



HIT Policy Committee Strategy & Innovation Workgroup Final Transcript December 3, 2014

Presentation

Operator

Thank you, all lines are now bridged.

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 a meeting of the Health IT Policy Committee's Strategy and 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.

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

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.

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

Hi.

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

Brian DeVore? George Hripcsak? 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
Hi, Kyna. Mark Savage?

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
Here, good morning.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Hi, Mark. Michael Painter? Paul Tang?

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

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Hi, Paul. Richard Platt? Sandra Hernandez? And from ONC do we have Seth Pazinski?

Seth Pazinski, MS – Director, Office of Planning, Evaluation & Analysis - Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services
Yes, I'm here.

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

Seth Pazinski, MS – Director, Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services
Matt Swain is here as well.

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

Matthew Swain, MPH – Program Analyst, Office of Economic Analysis, Evaluation and Modeling - Office of the National Coordinator for Health Information Technology

Hi.

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

And with that I'll turn it over to David and Jennifer.

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

All right, thanks Michelle, thanks everybody for getting together one more time. We're still in the preliminaries of getting ourselves fully scheduled and organized as a group and as you'll see in today's agenda we are now right on the cusp of jumping into the heavy lifting of our work plan. So, we can look at the scheduling slide first and we will see that the decision about the availability of the...go ahead to the scheduling slide, do you want to go over this first Michelle, the...yeah, thanks.

You'll see that the decision has now been made to release and begin discussions of the draft federal IT strategic plan starting next week at the Health IT Policy Committee meeting. So, as that becomes available all the rest of our activities and scheduling will speed up.

So, you'll see the schedule now has us spending the first, the next two months really doing the work to prepare comments on the federal health IT strategic plan so that we will be capable of presenting them to the Policy Committee at their February meeting.

So, a number of the discussions we've had as a Workgroup over the last month or so have been good for getting us organized about the critical themes we want to take up and some of the topics we think we want to bring to the Policy Committee over the coming year but a lot of that will probably be folded into the way we think about the strategic plan itself.

So, given that clarification about our schedule and sequencing let me see...and Michelle is you want to make any comments or Paul if you'd like to about how this all fits together.

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

I'm in a transition for about 3 minutes.

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

Okay, all right, Michelle anything else you want to clarify about the work schedule?

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

I don't think so I think you've covered it, thanks, David.

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

David, this is Mark with a quick question.

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

Yes?

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

Does this overlap with the public comment period or are we doing our work ahead of the release of a version for public comment?

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

No, it overlaps with the public comment period.

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

Okay.

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

Thanks. Any other comments or questions Jennifer or anybody else about this...

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

No.

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

Basic schedule? So, just a...

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

Well...another question, since it overlaps the public comment period, this John Houston, do we have a different channel through...I mean, I'm assuming we have a different channel for which our comments will come and may be provided with additional levels of consideration?

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

So, yeah, so this Workgroup will provide their comments through the Health IT Policy Committee and then we'll bring their comments forth as part of the Federal Health IT Policy Committee once it's approved by the committee itself. But if you have comments of your own you can submit those through the public comment process.

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

So, typically, John, the way it's been working with these major documents is that we would do a lot of the grinding and analysis, and then go back to the Policy Committee with a proposed set of recommendations on their behalf, they will then give additional input and discussion which we often take back and reprocess again so that we're essentially leading the process of discussion for the Policy Committee and those recommendations then have the weight so to speak of the Policy Committee and the National Coordinator going through the ONC process.

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

That's a...

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

Will we get a sense of what the public comments are prior or we'll have our work completed before that even comes in or will we kind of be working in...

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

Yeah, it will all be happening at the same time.

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

Okay.

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

Yeah, there has been some history, Jennifer, that some organizations that choose to publically release their own public comments early so that they stimulate some discussion.

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

Right.

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

So, sometimes, you know, a letter from a trade association or whatever group and that maybe something we'd want to look at as we go down our process if that happens to be the case.

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

Okay, because that might make sense for us if there are obviously big concerns, this group could listen to some of those. Thanks.

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

Okay, so the key thing I think for us to ponder is that we spent the last meeting or two as a group getting ourselves introduced and thinking about some of the major strategic questions we thought needed to be addressed in the next year or two and it turns out that other groups not surprisingly have had many of the same observations and have come to realize that many of these same topics are important to address.

So, while I think Michelle and the staff has done a great job going back and looking at the current state of play with the other Workgroups to figure out who has already committed and has the right charge and composition to dig deeply into some of those topics that we've also identified and try to sort out what is exactly our role given that we have a broad future orientation and strategic orientation and some of the deeper dives technical or policy issues might surface first in one of the other Workgroups, the Consumer Workgroup, the Advanced Health Models Workgroup and so on.

So, in light of that today we wanted to go over the mapping essentially that the staff has done between the various Workgroups and we also had a call of the Chairs of all the Workgroups with Karen's leadership to try to do some of that sifting and figure out who is on point for each major new topic area in advising the Policy Committee and then we need to take a look at what's our particular job given that other groups have already got important roles to play in these areas.

So, in light of that we took a stab for today's discussion at refining I would say what exactly our role is in distinction from what the other Workgroups with an overlapping jurisdiction might have as an interest. So, if that process makes sense why don't we go ahead to the next slide?

And so this is a very short suggestion of what we think our role might be to be essentially a coordinator to think about the high-level objectives and implementation recommendations that cut across the various Workgroups, that is to hold together the overall strategy and the vision of an infrastructure that will accommodate the many merging interest areas and imperatives that the groups have identified across the board. And so we would tie those together across the Workgroups.

And I think there is another slide which has a little more detail about that mechanism we've talked about, let me see what's the next slide. Yes, so this is something for us to think about today and see if this seems to make sense. You maybe want to look at this for a minute and then hold it in your mind as we go through the detailed assignment topics to the different Workgroups.

So, again, it's easier to sort out what's our role versus what's the role of the more specialized in-depth Workgroups that have a more short-term approach to the topic. So, we've suggested three key roles for us as this distribution and assignments plays out.

One is to lead and coordinate recommendations for the metrics, the long-term national metrics to assess the impact and value of HIT adoption. We know that the strategic plan draft that we'll see next week will have proposals in it for those metrics and the Policy Committee has had a number of discussions about metrics.

So, one of our tasks would be to look at this high-level overarching view and respond to the draft metrics that are made available to us through the strategic plan and the other Workgroups who have a specialized interest in certain of those metrics.

And then either a firm or add to, or suggest comments on whether the metrics that are proposed we think are suitable to the strategic objectives that we're all trying to address. That's one category of work we would take up.

The second is we'll call it broadly infrastructure, the long-term infrastructure, so once we've got the distribution of EHRs out there and we have a certain capability with HIEs what else is going to hold this whole national infrastructure together.

We're going to be hearing Workgroup recommendations, recommendations from a number of Workgroups about specific topics of interest to them like in the past we've seen the ACO capabilities recommendations for example, well how do those fit into the much larger and more complex or pluralistic environment that we have to accommodate that's a role we probably would continue to be primary on.

