



**HIT Policy Committee
HIT Strategy & Innovation Workgroup
Final Transcript
October 21, 2014**

Presentation

Operator

All lines are bridged with the public.

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

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is the first meeting of the Health IT Policy Committee's Health IT Strategy & Innovation Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. David Lansky?

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

Here.

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

Hi, David. Jennifer Covich?

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

Here.

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

Hi, Jennifer. George Hripcsak?

George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University

Here.

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

Hi, George. John Houston?

John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center

Here.

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

Hi, John. Jonathan Nebeker? Kelvin Baggett? Kyna Fong?

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

Here.

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

Good morning.

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

Good morning.

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

Mark Savage?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Here.

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

Hi, Mark.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Hi.

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

Michael Painter?

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation

Hi, good morning.

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

Hi, Michael. Paul Tang? Richard Platt? Sandra Hernandez?

Sandra R. Hernandez, MD – President and Chief Executive Officer – California HealthCare Foundation

Here.

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

Hi, Sandra. And from ONC do we have Gretchen Wyatt?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Here.

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

Hi, Gretchen. And with that, I will turn it over to our new chairs, David Lansky and Jennifer Covich.

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

Thank you.

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

Thank you, Michelle. Good morning everyone, it's really exciting to be able to kick off this new workgroup. We have a brand new open field in front of us. As you know, ONC did some reorganization of the various advisory groups to the advisory committees and this one was created as a really at a milestone in the evolution of the National Strategy around Health IT, where some of the very important programs of the last few years have been finishing their work and coming to maturity and now the road is open ahead of us. So, we have the opportunity to really think outside the box and inside the box about what the opportunities are for the federal government and for the country as a whole to proceed in shaping the highest value for health IT going forward.

So they've helped assemble a tremendous group of people with really diverse backgrounds and interests and expertise and I think we're going to have a lot of fun trying to work together and see where we find common interests and opportunities to guide the Health IT Policy Committee and ONC itself in dealing with long-term strategy and with bringing additional innovation into this space. So, I think with that, we'll get started.

Today's job is primarily to get ourselves acquainted with each other, to get oriented to the assignments and tasks we have, but also to start thinking about what are our interests and directions that we want to bring to the federal policy process. So part of the time today will be to just compare notes on our initial interests and orientations and then we'll have some time in the next few months to really dig deeper into that.

As you'll see in today's agenda, after the orientation material, part of our...what we're facing is a few assignments from ONC. Part of it is to look closely at the 10-year interoperability plan that's just being finished and part of it is to look at the new strategic plan update that's just being finished, but then beyond responding to those activities already underway, we really have the opportunity to just develop our own agenda and bring that to the policy process as to areas where we think they can do more.

So let me pause there and see if Jennifer has some opening comments and then we'll, I'm sure, go around and do introductions.

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

Thanks David. I'm really delighted to be here with you today as well and I'm really thrilled about this group and the folks that we have on it today. Looking forward to hearing about all the innovative things going on at these groups, particularly with some of the pilot projects out there. Things are moving so quickly right now in the technology field and in innovation, but it seems policy is moving slowly at times. So I think that this is really an important group at this point in our history. And I agree with you, I think the road is open ahead of us and we want to try to promote innovation as much as possible, but we also want to make sure that we stay out of the way, when possible, as well. So I'm looking forward to not only reacting to the documents from the staff and ONC, but also I think this group can play a big role in terms of really setting the pathway forward for how policy can help accommodate innovation.

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

Great as well I especially thank Michelle for getting us all organized to this point. As you'll all learn, Michelle is fantastic at keeping our process moving forward and having the public comment be active and having us comply with the rules of the road, which we'll hear about today. So Michelle, thank you for doing all that and do you want to walk us through...maybe we'll go through the roll of who's on the call and let each person introduce themselves just for a minute and let us know where you're coming from, any particular interest you bring to this, so we just begin to get aware of each other's interests and just go around the table that way. Michelle?

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

Sure, why don't we just go down the list, so David and Jennifer already introduced themselves? I don't think Kelvin is on the line. So is it Kena or Kyna?

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

Yeah, Kyna.

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

Kyna, okay.

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

Happy to start, so my name is Kyna Fong and I'm currently the Founder/CEO of Elation, which is a health IT company based in San Francisco. We provide a clinical platform for providers, primarily in practices say 20 physicians or fewer, focused on both consumption of clinical data by physicians as well as patient-to-provider communication and provider-to-provider communication. And so a little bit about my background is I come from an academic background, formerly an Economics Professor at Stanford, studied health economics in theory there.

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

Okay, thank you.

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

Thanks Kyna. I'll let you go, David, sorry.

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

No, I was just saying thank you. Go ahead.

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

Sandra Hernandez?

Sandra R. Hernandez, MD – President and Chief Executive Officer – California HealthCare Foundation

Good morning. I'm the relatively new CEO and President of the California HealthCare Foundation. I'm a practicing physician, done a lot of work in kind of helping hospitals to take up Health IT very early. The Foundation has funded a number of platforms and innovations in the space of Health Information Technology and I'm really interested partly in how policy catches up with innovation, but also how some of these innovations scale more broadly in the public sector programs. So I'm looking forward to being a part of the committee and I think it's a very exciting time from a policy point of view, as David mentioned and so I'm looking forward to being part of it. Thank you.

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

Thanks Sandra. Michael Painter?

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation

Sorry, it helps if I turn off my mute button. Hi everybody, Michael Painter here. I'm what's known as Senior Program Officer at the Robert Wood Johnson Foundation. If you don't know, RWJF is the nation's largest philanthropy devoted to improving health and healthcare and we work with leaders like all of you guys to help the nation build a culture of health. I've been here at the Foundation for about 10 years. My training is, I'm a family physician and an attorney and before I came here, I was a health policy fellow in the Senate Majority Leader's office, and that was immediately before I showed up at the Foundation.

Here at the Foundation I've worked all these years on a range of issues from healthcare quality, cost and value, a lot of our health information technology work, payment reform, information transparency, data issues, things like that. I currently continue to do all of that, but I also work in a group that looks for cutting edge investments to help us all think about building that culture of health I talked about. I also just immediately...most recently, have and really coming from that pioneering group, have been working on a couple of data specific issues.

I was our lead on our collaboration with ONC and AHRQ on the 2013 JASON Report and some other related work. And a small group of us are also working on a fall meeting series that you may have heard of called Data for Health. We're working so that the Foundation can host a series of five meetings across the country where we listen to key stakeholders in each of those communities about their thoughts, hopes, worries, concerns about a data infrastructure, about getting access to data, using it, protecting it, that sort of thing. I'm thrilled to be on this group and I'm glad to meet everybody. Good morning.

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

Thanks Michael. Mark Savage?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Good morning. I'm the Director of Health IT Policy & Programs at the National Partnership for Women & Families and we have actually a variety of health teams that all try to represent and champion the patient and family perspective, some in health reforms, some in patient engagement, some in quality measurement. And I lead a separate Health IT team because Health IT is often the infrastructure for all of these other reform efforts. We also have a Consumer Partnership for eHealth Coalition which is about 50 national, state and local organizations representing patients and families in a variety of ways and I'm really excited to be working with all of you in moving the agenda forward. Thanks so much.

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

Thanks Mark. George?

George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University

Hi there, George Hripcsak. I'm Chair of Biomedical Informatics at Columbia University and Director of Medical Informatics Services at New York Presbyterian Hospital and former Co-Chair of the Meaningful Use Workgroup. And my interest is health practice research, namely using informatics interventions to improve the quality of healthcare, especially electronic health records and also secondary use of the data to learn about medicine.

