").

And I'll...we'll e-mail that out as well, so thank you David for those comments and it looks like we don't have any public comment via the phone. So thank you everyone for your patience; we greatly appreciate you bearing with us as we get through this...the end of this process.

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

Thanks everyone. Thank you Michelle.

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

Thank you.

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

Thank you everyone. Bye.

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

Paul, can I call you?

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

Yeah.

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

Okay. Thank you everyone.

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

Hey Micky...

**Public Comments received during the meeting**

1. Anna Denton RN BSN: As a future primary care provider, I am interested in processes that could be built into EHRs to improve care coordination. Is there any progress on a "flagging" system being implemented across HIE's to alert primary care providers when their patients are admitted/discharged from inpatient hospital stay or ED?
2. David Tao from ICSA Labs: I support the concept of the convening of multiple stakeholders. It's important that the recommendation be crisp so that it doesn't sound so much like things that have been done before, like AHIC or ONC S&I Framework (which was a convening function, action-oriented, and open for anyone to participate). Something should be said about whether the convening would merely be "open to all" or whether balanced stakeholder representation would be achieved by special effort (sort of "affirmative action