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

Quick question, this is John Houston.

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

Sure.

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

Does this also include data standards or is that sort of outside our purview?

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

Well, I think, we'll have to see. In a technical sense the answer is "no" that is the Standards Committee will still be the primary vehicle for all that work. But, I think, as we think about how these standards fold together into a larger long-term national strategy then we would want to be cognizant of that. I'll see if Michelle or Paul, or Jennifer do you want to add some thoughts?

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

It sounds right to me.

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

Yes.

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

If it's not very clear, John, do you think we should be more specific about that role?

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

I don't think we need to. I was just wondering out of my own...you know, for my own interests is whether data standards would actually fall under this with your definition of infrastructure, but it's...it probably doesn't need any clarification. I mean, unfortunately, if you clarify that probably you have to clarify a lot of other things as well and if you really wanted to, you know, define infrastructure.

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

Right, I don't think we want to call that out specifically or, yeah.

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

I just...for my own identification I just wanted to make sure.

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

Okay, so continuing on that second bullet point about the infrastructure, so we would be working with the other Workgroups either jointly or simply taking advantage of the work that they've generated on their own recommendations and then tying that together.

The second phrase here, harvest recommendations, make sure they can be integrated into an efficient private and secure infrastructure so that these things are not happening in a disjointed way but are being pulled together and there is a communication across groups and around the substance of it and then make sure they come together into a coherent framework.

And then the last point maybe comes to the standards question, which is how do these different recommendations coming out of the different work streams lend themselves to implementation and in particular how do federal and other programs use their existing authorities to support the adoption of whatever framework we end up supporting.

So, we'll see of course how the strategic plan addresses this question but I think we all understand and certainly CMS has been a great partner to ONC up until now. There are a variety of authorities not only the EHR incentive program but many other tools that the different agencies have and then of course in the private sector there are other capabilities and the state governments have capabilities and we might help think about given a set of strategic objectives and the metrics that reflect them, given the recommendations coming out of all the work streams, including our own and those from other Workgroups and the Policy Committee itself, how do these things get translated into a consistent set of signals to the market and a consistent set of signals to providers so that the goals or the strategic objectives can be reached through using the existing authorities or if needed we could certainly recommend that other authorities be available but that's probably not our primary focus.

So, let me stop on that and take a minute and talk about this slide and then we want to look at a little more granular detail and then keep this concept in mind and then we'll come back and probably revisit this from time-to-time. Any reactions to this general framing?

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

This is Mark...

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

David, this is Jen...

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

Go ahead.

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

Yeah, I think this makes a lot of sense, the third one specifically I think is really critical because it's going to help connect the dots I think to all of the different federal programs and I like how we've specified that about existing authorities. So, really looking at existing payment policy or incentive programs, or whatever it might be grants that are out there to help support this stuff. So, I think that makes a lot of sense for this group to tackle.

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

Thanks.

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

Sorry, Mark.

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

That's okay. So, I had a couple of questions about this, one is one of our charges as a Workgroup is to take the long view. Are all the Workgroups to which this gets pieced out, are they all going to be sort of taking a 5-year view and are we supposed to take a longer than 5-year view of some of this stuff or are we all just sort of working within the same timeframe of the strategic plan? Maybe it makes sense that it's all just 5 years but I just wanted to check given our charge that's one question.

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

Well, my sense is that we will have a longer view and the other Workgroups are thinking more 3-year, maybe 5-year. But Paul you're close to that differentiation what do you think? Paul how is the Advanced Health Models Group thinking of the timeframe?

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

I'd say it's within 5 years if that's...and it's probably...yeah, I guess the closest I could say is within 5 years. We are focused as sort of the primary intent is...a couple of things, one is much more community integrated and two is more centered around health. So, I'd say those are the two main foci and so clearly you can see that this doesn't happen overnight.

So, I'm trying to think is that a 5-year...it's sort of like trying to shoot towards the end of 5 years but go and then start moving in the direction with policies as soon as possible pointing in that direction. One of the examples would be quality measures not the measures you're talking about for HIT adoption and impact but the whole quality measures of what do you get recognized and paid for. So, it's a little bit of a hard...I mean, by design the advanced health model is sort of more further out thinking.

Seth Pazinski, MS – Director, Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services

This is Seth Pazinski in ONC, I would say, Paul, the way that you framed it is kind of consistent with how we were looking at it with development of the strategic plan.

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

So, I think, David, that's just a useful reminder that we're working with a 5-year document but we still will be thinking how it fits into our charge of looking longer as everybody else is looking at 5 years or less.

Then I also wondered, are we the only Workgroup looking at metrics to assess this or will all of the Workgroups that are looking at different pieces be looking at metrics as well in their particular areas?

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

Well, my understanding again is that some of them are. Given the timeframe of responding to the strategic plan I think we will both want to harvest and also consult with the other Workgroups in areas of their specialization to get their input and suggestions of what those metrics should be.

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

Okay.

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

We may want to prompt that discussion if it isn't happening already.

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

Then my last thought was picking up on your mention of ways in which we can send signals to markets, signals to providers and to add to that, that we would also be thinking about sending signals to patients and families and communities as part of the partnership.

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

Good, thanks. Any other reactions to this summary of our role?

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

This is Kyna, just a quick question about what the nature of how we'll interact with other Workgroups will be. What's the mechanism for that?

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

Good question.

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

Yeah, I'm not sure.

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

How does that work, yeah?

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

We'll have a little bit of overlap but not a lot. Michelle, do we have overlap with every other Workgroup or just a couple?

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

I mean, I think, this Workgroup overall should have overlap with every Workgroup just because we're supposed to be, at the end of the day, planning the work plan for the Policy Committee. So, there should be alignment across all Workgroups.

You know if there is specific work then we'll work together and have a joint meeting or have the Chairs at least get together in other ways, you know, we report up to the Policy Committee so we can share it that way and then as you both know we have those administrative calls to share across Workgroups. So, we can have a joint meeting if necessary it just depends on really what the topic is.

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

But, in terms of communication, Michelle, I know you play a key part as the glue across these different groups and Paul is active in a number and Mark you're...are you involved in the Consumer Group actively as a member as well?

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

Erin Mackay on my staff is a part of that.

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

Right.

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

So, I hear about that group as well.

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

Yeah, so we may want to...Michelle we can talk off line about a way to make sure we have an active listening post in each Workgroup.

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

Yeah, I mean, I think to some extent like you said that would probably be me, but we'll follow up off line.

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

Okay.

Seth Pazinski, MS – Director, Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services

Yeah and I think just to add to Michelle's point, you know, when we...in thinking about the strategic plan there is, you know, a number of kind of high-level outcome statements that will be made there and getting a sense from you all and using the word, metrics, but really like what are the high priority areas that we need to address within that broad scope I think would be really helpful.

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

Okay, good, all right, so let's go onto looking in a little more detail at the themes that we identified as priorities and we know that other Workgroups have as well. Do we want to talk about the strategic plan process first? I don't know do you want to do that first Michelle?