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

Thanks George. John Houston?

John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center

Good morning everybody. I'm with UPMC, which I guess is longhand for University of Pittsburgh Medical Center. We're an 11 billion dollar health system out of Western Pennsylvania. My role at UPMC, among other things, is I am responsible for privacy as well as information security and I am Associate Counsel at UPMC. But I get involved in a lot of technology matters, including was instrumental in the startup of our health information exchange in Western Pennsylvania.

My background is IT; I've been in healthcare IT for 20 years, actually started as a programmer many years ago. I have also been on the ONC Privacy & Security Tiger Team and was a past member of NCVHS. I think my interest though, again, I'll look at this through the lens of privacy and information security, is really not just moving to the Cloud and how we're going to have distributed information that we have to deal with in terms of both integration as well as trying to protect it.

But also, as we move to mobile devices, I look at how we're going to deliver information to the end user is going to be dramatically different than what we have today, not only in terms of how we're going to integrate data and consolidate data and present data, but how we're going to manage the devices and how we're going to...I envision a place like UPMC will have 30 or 40,000 tablet type of devices which will be used by our staff 24/7 to deliver information. And how do deliver good information to them? How do we make that information context smart so that it knows...the device knows who's holding it, what patient it's in front of, to help deliver workflow and care to the patient? So, those are all things of interest to me and again, how do we do that in a private...while respecting privacy and ensuring that we have adequate security is probably my number one interest.

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

Thanks John. I don't think Brian is on and I know Paul Tang is flying at the moment. And did Jonathan join us?

Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design - Department of Veterans Affairs

I did. Hi, I'm Jonathan Nebeker; I am from the Veterans Health Affairs. I'm Deputy CMIO there and am one of the leads for the VistA Evolution program which encompasses our EHR program, our interoperability program and population programs. And among various other things, I know about half the people on the panel but look forward to meeting the rest.

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

Thank you Jonathan. So I'm just going to go on to the next slide. As David mentioned, sorry, David, do you want to make any comments before I move on?

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

Yeah, I thought Jennifer and I probably should just do a quick self-introduction, too. Jennifer, do you want to do that?

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

Sorry.

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

Sure. Jennifer Covich Bordenick, I'm the CEO of the eHealth Initiative and Foundation in Washington, DC and we've been doing a tremendous amount of work on strategy and really plotting out, similar to ONC, a roadmap for 2020. So I'm really excited to be here today. We've got a number of working groups looking at interoperability, privacy, data access and use as well as incentive to try to understand what the future is going to look like a little bit better.

My background is, I've been in healthcare for about 25 years, began work at George Washington University Hospital and Medical Center, worked for a number of different technology companies and vendors and then worked with NCQA for a number of years with their policy and product development. And I have been at eHealth Initiative for about 10 years now and I'm so interested in the innovation piece. We've done a number of reports over the last couple of years on social media, mobile health, telemedicine, and I know that there are a lot of unique projects going on out there right now. So I think it behooves us to listen to what the industry is saying and really understand, try to understand what it's going to look like 10 years from now and create policies that will fit that.

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

Thanks Jennifer and this is David again. I represent the Pacific Business Group on Health. I've been on the Health IT Policy Committee since it started in 2009 and I was appointed there as the representative of healthcare purchasers. So my organization represents about 60 large purchasers, most of them private companies like Boeing and Intel and Safeway, and a number of them public like CalPERS and City of San Francisco and the California Insurance Exchange, Covered California.

So what they all are interested in, of course, is long-term improving the quality and affordability of healthcare throughout the country. So for us, one of the primary interests has been what I think of as the data aggregation infrastructure, how do we capture data from throughout the healthcare systems so we can look at outcomes and efficiency and appropriateness of care and quality measurement and reporting. And that, as you know, is one of the key pieces of the original HITECH legislation that got this ball rolling. So we continue to be really interested in how will the network of data sources, the many thousands that John mentioned, be able to support data to understand what's happening to people throughout the healthcare system and then report it out for public use. So, with that, thank you all for making the time to get together today. I think Michelle will help us now understand a little bit about our charge and I hope you all have the materials from the email as well as there's an online version that we can follow along with. Michelle?

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

Thanks David. So just to reiterate what David had said earlier, we have reorganized all of the workgroups underneath the Policy Committee and the Standards Committee to better align with ONCs strategic initiatives and priorities. So as you can see here, these are our new workgroups. I'll just quickly note we have an Advanced Health Models and Meaningful Use Workgroup, Health IT Implementation, Usability and Safety, Interoperability and HIE, Privacy and Security and Consumer. So we are still in the process of kicking all of these workgroups off and getting them moving forward. Some of them have already kicked off and some of them will be over the next few months, based upon need and when charges will be given to each of the workgroups.

Just to give all of you a little bit of a background, some of you have participated in our Federal Advisory Committees in the past, so you're well aware of how the process works, but for some of you, this is a new process. So I just wanted to quickly walk through how we go about making recommendations and the process for that.

So typically most of the work will get done at the workgroup level, so in this workgroup. This workgroup will be assigned a charge and one of your first charges is to help inform the Federal Health IT Strategic Plan. You will be asked to throughout your meetings provide recommendations and typically what we do is we bring draft recommendations to the Policy Committee at their monthly meetings and then we will follow up with any feedback that they provide and bring final recommendations the following month. Once the Policy Committee approves the recommendations which are presented by the Chairs of the workgroup, a letter of transmittal is sent to the National Coordinator and then the National Coordinator will then decide what to do with those recommendations.

Typically, depending upon what the recommendations are informing, they may need to be then sent over to the Health IT Standards Committee to identify standards for whatever the policy need may have been. And so the standards workgroups will then be charged with identifying standards and following the same process and then providing recommendations. If indeed it is a recommendation in regards to a standard, the recommendations will then go to the Secretary to be formalized. Most of the recommendations result in a Final Rule of some sort, so Meaningful Use Stage 3 or Certification Rule, so we work very closely with our federal partners, CMS, VA, many other federal organizations in our work. And as we talk a little bit more about the Federal Health IT Strategic Plan, we can probably share with you how we've also engaged our federal partners.

But that's a very quick, high level overview of how recommendations are put together. Sometimes though the workgroup work on things other than recommendations. So for example, the Privacy & Security Tiger Team in the past had identified tools that were needed within offices or it's not always a recommendation, but typically it's a recommendation. So that was just a quick overview, hopefully answered some questions that you all may have and as we go through the process, hopefully it will all become very clear to you what we're working towards.

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

Thanks Michelle. If anybody has any questions about how that works and what our formal role is in providing advice and guidance to the ONC and Secretary?

Sandra R. Hernandez, MD – President and Chief Executive Officer – California HealthCare Foundation

Thanks Michelle, this is Sandra, helpful walking through that. I'm wondering, could you elaborate a little bit more on what the public input process part of this is?

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

Oh thank you and I'm very sorry that I didn't acknowledge that earlier. So ONC decided early on, so we have two federal advisory committees, the Health IT Policy Committee and Health IT Standards Committee. So technically those are the only two groups that would need to follow the Federal Advisory Committee Act, which means that all the calls are open and public and transparent. But ONC decided early on that all calls related to the work of the Policy Committee and the Standards Committee would be open and public. So this call, for example, is a public call. Any member of the public can listen in. All materials that we share are also posted to the HealthIT.gov website for the public to see and all meetings are transcribed and recorded.