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

Sure and Seth correct me if anything has changed. So, we're planning to do a presentation during next week's Policy Committee meeting and Standards Committee meeting actually on the Health IT Strategic Plan. So, I highly recommend that any Workgroup members listen into that portion if you are able to it will be helpful to just start our conversation to hear the general overview of the strategic plan and also hear the conversation that comes out of the Policy Committee so can we share the invite to the Policy Committee with you all if you're interested in attending.

And then we're hoping that some of the themes that have been discussed in our prior meetings will have significant overlap with what is in the strategic plan and we'll get to that a little bit further on in the presentation today.

And then after the December 9th meeting this Workgroup will be charged from the Chairs of the Policy Committee with responding to the strategic plan. Seth, how many days is it open, 45?

Seth Pazinski, MS – Director, Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services

It's going to be open for a 60 day public comment which would put it I think on February 2nd.

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

So, we are planning...so typically what happens is the Policy Committee or the Standards Committee have a little bit more time so we're planning for this Workgroup to bring your final comments forth at the February meeting which would be February 10th so you'll have a few more days than the public comment period.

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

Okay.

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

This is Mark with a question, if it's being released on the 9th what's the difference between the 9th and December 17th?

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

Our first meeting following...

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

Okay.

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

December 9th is the 17th.

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

Okay, got it, thank you.

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

Yeah.

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

So, we'll probably...after we all have a chance to look at the material after the 9th then on the 17th is our organizing meeting to figure out how to really dig into it and break out whatever we think the critical issues are that we want to take the most time with.

Okay, so that's probably something we don't need to think about yet but put in the back of your mind over the next two weeks. We will want to consider what the process should be to get input or dig deeper into any of the topics the strategic plan so that when we get together on the 17th we can have a work...develop a work plan of how to go about working with that material. So, that's something to come into the 17th ready to talk about.

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

Can I...question, this is John Houston, are we intended as a committee to have...to make a set of singular recommendations meaning that there are consensus built recommendations of everybody or are we allowed to build a...for like a particular topic where we may not have consensus are we going to give a range of opinions as part of our recommendations?

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

Well, the history has been all the above and sometimes these kinds of recommendation processes have come back with options for the Policy Committee or even with quite different opinions from Subgroups of the working group.

So, I think it's possible, depending on what the issue is, that we would go back to the Policy Committee saying, you know, we don't have unanimity around this approach but here are the pros and cons of option A and B and have the Policy Committee weigh in on that and maybe influence the way we think about it.

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

Right that makes things a lot easier.

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

David, maybe this is a related question, I've seen with the Meaningful Use criteria for the various stages that there have been...there has been more than one presentation to the Policy Committee to get feedback and then incorporate it back into the Workgroup's thinking, will that be...there may not be time for that here but I just wondered if that's a piece of this puzzle or not?

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

So, this is Michelle, I think this process is a little bit different just because they're commenting on something that's been published.

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

Oh, okay.

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

So...or this Workgroup is. So, the comments will just be shared at the February meeting.

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

Okay.

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

But there will be an opportunity to present a draft work plan for the Policy Committee and then a final work plan. So, I think in some ways that will be the opportunity to integrate all of the things that we've discussed together and that will follow the process that I think you're talking about Mark.

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

Thank you.

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

Yes.

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

Okay, so that's where we're headed, why don't we talk in some more detail about the first discussions we've had here and how they map into the work of the other Workgroups and the Policy Committee as a whole and I think Jennifer would you lead us through that part of our discussion?

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

Sure, sure. So, the next slide there, these were the five areas that Gretchen went over on our last call and I think they, if I'm correct, have not changed but we've been given full confidence that these align with the Health IT Strategic Plan.

So, expand adoption of Health IT, advance secure and interoperable health information, strengthen healthcare delivery, advance health and well-being of individuals in communities, and advance research, scientific knowledge and innovation.

So, what we did, gosh, a week or two ago now, was we went through each of these areas and if you go to the next slide there, you can see we've broken it out into a really nice table thanks to ONC staff, Michelle, did a great job pulling this together, and we've lined up the objectives, the short-term outcomes, the long-term outcomes and the Workgroup assignment. And the idea would be for this group to come up with metrics for each of these so really populating that third column there.

So, what we thought we could do today is just walk through some of this and start talking about that third column and again, I think, all of the work that we do on this table and with the objectives today and outcomes today we've been assured does align with the plan so we're not doing this for not, but let me just stop there and see if there are any questions about this table or what we're going to do with it.

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

Mark with more of a process question.

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

Yes?

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

In a previous meeting there had been some discussion about the wording on slide six, the immediately preceding slide.

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

Okay.

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

And as you pointed out, it hasn't changed although I see some of the ideas that came out from that discussion do seem to be woven into what we're looking at now. So, an example would be, a comment I made was that it's not just a...on the first one is not just expanding adoption but its expanding adoption and use. And indeed on the slide seven it does talk about effective use.

So, I just wanted to come back...is slide six going to stay the way it is? Will it be changed? Will it incorporate some of the ideas or should we just be focused on the table as the vehicle for incorporating some of those earlier comments?

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

Good question. Michelle anything?

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

I'll try and then Seth might need to speak up as well. So, slide six really does come from the strategic plan, at least the initial thinking, so I think that's why we haven't changed the language. We can, you know, when we comment on the strategic plan, you know, expand upon it as you suggest Mark, so I think that we should have our more detailed discussion and make any changes into the table itself and we can recommend those types of things when we actually see the strategic plan.

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

Very good, thank you.

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

Okay, great. Anyone else have questions or comments on the process? All right, let's start looking at the table. The first goal there in collect, expand adoption and use perhaps Mark of Health IT, go ahead and we'll start talking about that. And the first objective there, and again, these objectives a lot of these came from our discussion that we had I think one or two meetings ago and again it does align with the plan.

So, why don't we walk through these and see if anybody has comments on these. So, the first one is the increased adoption and effective use of HIT products, systems and services and the short-term outcomes of that would really be to have market-based incentives and some sort of government stimulus for adoption. And then the long-term outcome would be some sort of increased use of HIT for improved interoperability between all the care team.

And I do believe, Michelle that the interoperability group is working on some metrics for this in terms of interoperability correct?

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

Yes, in terms of interoperability, yes.

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

Okay, okay, so that last column there, Workgroup assignment, I think that's actually interoperability is one of...actually it sounds like and also all of the Workgroups are going to be developing some sort of metrics along this line, but other thoughts here from this group in terms of long-term outcomes or this group's role in that, developing metrics for that?

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

So, Jennifer, it's David, I was just thinking Paul's comment a minute ago about the quality measures pathway that the Advanced Health Models Group has taken up a little bit. The use of the word effective in the first bullet point, the first objective, makes me think that the quality measures, wherever that's going to evolve and I honestly don't know what ONC is thinking or Paul what your Workgroup is thinking, but it could be that the way the quality measures evolve will be an important set of the metrics for this item if it's really about the overall suite of HIT products, systems and services and their effective use.

So, interoperability is one, you know, layer of that but the real impact on quality is the thing we probably want to optimize for the long-term outcomes.

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

That's a great point.

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

Let me just make sure we're talking about the same thing. So, in 1.1 I see that is increase adoption of the effective use of...wait, which quality...which bullet are you talking about?

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

The first one.

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

I'm on the first one, Paul.

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

One dot one, where's the quality measure piece of it?

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

It's not there that's what I was thinking about.

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

Yes.

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

In terms of this, how are we going to measure long-term outcomes and whether it's the way it's phrased here is increased use for improved interoperability and I'm thinking the long-term outcomes are really the impact on quality of care or on health.

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

Right.

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

Right.

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

So, I think...

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

It may come out of the work stream that you're doing.

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

Yeah, so the actual measurement of the health outcome I think is something, as you know the Quality Workgroup got merged into the Advanced Health Models so that...we were going to kick off a Subgroup that deals with that but that would be on the health outcomes and this point...the quality measures in this group actually are directly from your comments of how do you know we're making...well, how do you know where we are and how do you know we're making progress so that is a quality measure on long-term outcomes "I" well I don't...that's very specific the interoperability, but...

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

Right.

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

It was really the measure of 1.1 I guess is the easiest way to say it.

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

So, maybe what I'm getting at I guess is 1.1 might be clarified at some point to either be about adoption, which means it's going to be more of a process metric around EHR adoption or a number of packets, interoperability exchange with Direct or something versus use which is going to take us more toward the quality measures.

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

I see what you're saying. Another way to look at "effective use" would involve things like...usability impacts on that. So, it's one thing to have functions there and present, i.e., certification it's another to say "well, gosh there's a lot of information, there's a lot of communication flowing to and from consumer patients." Do you see what I'm saying? That would be a "use of" this HIT infrastructure and yet we don't know whether that's actually made them healthier. So, whether it's made them healthier sort of something more in the...

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

Right.

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

Yeah.

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

So, can we adjust that in the long-term outcome column there and just make it more specific about the impact on quality of care?

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

I think we're distinguishing between the health outcomes and have we made good use of these tools and good return on the investment of capital in these systems? Because that's my interpretation of what David has raised in the Policy Committee before.

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

But, I'm also going back a step and saying, and maybe we shouldn't go too far down this road until we see what the strategic plan says, but the idea of adoption, you know, in the early days when we just wanted to get EHRs out there and installed and used, we had really crisp metrics about a number of, you know, servers installed and plugged in and running and that's very far from a health metric.

We're now at sort of intermediate stage where we have a certain layer of technology "adopted" and we haven't really even articulated what the next layer of technology adoption is that we're looking for but maybe that will be...but I think that process measure of, you know, is our responsibility to see that HIT is adopted and then secondarily, as you're saying Paul, looking at the uses and then thirdly at the impact.

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

Yeah.

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

Different work...I would really get to a really simple point which is the different Workgroups already have a piece of that and we probably wanted for the fourth column sort of break out the fact that there are multiple Workgroups that are contributing to how we measure the success of 1.1 but maybe we have to rethink 1.1 into some different sub-objectives. But that's where the strategic plan will probably speak to it.

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

Although still try to...I mean, you're independent thinkers and I probably wouldn't tether, I think Seth and Michelle would agree, I wouldn't tether it to the plan. So, I think the role of this group is to develop its recommendations about strategy and innovation and also to comment on the plan which might have gaps for all we know.

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

Yes, and we want to help...

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

I just didn't want you to be so limited, yeah.

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

If we can help identify gaps that would be great.

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

Yes.

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

Okay, so we'll have to wait and see.

Seth Pazinski, MS – Director, Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services

Yeah, this is Seth, I mean, part of the role of having this be a collaborative process is, you know, the opportunity to if there are gaps like this is our, you know, our draft to start engaging the public on and so if we can address those that would be great.

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

Okay. So, we'll wait and see what's in the plan and go from there? Other comments on this one before we move on?

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

Jen, I had a couple of comments on 1.1.

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

Yes, sure?

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

One is to sort of repeat something I said earlier, I think there are some patient-based short-term outcomes as well. We've found that, for example, improving on-line access is a way that comes back and gets people using more Health IT. So, I think that is worth lifting up short-term and long-term.

And also sort of picking up on the conversation we just had about care but also health and thinking about yesterday's conversation on accountable health communities, I think the measurement...some measurements maybe around interoperability among care team members but we might also be looking at broadening it around health generally. I'm not quite sure what that would look like at this stage I hadn't really had a chance to think about it since getting the slide deck, but that is important thinking that's happening right now and it seems like this is a...it would be good to flag that for our thinking on the strategic plan as well.

If on the patient side it made me wonder whether under the Workgroup assignment, I know we're just focusing on long-term outcomes, but it made me wonder whether there is a Consumer Workgroup component for part of it and given the discussion yesterday about accountable health communities whether there is an advanced health models component as well.

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

Okay, all right. Other comments? We'll move on. Okay. Good point Mark. So, 1.2 is the increased confidence in the safety and safe use of HIT product systems and services. And one point, why don't we just go through all of these on one page if that's okay because they are kind of interrelated.

And 1.3 is the increased recognition that health is determined by a variety of interrelated factors and social determinants and this is where we get at that discussion point we had on the last call and discovered that the Advanced Health Models Group is actually doing a lot of work in this area as is the Consumer Group, I believe, as well.

So, there are a couple of Workgroups working on these two objectives and I imagine will come up with some metrics here. But let's go ahead and get some input from the group here today in terms of long-term outcomes for these two objectives 1.2 and 1.3. And this is...

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

Well, this is Mark again.

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

Yes?

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

We have...there have been prior hearings and discussions about usability from a provider or clinical setting perspective but in terms of long-term outcomes I'd be looking at usability from a patient and family perspective as well and then I actually had a comment on something that I think is significant but is not reflected on this slide which is that given that we're focusing on Health IT generally and not just the Meaningful Use program it might be worth building in somewhere an explicit mobile access or device component to this because I think that is a driver of the future.

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

Right.

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

Yeah, I was kind of thinking along a similar line around 1.2 and wondering if the test here is confidence and that would be both on the provider and on the patient side at least then how do we measure that. One way to measure it is through adoption and use rate that people are obviously comfortable and another would be through some kind of survey mechanism or assessment that would also be more diagnostic in terms of identifying areas that need to be improved.

I don't know if the other Workgroups, Michelle, have in mind any kind of public assessment survey about any of these issues? I know private groups like Mark's have done quite a bit of work in that area but I don't know if the ONC or any of the Workgroups are contemplating assessing either public or provider confidence in the technology?

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

No not specifically, no.

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

Okay, we should come back to that. If confidence is really the important dimension of this one.

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

Right.

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

That it's a trustworthy system maybe the Privacy Workgroup should talk about this as well, it could cut across several of our Workgroups.

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

But, David, is this the...I'm wondering if that's an intentional use of confidence of whether it's...in other words whether it really is about the trust or whether it's increased safety and safe use of HIT that's really what somebody had in mind. I don't know the answer.