We do have everything posted out on the HealthIT.gov website and for our advisory committee members we also have a portal where all materials are posted. And at the end of every meeting, we will have time for public comment. If we're informing things, we try, wherever possible, to make sure that we have time for public comments and we might engage the public also by having listening sessions or hearings to hear from them in other ways besides just at the end of the meeting when they comment. Does that answer your question Sandra and thank you for bringing that up?

Sandra R. Hernandez, MD – President and Chief Executive Officer – California HealthCare Foundation

No, thank you, that's a good process. I appreciate it.

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

I just add that it's often, we can start thinking about this soon, we usually need a few months lead time, but if we identify an area of work that's important and we think there's really a lot of expertise or values and opinions to be heard, we can schedule listening sessions or the kind of so-called hearings that Michelle mentioned. And those often have to air full-day sessions with in-person testimony. Sometimes we've done it through just virtually, but often they're in-person and really a chance to do a deep dive into a difficult or emerging issue. So we might start thinking about that as we get going for something to do in the spring if there are some issues that are emerging where that kind of input would be helpful.

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

Thanks David and any other questions regarding the process? Okay, well hearing none, I also just wanted to walk through a few member responsibilities. So first of all, let me thank all of you for volunteering your time to be a part of this workgroup. For those of you who have been engaged in the past, there are times when we do take up a bit of your time and so we can't thank you enough for agreeing to participate and sharing your knowledge with us and just really contributing to this process.

We greatly value our advisory committees and the advice that we get from them and we really do try and implement recommendations in any way that we can that we receive from the committees. So first of all, let me thank all of you for dedicating your time to this group.

There are just a few standard operating procedures that we would like to review, just to make sure that all of our members are actively engaged and everyone is getting the same thing out of the group and we're getting what we're hoping to from the group. So we are asking that members try to not miss more than 5 meetings within a calendar year. Obviously extenuating circumstances may arise, but we completely understand.

We'd also want to make sure that everyone comes to the meeting actively engaged and prepared. We need to do our part as well, so at a minimum we would like to get materials out to you at least 24 hours in advance. We've been trying really hard for that and we really would like to get things out sooner. The sooner we get them out to you, the sooner you have the opportunity to review them prior to a meeting and put together questions and engage in a thoughtful discussion. So, when we play our part, hopefully you'll play yours. But overall I just can't thank you all enough for being a part of this process and some of the others who have been a part of these workgroups in the past could probably speak to it better. David might be able to speak to, we've gotten so many great recommendations from these groups and how truly effective I think they've all been.

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

Yeah, I would just say, having been on a number of these groups, that the process works very well. Staff support is fantastic and they will often keep us on task and on schedule, but it really comes down to us generating the ideas and the energy to move the process forward. So, I just encourage each and every one of us to step up, volunteer, put forward ideas and initiatives and interests that you have and the process is very receptive to that and very responsive.

And I think it's good that we have a diverse group, which means we'll have some controversy, and I think with the normal professional respect and courtesy, we can have very lively debates on very tough issues and really develop the best advice and recommendations possible by virtue of that kind of...discussion. So the public input is extremely valuable and our dialogue is extremely valuable and I just encourage everybody to really feel free to be as active as you wish on the issues that are important to you.

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

Thanks David. I don't know if you want to walk through the charge slide or do you want me to kick it off and then hand it over to you?

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

Sure, I can go through it.

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

Okay.

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

If everybody has it on their screen. So this charge was developed initially by ONC and its leadership and then we had a change to provide a little bit of input on some of the key ideas. And as you'll see, it's pretty open ended, given the nature of our assignment here, innovation and strategy. So we provide input and make recommendations on policy issues and future topical areas for the Policy Committee.

We will consider trends in the Health IT space and in the healthcare space and how existing policy may need to evolve to support innovation. We will initially, as Michelle said earlier, provide input into the Federal Health IT Strategic Plan and then more broadly discuss the national agenda for leveraging health IT to support the learning healthcare system.

We will look further into the future than other workgroups. Many of the workgroups really get into nuts and bolts of emerging policy and emerging rulemaking, we're going to try to take a broader view. We'll make recommendations that ensure that policy development enables market innovation and considers market failures.

We'll also provide input on milestones which you'll see some of coming up and we'll evaluate how we're making progress against these. This emerged a little bit from a sense that the country as a whole, as you may recall in 2004, set a 10-year goal for every American having a personal health record under President Bush, and we periodically at the Policy Committee ask ourselves, well how are we doing on that? And we ask ONC and CMS for data and information on how we're doing against national milestones. And just at the last Policy and Standards Committee meeting last week, we actually spent quite a bit of time again discussing how do we know if we're making progress? What are the metrics of success? So this will be an interesting one for this group, given our longer view, to give some thought to.

And then there are examples here in the last bullet point, and these are just a few things that we know are on everyone's mind right now greater use of non-traditional, that is non-medical information in health and healthcare decisions, including wellness data, social determinants of health information, the emergence of big data and new analytic tools and the challenges that they may pose. John mentioned the privacy issues that are going to surface for everything we do and security issues as well. And I hope today we'll talk about a few more of those that may be on your minds. But, this gives us really very broad latitude and in fact, I think our challenge will be to put enough structure and prioritization on this list so that we can give ourselves a relatively clear roadmap for the next year ahead.

Jennifer, do you want to make additional comments about the charge?

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

Nope, I think you covered it.

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

Does anybody have questions or reactions to anything that's given here?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

David, this is Mark, I had a couple of thoughts on this.

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

Good.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

On the...sort of looking at the list in the last bullet about some of the additional things that we would be taking on, use that as a frame for a couple of thoughts. On the second bullet, I really do appreciate that we're going to be considering trends and policy evolution, but it seems to me that we would be considering that evolution in whatever our focus areas are and perhaps not just innovation. So I don't know if you'd like to change that to just say that that's our general approach to the areas that fall within our purview to just consider trends and how existing policy may evolve.

And a similar thought on the fourth bullet that we're going to be looking...it seems to me we'll be looking further into the future in whatever our focus areas are and not just market innovation and market failures. The last thought I had on the charge is somewhat of an addition that we would be considering the diversity among the nation's populations and communities in our strategy and recommendations, just as a reminder to ourselves that we're not dealing with a homogenous...but we have to be thinking across the board.

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

I really appreciate that, thanks for saying that. And Michelle, maybe you can give us a process thought on what...how we might go about digesting some of this kind of feedback and recommending a change to our charge?

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

Sure, I think that this could...we could always be changing the slide, but hopefully we'll come to a good consensus across the group. So maybe we can take some of Mark's suggestions and if there are any others that people want to share today, we can make those changes and share them with the group and ask for any additional feedback and hopefully finalize it on the next call.

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

Good. Okay. So let me see if there are other reactions either to Mark's comments or Sandra's or additional thoughts.

Sandra R. Hernandez, MD – President and Chief Executive Officer – California HealthCare Foundation
(Indiscernible)

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

How does this sit with...go ahead.

Sandra R. Hernandez, MD – President and Chief Executive Officer – California HealthCare Foundation

So this is Sandra. I would just, I'd put a little emphasis on Mark's comment about being mindful of the diversity of the populations we're trying to serve and reach, both within the delivery system and more broadly. And so I think it's a really important point for the policy considerations.

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

Thanks.