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

Yeah, I'm with you.

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

We can also change the language.

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

Good...this is John Houston, should a...maybe should a long-term objective be something about a learning health system that improves those, you know, safety and security as well as...safety and safe use as well as confidence.

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

I think that's a great idea to incorporate that somehow in the language here.

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

Are we sure that confidence is the right...I mean it's an important concept but is that a high priority? Is that a critical path thing?

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

One might argue it's a barrier to use if people aren't confident in it.

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

Right, they won't use it.

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

Right that's why 1.1 if you have some measure of 1.1 then we sort of don't have to build all the steps leading up to it, right?

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

So, maybe it's a question for ONC staff about whether this really was the focus or whether we should just be talking about a word change here.

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

Can we get some thoughts? Yeah.

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

This is Michelle, so overall I would say that this is my language and so it's very open to changing some of it I tried to summarize from our previous conversations. So, if you think that the word needs to change we should change it.

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

I guess you could look at confidence in two ways, I think we talked about this before, confidence can be human confidence or confidence could be sort of a confidence factor in terms of the value of an HIT environment, you know, product.

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

Well, following up on the early conversation it seems like the increased safety and safe use is really the outcome or the objective and confidence then becomes a factor of that rather than the focus.

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

Yeah, I mean, I think it...

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

I'd be happy with a word change myself.

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

I mean, I think what we're really concerned about is there being a lack of confidence and that impacting the adoption of it. So, maybe we do need to...maybe that's not the right word.

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

Well, yeah, so if we just go towards outcomes we have one, we want them to be effectively used.

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

Right.

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

And in a separate group we're going to say and they impact health outcomes. Two, we want them to be safe and usable that is...we have talked about that a lot and I wish we did have a measure, but that would be a great thing. Confidence seems one level removed and then I don't know...then you still don't know what to do about...it's not as actionable as focus on safety and use, and usability.

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

Okay. So, do we want to...should we wait until we see the plan here or do we want to make a recommendation here?

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

This is Michelle, so what I've done is just taken out the confidence piece and just made it increased safety and safe use of Health IT product systems and services.

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

Okay, is everyone all right with that?

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

Which you're assigning essentially to the Implementation Usability and Safety Workgroup.

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

Yes.

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

Yeah.

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

Yeah.

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

Okay.

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

Thank you.

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

All right, great, let's go...is there anything else on this page on 1.3 increased recognition that helps determine by a variety of interrelated factors and social determinants, and the long-term outcomes here are really free flowing information between all the healthcare team members. So, Paul you're group is doing some work on this? Paul are you there? No, hello?

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

This is Michelle...

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

Oh...

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

They have a hearing that they're planning in the second quarter of this year. They actually just had a planning call yesterday and talked a lot about what will be included in that hearing.

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

Okay. So, we should probably I think wait and see how that shakes out a little bit. Are there other comments on that?

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

Well, this is Mark, just following...I was present for that hearing and it is, as Michelle said, it is the second quarter but this is something we're going...we're working on comments that are due in February so we're still going to be working on it now right not waiting?

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

Right, right.

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

I think, so I'm sorry, I was...the indication is just that somebody is actually going to be working on something very closely related.

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

Did you have a specific comment there Mark that you wanted to make sure we include?

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

No, it's just that...I mean, this is a multilayered effort so your comment about waiting I was just pointing out that for the piece about providing comments to the HIT strategic plan we won't be waiting until that hearing for instance.

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

No, no.

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

We'll be just plugging ahead and doing the best we can and then once we hear from the hearing we'll be able to fold that in at the appropriate time but not for present purposes.

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

Right, agreed and I think we'll see hopefully next week when this comes out some more specific information there hopefully. Okay, any other comments on the collection, the goal one, expanded adoption of Health IT?

Okay, let's turn the page to goal two which is advance, secure and interoperable health information. And this actually there was a lot of work and overlap with Workgroups, the Interoperability and the Advance Health Models and the Privacy and Security Workgroup are working on some of this but as you can see the long-term outcome column is pretty much open.

So, I think that we're definitely going to have a lot of work here. The first objective, use of technical standards to support secure and interoperable health information across the patient's care community. The short-term outcome is the interoperability roadmap dot, dot, dot, I think it's really the dot, dot, dot we're all interested in.

And then 2.2 and 2.3, I mean, these are pretty open here, patients, families and caregivers are recognized as engaged partners in protecting the privacy and security of health information. So, do we want to talk a little bit here? Mark, I'm sure you have some comments in terms of long-term outcomes in these areas.

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

Well, I did have a thought which is sort of building on something I said on the first slide, where the references to the care community to the care setting I think we would be broadening to reflect some health planning, health communities in general so that maybe adjusting the wording so that we're all thinking more broadly in that regard.

So, for example, 2.1 it's not just the care setting but patients and their caregivers at home would be using the health information and health exchange for much broader purposes than just sort of episodic treatment and that's flagged, you know, that's sort of a little more present in 2.2 but I think in our organization we've talked about care planning and we've also talked separately about health planning generally just what do people do to maintain and continue to get healthy.

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

Good point, other comments?

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

I'm sorry, Jennifer, Mark can...maybe I can just follow up with you off line to get a better sense of what you're asking for I'm not sure I necessarily followed that.

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

Okay, do you want me to try to repeat and simplify it?

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

Yes.

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

I think...

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

I'll call you later.

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

Okay very good.

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

I think what you're talking about is not just at the point of care in the traditional areas but outside of care and other places making sure we measure that piece as well.

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

That's right and so...

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

And across the care continuum kind of gets at it but it's very vague.

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

So, for purposes of the long-term outcomes column, I again haven't had time to think about optimal wording, but those are tools for health planning that haven't really been developed, well-developed yet and I think that thinking about and trying to build those tools, which is really essential to the Triple Aim, is appropriate for long-term outcomes.

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

Other comments on this Kyna or John? Thoughts...no? Okay, David, Paul, anything on this? Okay.

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

I have one other thought, Jen, if you don't mind?

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

Yes, please?

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

Which is there is also a patient generated health data component to this which could show up in the long-term outcomes column actually under any one of those. So, as you've got partnerships between patients and providers you've got sharing of information it's important to build that in and I mention that because that's not nearly as well-developed as some of the other EHR and HIE tools. That will become increasingly essential, so for example, social determinants of health, a lot of the information about...a lot of the data on that would come from patients.

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

Yeah.

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

So, does that change 2.1 though slightly because it's not just the patient's care community then its patients themselves as well?

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

Agreed.

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

So, Jen, I have just a thought I don't know if it fits anywhere, but we're going to have to keep coming back to this issue of the unitive analysis and the unitive information that's being, you know, passed and if it's about a patient and their personal care plan that's one thing and we understand that reasonably well even though it's not ready to roll.

When we aggregate up to either groups of patients or communities and the data from that experience and how it rolls back into personal healthcare or rolls up into community health we don't have the real infrastructure for that, I personally can't even quite figure it out, the example I keep coming back to is, as you probably all remember...I think it was called, they were doing sort of epidemiologic monitoring of asthma trending based on things like emissions from plants and car traffic and whatnot that would cause hot spots of asthma flare ups and then they could also use people's uses of their peak flow meters and steroid, the canisters, to detect, you know, how many times we're using different medications as a kind of a proxy, in other words the thing with Google tracking, you know, searches on flu symptoms as an early warning system for flu trending.

So, you get some of that broad population health indication stuff which seems to be where we're going and how that flows back into personal care or flows up into...I mean, part of it is inferring trends in let's say asthma symptoms or flu symptoms from personal behaviors that are outside of the traditional EHR medical construct and using that to improve care.

This is a really huge framework and if our job is to think about infrastructure and how these different strands are pulled together and whether there are standards as in 2.1 to support that it's a different layer than the patient's care community.

So, I don't know...I think at some point we should articulate more clearly which layer of information if it's personal care, if it's health or if it's community that we're trying to tackle in these three bullets.

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

But building on what you just said, David, I hadn't noticed, but I'm noticing now, there really is not a population health or a public health piece on this page even though that's a part of interoperable health information exchange.

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

You're right. So, can we add something like that in here for population health?

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

Yes.

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

Okay.

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

It's added.

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

Great, thank you. So, one thing I was going to ask about is the protect the privacy and security of health information including data for research, I mean, that whole objective is pretty large on its own. Is the Privacy and Security Group working on some sort of...I mean, how are they talking about this? Have they...

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

They actually have a virtual hearing that's coming up, it's a two-day hearing, they have...they're talking about big data but there certainly are a lot of pieces that connect so on Friday and Monday they are having a virtual hearing.

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

Okay.

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

So, they'll gather lots of information.

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

Okay. Is that group talking about metrics at all or has that come into their conversation at all yet?

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

Not yet. They're still learning right now.

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

Okay. All right. Other comments on goal two? Kyna, John, David, Paul anybody? Okay.

All right, let's go to the next page on use and strengthening healthcare delivery, objective one 3.1 improving patient outcomes and a lot of short-term outcomes here we're looking for improved quality improvement tools, adherence to evidence-based guidelines, expanded use of tools to support population health analysis, so there is population health, recommendations to advance infrastructure to support intermediaries and aggregators, AHM hearing Q2, what's AHM? Oh, Advanced Health Models Workgroup. So, they're going to be doing a hearing, okay, great and in terms of long-term outcomes.

So to date we're thinking about the use of tools to support a longitudinal health record and incorporating claims and clinical data to facilitate performance feedback. Paul, are you on still?

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

Yes.

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

He said he had to drop off at 8:30.

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

Okay.

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

Yeah, I'm sort of hanging out to see when my next, my 8:30 is showing up, but at any rate, yes.

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

Is there anything about this piece that you would think our group could provide some feedback on here? Are you guys...what are you thinking about this objective? Have you gotten into this at all?

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

We haven't gotten much into this. This is probably more in the...well, let's see, short-term outcome the last bullet is something we're going to cover in this hearing.

The first three are a little bit even more on the MU side, the Meaningful Use side and I think, let's see, looking under long-term outcomes number two...we hope to hear about the data sources that influence health throughout the community let's say. So, in some sense two is part of that but that impacts your, I think it was your goal two about the infrastructure.

So, I think there is...the way this group can help look at the strategic architecture and infrastructure that helps us collect information that bears on an individual and community's health as per your frontline objective way up front. Anything else, Michelle, in how that relates?

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

No that sounds good.

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

Okay.

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

Building on your comment Paul we talked yesterday and it's come up here too that it would...we would probably want to explicitly mention social determinants, information about social determinants of health as well under the long-term outcomes.

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

Yeah, I...it's just, you know, I guess it's just not going to that level of detail here.

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

Okay.

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

We could flesh some of the language out, you know, we have some of this language in our slides, but...

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

Okay.

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

So, does something need to be included under short or long-term outcomes about, you know, engaging the...being able to engage the consumer, the patient or patient data in order to improve patient outcomes?

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

Yeah, I think...so I think what's missing...again, what we can do is we can reflect back some of the bullets we have on our slides onto this one.

I think we have all...so we've focused...we sort of came up with a phrase, so instead of accountable care organizations we phrased it as accountable health communities and so that's the focus and so the deliberate change is from an organization be it hospital or provider to a community and instead of care it's health and so that really encompasses what you and Mark just talked about.

Really, we're looking at all the sources of information and the participants and stakeholders in an individual and community's health.

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

So, is it clear that the patient is a member of the community?

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

We don't even call them patients anymore we call them people.

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

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation
So, I mean, I sort of...

John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center
Do people know they're part of the community?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation
People are part of the community, yes.

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

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation
The phrase is individuals and communities that means an individual rather than a sick patient and that they live in a context of a community just like all social animals do.

John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center
Okay, because sometimes we...you know, I'd say people and healthcare are often sort of, unfortunately exclude the patient from being part of the dialog and so it...or that's sometimes a perception.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation
Right and then unfortunately people perceive people as only patients and they don't have another life and that's what we're trying to get away from.

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

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation
So, we're taking it a step further...one step further John.

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

John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center
Great it sounds good to me.

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

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
Yes, David?

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

David, yeah, I had two thoughts on this long-term outcomes category and one was again the quality measures should be a test of whether we are improving patient outcomes but they're not HIT specific necessarily. I was just thinking about this morning there was a newswire thing about whether the reduction in hospital acquired conditions is...

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

Right.

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

A reflection of HIT adoption. And it makes me think whether we should talk among ourselves with the other Workgroups about there are some sensitive indicators of HIT impact on health outcomes that we want to give some visibility to in this row that will demonstrate hopefully the value of reducing adverse events or improving particular outcomes in certain populations whatever it might be.

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

David, this is Paul, I think you're right on track, this is I would say Part 2 of your original charge to the group so Part 1 was, hey, look are people actually using this stuff that we incented them to do, but two, how sensitive are health outcomes to HIT use that would be a fabulous, you know, goal for this group, it's tough, but I think that's a key question.

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

Okay, well, let's make sure we include...Michelle, you've got that?

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

Yes, so maybe that's the missing link on this particular 3.1 is...

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

Yeah.

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

If we try to cover, hey, how do we measure health outcomes and how do we make sure that, you know, HIT has some of these functions that we thought useful, i.e., MU, the key link for the Strategy and Innovation Group is...and are we saying we're getting the value all the way to these things, this infrastructure, these data, the use of these data improved...are linked you won't get a causal link but a link to improved outcomes.

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

I like that, the indicator, I like it.

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

Can we...I hate to ask, but can we flip back to goal one for just a second because I want to review that discussion about metrics I think was on goal one?

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

Sure. There we go. Go ahead, John.

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

Maybe...I'm sorry, maybe it wasn't goal one, where were we...remember we talked about metrics earlier?