John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center

This is John Houston. I guess that sort of, maybe I'm going to verbally think here, but it makes me really think that we really have to think of innovation in a number of different contexts. One is innovation that's sort of internal to a provider or to the health delivery environment and those that relate to innovation associated with consumer engagement and population health and other what do you want to call them, environments. And so I don't...it might be good, again, on the heels of those other comments, to make it clear that there are...what that sort of that scope of this workgroup is or the innovation is intended to be.

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

That's a nice thought. It makes me think at some point, as we get moving, we may want to start developing, I don't know, a set of principles or framework to how we talk about innovation and the role of the health IT which would cover some of these domains. Any other comments about that or the charge in general? Okay, well, we'll come back...

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation

David, Mike here, I keep doing this, I'm talking...I don't usually do that. So one of the bullets talks about the revised Federal Health IT Strategic Plan. I mean is there some way the group can get a sense of where we are in that universe? Like, is there...should we review the existing Strategic Plan, is there an outline that we can see, that sort of thing?

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

This is Michelle. That will be the topic of further discussion later today, if you don't mind holding off.

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation

Sure.

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

Okay.

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

I would just say this is...we're always going to have a bit of a challenge when...because of the federal rulemaking process, there are very discrete milestones in how information...when it's made public to us, it's made public to the public. So, we tend to get a look at it at about the same time as everyone else and then we have a particular opportunity to review and digest and provide comment.

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation

I see.

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

But I think, to your point Mike, we should probably take a look both at the previous current Strategic Plan and Michelle will give us a little bit of insight into where this process is headed so we can give some early thought to at least the categories of issues we may want to give special attention to, once it's fully available to us.

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation

Great, thanks. That's really helpful.

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

Any other comments about the charge? So I think what we'll do is we'll do a little wordsmithing to reflect today's discussion and bring it back for another review next month and perhaps at that time we'll all feel like we've got it where we want it for now. So thanks Michelle for walking us through that.

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

Sure.

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

Do you want to go through the milestones Michelle?

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

Sure. So for the Federal Advisory Committees, there are three major milestones that we'll be working on, and of course most of them fall around the same time. So the beginning of the year will be very busy for all of the workgroups under the FACAs. So three of the major milestones are the Interoperability Roadmap.

So at the last Policy Committee, it was actually joint Policy and Standards Committee meeting, it was last week on October 15, ONC shared a draft version of the Interoperability Roadmap and the plan will be for one of the workgroups under the Policy Committee to inform the thinking on the roadmap and then at the beginning of the year sometime, we're hoping for January, it will be posted for public comment.

Another major milestone is the Federal Health IT Strategic Plan, which we have discussed. So there may be other groups that are informing the Strategic Plan, but this group will be the lead workgroup providing feedback. Gretchen is on the phone who can probably provide a few more details, but as soon as it is posted to the Federal Register, we will be able to start providing feedback. We will provide as much information to you as we can prior to it being posted, just at a high level as much as we possibly can so that you're prepared once it is posted to provide informed feedback.

And then the last milestone that will be coming for the advisory committees is the Certification...the MU3 Rule and the Certification Rule. So again, the work will be parsed out to a number of different workgroups, some will be the lead on them, so Advanced Health Models and Meaningful Use will probably be the lead on the policy side. But there may be some work for this group to do as well. So, we will have to balance the workload and I'll work with the Chairs of all of the Policy Committee workgroups to make sure that the work is evenly dispersed and we're not overwhelming anyone. But we want to also make sure that those who should be informing these items are able to.

So that was just a quick review of major milestones that are coming up.

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

Michelle, can I ask you do to one more thing, I mean, not everyone on the call has spent as much time the policy haze as we have. Could you maybe just explain briefly, and take the example of the Meaningful Use 3 or the Certification NPRMs, what is a Notice of Proposed Rulemaking and what is the sequence and steps and how does our input and the Policy Committee's input stage into the production of a Final Federal Rule? And maybe Meaningful Use 3 is a good example, since that schedule is right out in front of us.

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

Sure. So typically we publish what is essentially our draft version for the public to provide feedback on, and that is what is the NPRM or the Notice of Proposed Rulemaking. So it's basically signaling to the public that this is what we're thinking but we'd love for you to provide feedback on it.

Depending upon what it is, I believe that there's usually a 90-day comment period for MU3, so within that 90-day comment period we will parse out some of the work and particular questions that are asked in the Notice of Proposed Rulemaking, two different workgroups. The workgroups have the opportunity and CMS has listened greatly to the Health IT Policy Committee in the past. You'll notice if you go back and read any of the Meaningful Use Stage 3...or Meaningful Use Rules, I'm sorry, they reference the Health IT Policy Committee's recommendations throughout.

So they listen to a lot of what is spoken about in these calls, but also in the final recommendations because again, these are public calls so just because it's not brought through final recommendation, they are typically listening. So for MU3, the Advanced Health Models Workgroup will probably take on the bulk of the work to providing feedback to CMS and ONC and then they will take that feedback or public comment, which we typically also will post officially to the Federal Register on behalf of the Policy Committee. We typically aggregate all the work that we've parsed out to workgroups and put it into one final letter that we post to the Federal Register as a comment to the Notice of Proposed Rulemaking.

CMS will then take all of the comments received, and they receive a lot of comments, and then they will use that to inform the Final Rule. And then the Final Rule will have to go through all of the additional processes and review levels and then will get posted for final publication and execution. Hopefully I...that, David.

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

Yeah, it was...that's an amazing job, it's hard to do that. And for us to think about as well, given our longer term vision, it'll probably really valuable for us to take a look at some of the emerging proposed rules and look at them in this new context where we're obviously, I think as John Houston said earlier, we're moving away from an architecture and a paradigm that was very physical, locally-based, data infrastructure into a new environment and as we develop now new federal policy and these new rules that are emerging in the next year or so, we will have the chance to give some thought to whether these rules need to be reflective of the emerging environment. So that'll be one charge we can take on during the year. Any questions about the rulemaking process or how we fit into it? I am sure it's clear. All right Michelle, should we keep moving?

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

Sure. So David, maybe I can start to walk through this and you can interject anything that I might miss.

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

Yes.

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

So this is just a draft, very high level work plan for the workgroup. As we've discussed, most of the upcoming work for this group will be to respond to the Federal Health IT Strategic Plan and as I

mentioned, this will be the lead workgroup responding. And then we envision that there could possibly be something for this workgroup to do around the Interoperability Roadmap once published for comment in January. And there also could possibly be something for this group related to Meaningful Use Stage 3, once that's published. But again, the timelines are all very close so we'll need to be cautious of not overloading any one workgroup.

So I'm just going to go to the next slide, which just provides a little more detail, so you can understand what we're planning for. A lot of this, as I mentioned, depends upon when the Federal Health IT Strategic Plan is posted to the Federal Register. Hopefully Gretchen and her team will be able to help prepare us for what's coming and give us as much guidance beforehand, at least that we are able to, so that you will be well prepared once it's time to respond to the rule.

So we are hoping, this is just really a draft and it's all dependent upon when the Federal Health IT Strategic Plan is posted, but once it's posted, we'll work on commenting within this workgroup, provide feedback to the Policy Committee and depending upon timing, this group will also be working on a work plan for the Health IT Policy Committee itself, so identifying what are some short term and long term goals that the Policy Committee should be working on, hopefully in alignment with what's in the Strategic Plan. And we'll be able to finalize that once we see the Strategic Plan.

And so we'll provide a draft Policy Committee work plan in February, along with final recommendations. And then in March, we'll share a final Health IT Policy Committee work plan, at least recommendations of them, for approval that the Policy Committee will then be able to execute on and again, parse out to different workgroups. Depending upon timing, if there is time available, there may be, again, some work on the Interoperability Roadmap and possibly on MU Stage 3. So it's still up in the air depending upon timing, but this is what we're working towards at the moment.

Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs

Hey it's Jonathan, I have a question. The...it seems that there's potential for considerable overlap between the Innovation & Strategy committee and the, not so much the Meaningful Use portion, but the Advanced Models of Care portion of that workgroup. And I just wondered if there...if you see that there will be that overlap and if you think that there is merit in scheduling in some coordination sessions between the two committees to get maybe a little more in depth or better illustrated view of...that they've been working on.

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

So, I think that's a very good point. So we have two members of that group that are also part of this group that can serve as liaison members, to make sure that we're not overlapping. It will also fall on me as well, but we can maybe lean on those members to share what's happening in the other workgroups. So Paul Tang is a member of the Advanced Health Models and Meaningful Use Workgroup, he's actually the Chair, so he can certainly provide insight into what they're working on and Mark Savage is also a member of that group.

Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs

Okay, thanks.

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

Yup.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

David, this is Mark Savage with a couple of questions.

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

Yeah...

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

One is I really appreciated your comment earlier about larger topics in the future once we have gotten through all of this work, listening sessions that kind of thing. And knowing from prior experience how long it can take to get all of that set up, if there's time over the next couple of months to put something on the calendar for Q3 or Q4, that might be helpful and you might even...Jen may already be thinking in that direction.

The other thought I had is, on the HIT Strategic Plan, is in addition to the comment, evaluation, drafting functions, sort of being mindful of our work to look further into the future and to think about policy evolution, is there a monitoring function for the Strategic Plan that we might be using as a way to keep thinking out of the box, thinking further into the future?

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

Can you say more about what you mean Mark about monitoring?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Well, sometimes you have a document and then you evaluate how well you're delivering on it. And that process of monitoring and evaluating is often the place where conversations happen about how you need to modify in order to respond to how the future is changing. So, it was...I guess it's a process question, will we be monitoring the HIT Strategic Plan, but not for its own sake, but more as a vehicle for continuing to explore future directions for strategy and policy evolution.

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

David, maybe I can take that and then you can pick up.

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

Sure.

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

So we've talked a lot in the past about how for the Policy Committee itself we don't have a way to ensure that they are in alignment with their milestones or things that they should be working on so that's our goal, at least for the Policy Committee itself, to make sure that it aligns with the Strategic plan. And then hold the Policy Committee accountable for the items that are in the work plan, making

sure that we are actually achieving those items. So at least as it relates to the Policy Committee I think you have...monitor and check to make sure that things are going the way that we had expected them to.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

So David, maybe my question then goes to just the broader way of continuing to consider future strategy, future policy evolution.

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

Well I like your idea, Mark, and I do think we haven't seen the new strategic plan yet, but I could imagine as we review it, we may want to make comments about your point to those who are finalizing the plan. And also perhaps carve out a role for ourselves in our work plan which is periodically, maybe it's twice a year, whatever makes sense, touching base with the appropriate people about those elements of the strategic plan that we are most attentive to. So we can take your suggestion back both in the comments on the plan itself, but also in our own work plan development for next year.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Thank you.

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

Other reactions or comments to what we just talked about with our work plan, the skeleton of the schedule through April or so? Okay let's keep going, Michelle. Perfect segue.

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

So I might ask Gretchen, if she's still on the line, to talk about the work that is being done around the Federal Health IT Strategic Plan.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Michelle, yes, Gretchen Wyatt here from ONC. And thank you everybody for both your participation in this workgroup and for just dying to get into the strategic plan activities. I wish I could share the version that we have drafted with you, but as both David and Michelle mentioned, it is in the review process right now and until OMB says it's okay for us to put it out publically, it is still in a very close hold document.

But, as you can see from this slide, as far as the strategic direction, things are a little bit different with this new plan than the one that currently exists. And I will make sure that everybody has a copy of the current plan, which is the Federal Health IT Strategic Plan for 2011-2015. It is posted on the HealthIT.gov website, but we'll make sure that you folks have a copy so that you can review it and prepare for the next one.

Just a bit of background as we start looking at this; the current plan was updated as a mandate from the HITECH Act, which charged ONC to update the plan to reflect how best that the public could adopt and use health IT. What you've probably heard Dr. DeSalvo speak of is the need to shift the long-term focus from looking at healthcare and these tools within the healthcare system, towards looking at health in general and identify how health IT, and we use that very broadly, can assist to help all people to live healthy lives. So when we look at the Federal Health IT Strategic Plan, it's important to remember that

this is a federal plan and it's the federal investments to help move the nation's agenda forward while we're working collaboratively with states, tribes, local communities and with the private marketplace as well. What the plan identifies is what exactly those priorities are within the federal government to help the marketplace move forward.

So when you look at this, this will sort of signal where we're going with the plan and while we know that there's still work to do across the entire spectrum to help providers start adopting these systems as well as moving more towards individuals and caregivers and others in this space as well, to adopt these health IT tools. Really what we're looking at is not just adoption and not just on the HITECH's Meaningful Use Program, but how health IT can be used to achieve the nation's health goals.

So in talking with the federal partners about different priorities, we know that there's a need to include broader technologies than just EHRs, a broader inclusiveness of providers, especially those in long-term care and behavioral health and begin thinking about how to improve health outside of healthcare. Because as you folks know, over 85% of people's wellbeing is impacted outside of traditional acute care settings.

So, Michelle mentioned again, and you probably have heard, we convened a Federal Health IT Advisory Council. We did this back in May of this year to identify what the federal priorities are around health IT and it included about 35 partners, both within Health and Human Services and other departments so that we could identify really what was needed to help move the agenda forward. And these partners went well beyond the usual expected heavy hitters of CMS or FDA to include key providers such as the VA and Department of Defense and others you might not normally think about such as the Federal Trade Commission and the Federal Communications Commission, NASA and the Office of Personnel Management, as well as various human service agencies such as ACF, Office of Minority Health, HRSA and SAMHSA to get at that larger care continuum. And the idea was to identify key outcomes that the federal government will be working together over the next several years to achieve.

So, as I said, we're moving beyond the HITECH Act to look at this collect, share and use of health IT information. The idea is moving beyond just the adoption, I mean the collection space, but looking at usability of these tools so that more people will be able to collect information both easily and efficiently. And then how do we share it? This gets in towards the whole concept of interoperability, both at the macro and the micro level. So, thinking about aggressively pursuing interoperability as you've seen in the roadmap in quality improvement activities that we've got underway. Technologies might be in facility or an individual's home, we want to see how the federal government can help expand that space so that healthcare can be both more responsive and patients receive the right care and get a good current picture of their health.

Then how exactly is this information going to be used, as you can see, not just strengthening healthcare delivery but thinking within the space of individuals and communities. And this gets at protecting cyber threats, health emergencies such as Ebola or a disaster such as Katrina and then also advancing research and scientific knowledge and the innovation space. And that's a huge, huge bolus of work just in those three areas right there. Each...collect, share and use, each piece is really large and we've set very ambitious outcomes for ourselves and this is where we really need advice from this workgroup to help us identify the key priorities and exactly what the sequencing should be. Federal partners have started thinking about this, but we also need input from folks in the field to really identify where we should be focusing our efforts.