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

It was and I think it was 1.1 and we were talking about...we added to that some to say, hey, how do we make sure people are using, effectively using these systems and then what we just said, and is really linked towards better outcomes.

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

Okay. I just want to make sure...it sounds like that maybe should be sort of linked together in some way or at least the notion of some way of being able to measure this needs to be called out.

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

I think they are linked.

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

Okay, yeah, I do, I just was...how do you call them out to make sure that people will know that, maybe it's assumed.

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

I mean, there could definitely be metrics that could play in more than one category and objective and this could be one area where there is overlap. Okay, let's go back to three, all right.

So, Michelle, I think we've got a lot of good thoughts here in terms of indicators, improving outcomes and a better reflection of HIT adoption. So, good comments on this piece. Anything else on goal three before we move on?

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

This is Mark, in the two meetings ago when we talked about overall goals I had mentioned that it was...that we were not just strengthening what we have but we were also looking at reform and redesign and I don't know whether that's too much to be thinking about for this particular piece but we have delivery reform, payment reform, quality measurement reform going on and there is nothing here that really takes that head on. Is that appropriate for here or is that outside the scope?

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

I think if we want to make that recommendation we certainly can, so it isn't spelled out specifically in here but I think the objective supporting the delivery of high value healthcare definitely could be included there possibly.

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

Maybe it comes up as a piece of a long-term outcome that we've already recognized that in order for there to be improve patient outcomes for example or for there to be high value healthcare delivery there is going to have to be some delivery reform. I don't have anything more specific to offer at this point just the larger observation.

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

Okay, we'll make a note there so when the plan comes out we can look at exactly what's in there and see if we need to address it specifically.

Okay, let's move onto goal four, advancing the health and well-being of individuals and communities. A lot of work in this area. So, this is empowering and engaging patients, families and caregivers for better health management trying to figure out is there ease of access to electronic health information. Mark, I think this gets at some of what you were talking about, is there an ability to share the health information and then the long-term outcomes there, incorporating innovative technologies and how is that done and is it possible.

Four point two, care planning, incorporating what happens outside of the office visit and outcomes in terms of that or addressing functional goals and that's something Paul's group is working on or thinking of a little bit.

And then 4.3 is a community collaboration for improved health and the use of population health tools to identify preventative services and community resources that could potentially be used which would be great, improving the capture, dissemination and use of health information and integrating community resources with formal healthcare and it's great to see that there's another hearing planned here for Q2.

So, long-term outcomes there would be identifying innovative uses of Health IT to connect individuals and providers to community resources, social services and health education programs. I think this gets a little bit about what we were just talking about earlier today.

Let's go ahead and open this goal up for discussion here. Comments from the group in terms of long-term outcomes and metrics?

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

Well can we...under 4.1 can we talk about a short-term one?

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

Sure.

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

I don't think it's just the ease of access to information for patients and families and caregivers I think it's also the ability for them to easily contribute information. I understand the incorporation of innovative technologies helps that but, you know, I think there probably...somehow you want to try to build a system or an environment whereby they can contribute meaningful data as well.

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

Good point.

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

You might even consider moving the long-term piece into the short-term. I mean, I think innovative data acquisition is here now and I think dealing with it you might be working very closely with the Consumer Workgroup in sort of pointing out it's one thing to look at gadgets but for what reason and maybe the "what reason" is the purview of this group and the Consumer Workgroup looks at everything to the desirability, the perceived value, the privacy and security, etcetera.

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

That's a great point because there is a lot going on right now that it's just...we're not able to connect.

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

But, I think that has to be done in the context of the contribution of data and that, you know, potentially using innovative technologies, I think what I always hear is that what's most important is that the contribution of data has to be in the form of something that the clinician will trust the accuracy of or the validity of the data and so using innovative technologies I think probably improves the quality of the data, the trustability of the data but I think it's just one...potentially one way to go about doing that.

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

Yeah and maybe it's not...so the goal is not to incorporate, I mean, the goal is really to figure out what is useful to either party, the consumer and/or the clinician. So, it isn't about the...it's not about gadgets I guess is what I'm saying.

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

Right.

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

One thing I would add in terms of the contribution of data maybe a word that might capture some of what was being discussed is the ability for patients, families, caregivers to collaborate with the providers whether it be through contributing data, making sure it's meaningful, etcetera.

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

Okay. Other comments?

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

I presume, and maybe Mark can or Michelle can verify, that the Consumer Workgroup is looking at this and hopefully from the meaning part it's...we really do have to make sure meaningful information, useful actionable information comes back to the clinician, I don't know that...well, as you know, it would be easy to overwhelm clinicians with data that's not necessarily contributory though interesting to the individual. So, there is a difference and I don't know whether somebody else is covering that.

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

So, it's not just about what's useful but where the data might be useful or what points in the care process it would be useful, you're right, so you're not just throwing a bunch of data...

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

Correct.

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

At the doctor.

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

I think...there are two components of it I think to Paul's point; one is that you have to have quality data and you have to have it in a way that's...

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

Yeah.

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

That is consumable by the clinician.

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

Right.

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

Right.

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

And unfortunately when we say clinician really it's an abbreviation for primary care and the issue with that is we're throwing so much at the primary care, it's just undoable, so we've just got to be careful we're judicious here too.

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

All right, other comments? David, any thoughts on this one?

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

No, there is an awful lot here. I'd like to...when we have a break I'd like to go back to the previous slide and talk about goal three for one more second Jen.

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

Okay, why don't we go ahead and do that now.

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

Well, before you leave that, sorry, that first, 4.1, another group that's interested in this is Advanced Health...so Advanced Health Models should be...I mean, this is almost the goal...this goal four is really about Advanced Health Models I just wanted to point that out.

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

Okay.

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

And Jen, in case we don't come back to this I just wanted to acknowledge your comment, yes this does sort of factor in some of the things that we talked about on previous pages and I was glad to see it.

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

Good.

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

On that note, and we can follow up...

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

Yes.

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

But, Mark, you had asked for the use to be included in the first piece but as you can see use is its own section so that might be something we want to revisit.

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

Right, okay.

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

Let's just stay on this page for a moment, goal four and make sure before we go back, other thoughts on this one? I want to make sure we get everybody's feedback. No? Okay.

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

Well...

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

Oh, somebody, hello?

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

I was just reading through it, I apologize.

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

That's okay.

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

One possibility Michelle is we incorporate some of the words we used in the Advanced Health Group. I think this group would opine on the priority of this goal but a lot of it is going to be covered by Advanced Health Models and some of it Consumer Health.

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

Okay, yes, I never answered your question Paul, but the Consumer Workgroup is talking about a potential virtual hearing at some point probably Q2, Q3 some time.

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

Okay.

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

I'm good with this, I just read through the rest of it, thanks.

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

Okay, all right, let's go back to three for David.

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

Yeah, thanks, I realized at the end of our conversation 3.2 I think needs quite a bit of amplification and I'd increasingly...if the goal here is strengthening healthcare delivery and we know that everybody is facing new financial constraints and new business models, and new payment models than thinking harder than we have so far about how does clinical data and financial utilization, cost data, how do they work together and are there any improvements in standards, infrastructure, data exchange on that score.