As you know, we're completing this initial draft of the plan and we're looking to expand this into 2020, so in the next 5-6 years. And this pretty much so maps back to what is in the roadmap, as far as the outcomes there. We're preparing for the public comment period, as Michelle and David mentioned. We'll be posting to the Federal Register hopefully around the Thanksgiving period, for a 45-day period. It's a little bit different than most rules or regulations in that we don't have to do this, but we want the input from the public. It's very desirable to know that we are getting the activities right so that we can help the marketplace get to where it needs to go.

The final plan we hope to have published by the late winter and we say that's probably going to be in the March timeframe. And then the idea, and this gets to the questions that you folks have, is the implementation phase. We don't want this to just be a document that sits on the website and people look back once in a blue moon. We really want to use it to do regular assessments of what's working, so that we can actually achieve the outcomes that we've set for ourselves. We've started identifying various metrics and milestones and intend to put out not just progress reports, but serious objective reviews, what's working, what isn't, what do we need to fix.

So, the willingness of this group to help us in those assessments will be instrumental in our ability to actually achieve the goals within the plan. So what we would love to be able to do is work very closely with you to include your evaluations, what you see in the marketplace, things that you think that we've missed both within the plan and in our implementation of these activities, because the whole idea here is how can the federal government make a solid impact? Because health IT is just a tool, but the federal government can use this tool to hopefully partner with the private sector and really make a difference in high quality care and improving the efficiency.

And that said we're trying to keep the plan as short and sweet as possible so that it's less words and more activity. And we welcome your feedback as soon as we can get it through OMB.

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation

Mike Painter...

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

Gretchen thank you...

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation

Sorry David.

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

No, go ahead Mike.

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation

Yeah, hi. Thanks so much for that overview and update, that's really great. I had a couple of questions, and you might have...one is really easy and you might have said this or maybe you don't want to talk about it but what is the time horizon for this new, revised federal strategy?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Well when you say time horizon, are you...

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation

Are we looking 5 years out...

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Oh, yes. The span for this plan is from 2015 to 2020 so that aligns with Healthy People 2020, it aligns with the 6-year goals in the ONC Interoperability Roadmap and also gets us through into the next administration so that they can start developing their plan and we can work with them to identify what their priorities are as well.

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation

Right. And then my other one is just sort of thematic and it'll matter once we actually see it and can sort of roll up our sleeves and dig in but...and sort of building on one of the, I'm forgetting who made this kind of comment earlier even on this call, but the words like collect, share and use, I mean on their face they seem pretty benign and of course that's what we would do. But when you think about it, it's sort of the federal government talking about collecting data and then okay, well we'll share it so some people can use it.

And then we also talked about sort of a changed paradigm and so if you sort of flash forward, I mean within the 5 year timeframe, you could easily imagine a point where the public has access to very powerful devices and applications where they can obtain all kinds of information about their health and healthcare; they can conduct tests on themselves with blood tests and things like that. And so the real question is, how do people effectively use it in a timely way rather than is some authority going to be collecting this data kind of thing? I just things that we're sort of thinking about and those themes are kind of in the JASON Report about...

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Um hmm.

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation

...a way to sort of structure where the data is and how we access it rather than sort of the emphasis on like it being collected in some centralized place.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

If I can address, I think there are two questions there and one, when we were going through all of this we reviewed God knows how many different things, including the JASON Report, including many other acti...some of the White House's Big Data reports on privacy and things. Remember the privacy and the security of this information is paramount in the plan and to the point where that's one of the sticking points of do we need to put privacy and security on every single page. So it's not just that the federal government is collecting this information and it's going to be available it has to be used appropriately. So there's that layer that we've put into the plan and try to build it into every single component that we've got there.

On the second side, you're getting at something that we're really, really interested in and it's not this patriarchal collection of information for you, but it's giving the support to individuals so that they can take care of themselves as well. Part of the effort of person at the center is that people should be able

to not only collect the information themselves and make use of it, but they should be able to, if they wish, contribute that information to research as well. So there's that whole flavor as well, it's shared decision making, all of these consumer-focused things, tools that are available to them, they can actually start capturing some of the information that comes from the PCOR research that's underway. These are things that we're trying to think 6 years out and trying to figure out exactly how do we sequence this.

And I don't say that we have the answers, this is where we really need folks to look at this and say, eh, you know, I'm not so sure that you're really going in the right direction and maybe you need to be thinking about X, Y or Z. But we are trying to be much broader than we have in the past. It's not just a physician making decisions on your behalf or using this information to do research about you, but that you can do this research yourself or that a physician can sit there and by looking at his population data, or hers, and making decisions with their care team on how best they're going to start practicing medicine. So, we're trying to think outside of the traditional box, but we still have some thinking to do.

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation thank you
Thank very much, that's helpful. Thanks.

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

Those are great points Mike, I'm glad you brought that up and I think it raises for us, someone made a comment at the joint committee meeting last week that 10 years ago, if you looked at a 10-year Interoperability Roadmap 10 years ago in 2004, we would have completely underestimated and misunderstood the emergence of the mobile environment and the device environment and the Cloud environment. And similarly, as we look forward 5 years or 10 years, we obviously can't predict the environment and tools that will be available to people.

So I think your caution is really valuable and it makes me think that we may want to think as much about a framework and the set of principles or kind of the taxonomy of issues rather than thinking so much about the plan and being relatively agnostic to the emergence of some of the new tools, but really make sure that they create value for all the populations in need so we can anticipate. So that will be a great challenge and I think we can be a help to the federal agencies by keeping them thinking about the certainty of the evolution of the future and as well as this sort of person-centered model that Gretchen talked about.

Other reactions to the strategic plan outline that we just heard?

John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center

This is John Houston and just to dovetail what you said, I think the key to all of this is making sure that we don't stand in the way of innovation by being too prescriptive but rather understand how we support innovation that's going to naturally occur, whether it be through providers or through private industry. And again, making sure that what we do is we help by providing the foundational support for that rather than trying to be too prescriptive and identify what it actually is or how innovation is going to occur.

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

David, this is Jennifer. Just to piggyback on that, I mean, I do think that it's critical we have some sort of framework so we're talking more about the information and less about the specific devices or tools, similar to what John was saying there. And the other point I just wanted to make was I think that the metrics that we use to measure our success are going to be critical because we want to make sure those

metrics again don't focus on specific devices or tools but rather on the specific information that we're gathering.

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

Gretchen, let me ask you maybe a clarification as you've been working on the plan. You mentioned early on that a lot of your responsibility is you collaborate with the federal agencies that touch health and healthcare and you've been actively doing that and part of this plan is guidance to them or direction to them about how they can play their role...through the populations and programs they touch. At the same time you spoke to what's the federal role in enabling an effective market, much as what John just said, what's the balance in the plan or how do we think about our job in terms of both are we speaking to the federal agencies about what they might be doing in the next 5 years or are we speaking to their role in regulating or stimulating successful private markets and private activities?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Well, in all honesty I think it's a bit of a bridge. While our plan focuses on what the federal investments can be and whether that's in programs or regulations or requirements, anything along those lines, that's pretty much what we're focused on. But we think that this workgroup can be the bridge towards the private sector and Jennifer's work at eHI I think picks up that idea even further.

So, making sure that things are parallel that anything that we have in the plan doesn't impede some of those private efforts and I think that you folks can help us identify those areas where there might be a gap or something that we're doing is either not facilitating some of the private innovations or that we might be able to just help guide our federal partners in changing something a little bit. And a perfect example of this is we're working very closely with the Department of Defense to learn what they're doing in their Request for Proposals for their new system.

So, just trying to make sure that the information flows just around the federal government itself as far as what the general thinking is for what health IT can do. And hopefully, with that knowledge, we can then share with communities and with the private sector to say, here's what we're hearing just on the federal side, we know you folks are light-years ahead in certain areas, maybe not as far in others, what can we do to facilitate some of the innovation? It's pretty open, I think, we definitely would like to work with you to find out what that balance could be.

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

Thank you for clarifying that. Other comments or reactions to the outline?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

David, it's Mark, I had a few.

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

Good, please.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

So, I recognize that we're looking at just the shortest of snapshots of what's in the plan, so this may be covered, but I'm just looking at words in front of me and so in the first bullet, it seems like we have tended to talk beyond adoption to things like usability and I guess the phrase has been meaningful use, but we are looking beyond meaningful use. So I sort of look at that first bullet and think, expand adoption, usability and comprehensive use of health IT, not just focusing on adoption per se.

In the second bullet I wondered if the word exchange is missing, is it interoperable health information or exchange or is it just interoperable health information. I could see it going either way, but I just raise the question.

On the third bullet point, certainly in the sort of the future looking orientation that we've got, we have talked a lot about reforms, delivery reform and payment reform. And I wondered if it's strengthen and reform health care delivery or strengthen and redesign healthcare delivery, not just strengthening what we've got.

And then lastly, given the work that the National Partnership does on patient engagement, I've been looking at these four bullets to see...these five bullets to see where that notion of patient engagement and partnership might fit. And on the fourth bullet, something like advancing the engagement and the health and wellbeing of individuals and communities struck me as a way of weaving in what I hope is a strategic direction.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

All excellent points; we have been back and forth on the language on all of these for the past 6 months or so and trying to be both inclusive and descriptive at the same time has been a major challenge, I would say. The fun part of this is hearing everybody's input and we will definitely take some of your suggestions back. This is precisely why it's still under review, because these have not been solidified and approved by the federal partners. But what we're hoping to do is within all of these bucket areas, everything that you've mentioned I can let you know it's in there, but whether it's self-evident once you read it is going to be the question. But yes, we are trying to hit all of those targets and trying to be as broad as possible in these buckets that we've got.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Thanks so much.

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

Any other reactions or questions? Well thank you Jennifer...thank you Gretchen for taking the time to join this meeting and give us the snapshot of what's coming. I'm sure we'll be...

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Thanks and my grandmother Jennie appreciates that. too.

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

...right. And Jennifer, anything else you want to add about where we are in this process, the strategic plan review?

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

No, no, I'm excited to see some more detail, obviously. So, we can go ahead and move on.

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

Okay. All right, well thanks Gretchen. Michelle, where are we now?

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

That is pretty much all that we had planned for today. We will work with Gretchen and her team to see what additional information we may be able to share for our next meeting, depending upon timing. And I think the only other thing was you...we may want to have the workgroup review the previous strategic plan, which if it hasn't been sent out, it will be sent out momentarily, maybe in preparation for our comments.

M

We just got it, it just came.

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

Okay, good.

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

That's efficient.

Sandra R. Hernandez, MD – President and Chief Executive Officer – California HealthCare Foundation

Though for...has the existing strategic plan had any evaluation in terms of how well it's been effectuated and what worked and what didn't from the last...from the plan that we're in now?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Well Sandra, we did do a progress report in July of 2013 and I will circulate that to everybody as well, but that was more just an assessment of where we were in the programs that had been identified in the plan. It was not as I guess effective of an assessment as we would like, which is why we're shifting gears for this next plan. But I'll make sure that you folks have that progress report as well.

Sandra R. Hernandez, MD – President and Chief Executive Officer – California HealthCare Foundation

Um hmm.

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

Good. So we wrapped up the meat of our business a little bit early. We had talked about Jennifer taking just a minute and going around sort of one pass at people's expressions of particular areas of interest for the policy group. What we thought we might do with just 10 minutes or so is anticipate that in our next meeting or two, we will be starting to map out our 2015 work plan, given the strategic plan and the interoperability roadmap will be right at the top of the list. And we thought just as a warm up we might go around the table and ask ourselves what's on your mind? What do you really think the committee should work on in the next year that would provide input to the Policy Committee? And if there's anything that brought you to this party and you're really excited to work on, if you put it out there for us

to begin to consider today, then at the next couple of meetings we will start putting a little more shape on that, as we think about 2015. So, if that's...if people have anything, we can go around once and just see what's out there. Jennifer, do you have any particular interest you want to see us take up in this next year or so?

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

I'm just very interested in the wearables and the mobile health development that's been going on out there, particularly in the type of data that's flowing. And I think, I'm not sure if it was John earlier who mentioned the number of privacy concerns that surround that as well. So I'd love to learn more about what direction that's headed in and how we can help encourage that innovation to move forward because I do think it is a HITECH of 2009, I mean, the iPad wasn't even released when we did the last set of policies and regulations. And I want to make sure that we have something in place next time so that we don't stifle that sort of innovation and that we can really support it and help it move forward. So those are the types of things I'm interested in.

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

Okay. Let me ask others if they have things like that, Mark, do you have something on your mind for the year ahead?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

A couple of things; looking back at the examples in the charge about social determinants of health, that's something that I've been giving some thought to because in some ways it's...in the past it's been outside the scope of the conversation and yet we know, and there's actually a statistic I learned from the Robert Wood Johnson Foundation that 85-90% of the determination of health happens outside the care setting. So I think that flag on the charge slide of figuring out how we...thinking about how we incorporate that, how we build systems that have a placeholder for ingesting and using that is, I think, is going to be transformative. And it does fit with our mission to think a little further into the future about the policy implications.

The other thought is, we've been giving some thinking to health and care planning outside the care setting, so we've actually done some work on developing principles. And the electronic environment, the electronic platforms are ideally suited to that because so much health and care planning happens at home in family networks. And so I will, in listening to everybody's ideas, I'll be wanting to think about how we might connect some of these different systems instead of just seeing them as one EHR system or an HIE, health information exchange, which exchanges from EHRs, but thinking about personal systems, healthcare plans, like devices, which might be building comprehensive sources of information that would be useful for research and other efforts.

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

Interesting. Other people have thoughts along these lines?

Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation

Yeah, Mike here, I'll jump in. I just piggybacking and reinforcing what the other two have just said. I really...we're obviously here at the Foundation thinking a lot about the sort of bridging from a focus in lots of realms including health information technology and healthcare and over into individual and community health. And so the statement about Karen DeSalvo's focus on that is really reassuring but really very, very interested in that.

This point about the caregiver community and how many patients and families spend so much time providing care outside of the professional care setting is really important and that really resonates. And then this other sort of theme about just somehow giving...embedding a sense of the sort of Moore's law, acceleration of the technological arc that we're always kind of behind it. And I almost wonder, I mean, I guess what these rules and whatnot do, I guess they could...certainly they could suppress that. I also think that they, the larger risk is that they're just irrelevant in the face of that, so, just trying to stay relevant and up to speed on the arc of that technology.

And then just sort of end with something that we're spending a lot of time sort of thinking about it and one of those things is, what is the role of this emerging kind of cognitive agent, the sort of AI agent and how does that change things sort of like the way we changed the way we thought about the Internet when we realized, oh, it's not just getting information, it's enabling humans to connect with each other. So what happens when you add another machine layer on to that, so it adds like a Web 3.0 sort of connection with fairly intelligent machines and whatnot? So, just that's the kind of thing we're thinking about.