I know one health system that's doing real-time, essentially clinical cost accounting so they can tell at every second what that patient in that bed is costing and how that fits into their care plan and so on. So, that kind of...we haven't talked much...you know, we've pretty much been clinically focused and not resource use focused and not cost focused but that's obviously an imperative of where the healthcare delivery system is going.

So, this also has a set a rim of thinking about the narrow networks and the pilots, and the public exchanges and, you know, do those support the delivery of high value healthcare, in principle they do, we don't really know that, we don't really know what the clinical information requirements are to manage a population in those different network models, efficient referral patterns all that sort of stuff. So, I think this needs more fleshing out than we've given it so far and we should come back to it.

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

Okay. Does anybody else want to make comments on that piece right now while we're here? Okay, all right, so let's go back to...I think we're on five now. Did we finish four? Yes.

Okay, so goal five, advance research, scientific knowledge and innovation and this objective deals with identifying the legal and technical challenges related to privacy and security of data to best accommodate the advances in medical science and cost reduction in healthcare delivery enabled by big data, oh, this is a big one.

Short-term outcomes, actionable recommendations for developing a legal framework that promotes and facilitates research through access to data while safeguarding patient privacy and autonomy.

And long-term outcomes would be legislative efforts, regulatory guidance, policy and other ONC actions. This is a little more specific in terms of the objectives.

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

This is Michelle, this is very much so because of previous conversations I just made it tightly aligned with the goals of the big data hearing that I mentioned that the Privacy and Security Workgroup is doing. So, it clearly aligns with what they're doing.

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

It fits very nicely.

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

Yes.

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

All right.

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

This is...I mean, most of what, at least in the short-term outcomes it relates to "research" and I think, you know, going back to an earlier comment I made there is sort of this notion of a learning health system something, you know, that we...is not research per se, you know, does it fall under QA, does it fall under something related to treatment but is not research per se and do we need to extend this to deal with this idea of innovation and outside the context of research.

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

That's a good point because the other problem is true too in order for people to call it research when it isn't just to get away with it.

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

I had a related thought which is that this sort of looked at things reactively to address challenges but doesn't really state proactively what the vision and strategy is. It doesn't really say, what do we think ought to be happening to advance research, knowledge and innovation but just to look at the challenges.

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

I think...

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

I think there is a piece missing.

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

Actually it's interesting the objective is actually an outcome, right? The objective is...

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

Kind of the challenges, yes.

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

I think the objective really needs to be, you know, support or accommodate advances in medical science and cost reduction in healthcare enabled by big data or something.

And one of the short-term outcomes needs to be identify the technical and legal...the legal and technical challenges and then one of the long-term outcomes then in support of that which is legislative efforts, etcetera.

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

And then when you look at it from that perspective you see that a piece of it is a Privacy and Security Workgroup piece but there are pieces that belong in other Workgroups as well.

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

I think this is probably going to be a big area for us over time and needs a lot of thought. And this does go to the learning health system issues and, you know, Richard Platt who is on our group has done a lot of work with these federated data networks and feedback systems, we have a lot to do here. All the FDA sentinel events, all that stuff, there is quite a lot of activity here that we haven't really listed out yet.

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

I think the way that this is described is narrow and hopefully, you know...that could hurt us down the road.

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

So, we definitely want to break this up, add some more objectives here most likely and refine this language. Does anybody want to take a stab at some of this now?

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

Well, again, I think if you simply move my suggestion under the objective and take out identify legal and technical challenges, data privacy and security move that as a short-term outcome that supports then the long-term outcome that's there.

I would also suggest that you can take out, you know, enabled by big data because I think that's limiting because I think there's other ways that we're going to advance medical sciences through health information technology.

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

Okay.

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

And then finally, I'd say again, we want to avoid this notion of research and so I would, you know, I would avoid the use of language...the word research and outcomes because we do have these other types of activities we're going to be doing outside of the context of research.

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

So, can we refine that objective Michelle for supporting and accommodating advances?

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

Yes.

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

Okay and take out enabled by big data.

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

Not that they wouldn't use big data I just think that this becomes a limiting...

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

Right for the objective, yes. Okay and we're going to move the identifying challenges over to the outcomes. All right. Other comments on this?

Okay, all right, before we stop this piece are there any other comments on those five goals? I know we'll definitely get into this more on the 17th when we have some more specific information to look at. But while we're on this, anyone? Going once, going twice, okay, all right, David back to you.

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

Okay. Thanks for walking us through all that it's a lot of material and there are obviously some huge areas of work that we can only begin to sketch and it reminds us why working with the other Workgroups will be so important. And also, I'm sure we'll see in some of these areas a lot more meat from the strategic plan that we've started giving it so far.

So, coming up we'll have next week with the opportunity to hear the strategic plan and then on the 17th hopefully we can all come into that meeting on the 17th ready to propose ways of working on that plan.

Michelle or others on the staff do you have a feeling for what the material we will have after the...is it just a presentation or it is a full document or what are we going to be working with starting on the 9th?

Seth Pazinski, MS – Director, Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services

This is Seth; I would anticipate you'd have the full draft of the plan.

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

Okay.

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

Okay.

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

And so then we can...hopefully the members of this committee can spend that week after the 9th at least getting familiar with it and maybe we can even send out Jen some...

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

Yes.

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

Ways to think about the document or something so people come in with an agenda on the 17th which is responsive to the structure of the document and we can start divvying up how we're going to attack it.

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

Okay.

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

So that's the plan for the next couple of weeks. Any questions or thoughts about how best to do the work over the next couple of weeks?

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

It's a little hard without seeing the plan.

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

Yeah, right, okay.

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

Actually maybe somebody could tell us how many pages it is that might actually be useful. Is it five pages or is it...

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

They don't want to say that.

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

Sixty-five pages?

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

Or more.

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

Or more.

Seth Pazinski, MS – Director, Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services

It's roughly 20 pages.

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

Oh, good.

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

All right that's doable.

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

We like that. All right.

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

But as surely as media, the five slides we just went over, right, so I don't know how much that helps us.

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

We'll try and make it an easy process for you.

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

Thank you so much.

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

Thanks, Michelle.

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

All right then I guess we are concluded with our business for today, we can do public comment Michelle and wrap it up.

Public Comment

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

Okay, 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

We have no public comment at this time. So, thank you very much everyone and we'll connect on December 17th and we'll share with you the strategic plan once it's published so you'll get that ahead of time and we'll also share the information for the December 9th Policy Committee meeting if you want to listen into the presentation.

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

Great.

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

Michelle, is that going to be...

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Well, thanks Michelle.

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR
In the morning?

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
Right, is that going to be one of the first items on the agenda in the same meeting?

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Yes, it will be in the first part of the agenda.

Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR
Okay, great, thanks.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
All right, thank you everybody.

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
Thanks everybody.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
Thank you.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Okay, bye-bye.

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

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
Bye.

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

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