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

Wow. So Sandra, is there anything you want to add?

Sandra R. Hernandez, MD – President and Chief Executive Officer – California HealthCare Foundation

Thanks David. I think the scope of the policy work is really quite large, but as I think about where technologies and innovation have really not done an adequate job at either breakthroughs or frankly disruptions, it is in this area of behavioral health. And I think we have a lot of issues there both related to HIPAA, but also just understanding kind of the interconnections between behavioral health and all the various chronic disease management efforts that are under way as well as trying to address health disparities. And so kind of the interaction of those three policy areas I think is rich for us to think about in a little bit more bold way and it's an area that of course the Foundation's very interested in as well as we go forward.

So, I'm also mindful that we're aiming towards Healthy People 2020. We haven't made great progress on 2020 goals overall and so, if that's the North Star, I think we need to do a lot better job of sort of aiming at it because we haven't made great progress, I don't think, overall on many of the 2020 goals.

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

Very interesting. George, you haven't said much, are you still with us?

George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University

Yes I am. I very much like all five bullets in the strategic direction, but I'll point out two things...two things, they're not maybe the top priority, but...well the first one is. First of all, I'd like to pick on the social determinants of health. I'm actually on the IOM Committee, we released our Phase 1 report, our Phase 2 report, hopefully will be coming out and so I think it's timely for us to work on that. It's specifically about social determinants of health and how they fit in with EHRs, so it's perfect timing for that one.

And the other one that I'm interested in is how to make these data available for researchers more generally in a safe way, safe from a privacy point of view. And I think there are mechanisms to do that

we can talk about that would allow research in a much more fluid fashion than is available today, yet still perfectly preserving patient privacy.

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

Interesting, thanks. Kyna, do you have any comments?

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

Yeah, Kyna.

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

Kyna, sorry.

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

No problem...comments to add to the...is that the comments...(Indiscernible)

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

Sorry, you're breaking up for me, I can't hear you very clearly. Can others?

Multiple speakers

No.

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

No, we can't hear her.

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

Sorry Kyna...

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

Is this better?

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

Yeah, that's better.

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

Much better.

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

Is this better for you?

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

Yes, that's good. Thanks Kyna.

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

Okay, great. I was just saying that there are two comments that I want to add. The first is related to, we've done a great job in terms of pushing adoption of health IT and getting providers on board, but I think one thing that deserves some additional attention is thinking about how technology has influenced the human aspects of care and the patient-physician relationship. So the comments about technology

enabling the support of health outside of or beyond the typical care settings I think is really important, but I think it's also important to think about reaching beyond the typical care setting while maintaining the connection with the healthcare providers. So, I think...their availability and also the scope of population that they can manage I think is a huge prerogative for health IT and a capability. So that's one thing, just making sure that health IT is supporting that human aspect of what's an important determinant of health.

The second piece is...interoperability is big...we all want to talk...I think of software development...(Indiscernible)

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

Kyna, we're losing you again.

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

Sorry, we lost you again at the last minute.

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

(Indiscernible)

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

Okay, but thanks, I think we got the gist of that, that's really helpful. Let's see, Jonathan, are you still with us?

John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center

Which John, John Houston?

Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs

I am, yes. I'm here, can you hear me?

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

Yeah sure, we're going with Jonathan and then John if that's okay.

John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center

Okay.

Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs

Okay, so this is Jonathan Nebeker, I hope this is the right Jonathan.

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

Go ahead.

Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs

What we're I guess for the VA context, we're interested in veteran-centric care and more broadly, we're interested in patient-centric care. And that's kind of a buzz word, but we believe that goals are central to this, in order to be able to trace healthcare interventions and population health interventions directly to

goals that matter, functional goals that matter for patients. And so this, we would like to see feature prominently in a strategy to facilitating the patient to be able to achieve that.

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

That's great, really interesting. And then John.

John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center

Great, thanks. I guess trying to be pragmatic about all of this, obviously innovation is...we have to continue to strive to move forward, but I continue to see some basic problems that we are confronting with respect to sensitive information that frankly, in my opinion, is going to continue to frustrate innovation in a general sense, unless we are able to do a better job of managing sensitive information, understanding how to deal with it, making it smarter so that we are able to more intelligently handle it.

So, in the context of innovation, I think we can't lose sight of still dealing with some of what I think are continuing, nagging issues that are...that we have not been able to solve. And again, the one that really comes to mind is how do we deal with sensitive information that may be covered by a variety of laws and we need to deal with differently than all other health information that we typically want to sort of work with and make improvements related to.

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

That's great, that's a very nice segue to some of the comments Sandra made and others and I think it even dovetails with this larger cloud of personal and social determinants information that we haven't yet encountered those issues but will as we start to capture some of that data. Did I miss anyone going around the circle who has other comments to add?

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

This is Kyna, sorry, I fell off the call, I guess my call got disconnected so...

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

Oh, great.

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

So, I apologize...how much didn't come across.

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

No, I think we got the gist of it, is there something more you wanted to add?

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

If you can hear me fine now, I'll just finish my last thought...

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

Sure.

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR

...which is just related to interoperability; I think a nuance that I've seen important kind of on the ground is making sure we're not just moving data around between patients and providers but moving actual information that's meaningful. So, I think there's one thing to make systems talk to one another and kind of move the bits data across, but another to actually retain the meaning and the intent. So, that's just a nuance I wanted to add.

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

Good. Thank you for adding that. I'll just add my thought that I have as well. I'm interested in, as I mentioned earlier, looking at outcomes over time and now that we have this opportunity to capture data from a lot of settings, including the home and the person themselves, patient-reported outcomes, for example, and connecting that back to the care delivery system.

I'm really interested in the infrastructure that we can build to enable a longitudinal health record that is not siloed in everybody's EHR but is really available, think of it kind of as a registry paradigm, to look at outcomes over time and to capture the patient's experience of their own care and health and outcome. So, and obviously from the point of view of the constituents that I work with, so that we have an ability to measure outcomes over time and look at that as part of system planning and evaluation. So I hope we can come to that issue as well.

But thank you, this was a tremendously interesting round robin and thanks for everybody indulging a kind of on the spot creativity session. And this actually, I think in looking over this list, there are three or four clusters of areas where I think we'll have a lot of common interest and can put together at least the skeleton of a work plan for going forward and thinking about how to dive into these. So, at our next call, we will do more of that.

So I think we'll wrap up the meat of our discussion, we still have an opportunity for public comment. Let me see, Jennifer, are there other things you wanted to mention or take up at this point?

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

No, I think we can go ahead to the public comment.

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

All right, Michelle, anything else we need to do before public comment?

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

No.

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

Sorry.

Public Comment

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

Operator, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

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

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

It looks like we have no public comment, so thank you everyone, we greatly appreciate you taking the time and joining us on our first call.

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

Yeah, thank you Michelle. And so you'll all see that we have a call scheduled for November 6 at 9 o'clock Eastern, and I know we have several Californians on this call, so I will set a collective alarm and get ourselves up. And fortunately I see we don't have any more 9 a.m. calls scheduled for the rest of the calendar, so, we'll see if we can make it to one. So thank you all.

M

That must be the doing of the chair.

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

I'll be there.

M

No, but you must be the one making sure that there are no more of them.

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

That's right. Thanks everybody, we'll talk to you again in a couple of weeks.

John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center

Thank you.

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

Thank you.