



## HIT Policy Committee Strategy & Innovation Workgroup Transcript December 17, 2014

### Presentation

#### **Operator**

Lines are bridged.

#### **Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Good morning everyone this is Kimberly Wilson 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 will now take roll. David Lansky?

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

Here.

#### **Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Jennifer Covich?

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

Here.

#### **Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Brian DeVore? George Hripcsak?

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

Here.

#### **Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

John Houston?

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

Here.

#### **Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Kelvin Baggett? Kyna Fong?

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

Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Mark Savage?

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

Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Michael Painter? Paul Tang? Richard Platt? Sandra Hernandez?

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

Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Jonathan Nebeker? And from ONC do we have Gretchen Wyatt?

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

Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Matt Swain?

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

Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Is there anyone else from ONC on the line?

**Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

This is Karen DeSalvo.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Good morning, Karen.

**Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

Good morning.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

And with that I'll turn it over to you Karen for opening remarks.

**Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

Well, good morning everybody and thank you all for your willingness to serve on this Workgroup of the Health IT Policy Committee. We're happy that you're willing to take on, as your first major task, this Federal Health IT Strategic Plan that we released now about a week and a half ago.

This is an opportunity for ONC and the federal government to be able to hear from our FACA about whether we have been thinking through the right priorities, where there are opportunities for us as the federal government to be better coordinated, more efficient, more effective, see if where we're thinking about ways that we can lead and provide support actually matter.

And then love to hear from you all as we talk about scope and next steps, ways that you all might help us think through potential gaps or places where the private sector can certainly lead and I would just say generally for you all that this is a really important opportunity for us to have some dialogue about the problem we're trying to solve, if I could say it that way, and how...what success looks like for this country over the next few years.

So, I want to just say a few things about the strategic plan before I let Gretchen get into some of the detail of what's in it and maybe just frame it in the following way, which is the last Federal Health IT Strategic Plan was written at the time that HITECH came about, it was expected in the legislation that we would, ONC would, lead a Federal Health IT Strategic Plan in a more formal way than had been done in the prior five years and it was a chance for the team then to frame what success looked like under the HITECH Act.

And so what you all may remember if you've seen it and if you haven't I would encourage you to take a look at that plan also, it was appropriately focused on improving healthcare and on leveraging the opportunity in HITECH around advancing electronic health record adoption and practice optimization around EHRs, and really focusing on how the Meaningful Use program and some of the grant programs that came out of that stimulus funding could really advance the Health IT in the healthcare delivery system to the goal of really transforming care.

We put out a report to congress a few months ago that describes where we are today in many ways predicated on the success of that plan and the actions of HITECH and this has been a few months of reflection here in the federal family about what the next five years should look like and I think there was...I would share with you there was general agreement pretty quickly that success is going to look more like better health and not just better care, and so that means bringing to bear, where possible, parts of the health ecosystem that go beyond purely healthcare and that means, you know, social and human services thinking about the consumer as a true partner in care and their opportunity for engagement.

It also means that we have a chance to think about the Health IT ecosystem that has evolved really rapidly in the last five years and is much more today, even than it was then, about more electronic health records but there is an opportunity for the Health IT ecosystem to incorporate patient generated data that can paint a more holistic picture of their overall health and I think there is a need for us to have some thinking about what the policy and technology framework is for that broadened Health IT ecosystem and that broader picture of health.

And that sort of begs the last piece which is that to get to success, success being that information is available when and where it matters and is needed and expected by the people, by a person who is the center of all this, that we need to consider what federal opportunities there are as purchaser, payer, regulator, provider of care to advance Health IT.

And there is discussion, there is some nod to that in a variety of the strategies that you'll see embedded throughout this document and I think our work in the next few months, first of all is to listen to the community who is going to give us public comment for the next, whatever we're in now, about 50 days and then integrate that, hear what you all are thinking and then work simultaneously moving through the exercise of really being more specific about who in the federal government will do what by when to see that we can get to some of these goals.

I would share also that there is some high-level goals and metrics that are outlined in the plan. I would welcome feedback from you all about what success looks like in general. I would say that Seth and Gretchen, and that team will share with you that there is an ongoing exercise about more concrete metrics to define success and some of that relates to our implementation work that will come out in the interoperability roadmap.

So, just to share with you that we do expect to have a lot more detail in the metric section but would welcome your thoughts if you have it. So, that's a really broad general framing about the sort of, you know, why now, the world has changed, we're at five years, it's time for us to think about success in perhaps a broadened way.

The ecosystem has evolved dramatically and we know that we have opportunity to really create a better policy and technology framework and this is how the federal partners have worked to align themselves.

So, I really look forward to your work in this. I appreciate you being willing to give us feedback in a short timeline and also appreciate the opportunity to hear from you all about how this might work with the private sector over the long run to have more of a public/private partnership approach to the Health IT landscape in the country.

I'm happy to take any questions right now if you have them, otherwise I'll just turn it over to Gretchen who is going to walk us through the strategic plan.

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

So, Karen, it's David, thanks for joining us today and your comments are very aligned with the kinds of conversations we've started having as this Workgroup got pulled together and the themes are very similar to where we've wanted to go as well.

I'm wondering if you can just say a little more about this particular Workgroup and what you're hoping both through us and of course through the Policy Committee to get from us. I know you'll be getting comments from lots of interested parties in the next few weeks about the plan and their perspectives on it, but in terms of the FACA and our process any guidance or emphasis you'd give us as to what we can most...what we can do to be most helpful to your process?

**Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

Sure, David, I think, that for this shorter term work there is the opportunity about giving us some feedback on this plan. I...you know, obviously generally there is the broader question about what success looks like for the whole country not just what the federal contribution is to that and so within the scope of what...I believe that you may have received...and this is a mechanics question for my team, I don't know if Michelle or Seth, or Gretchen has shared with you some scope questions, it may come up in their slides, but we have been concrete and put it down in writing and we'll get that to you as soon as possible if it hasn't gotten to you already, that this is about feedback on the plan, but this is really...I think the question for you all is, what is the landscape of Health IT in this country, ideally what should it look like in say five years' time that would bring as much equity in health to the country as is possible given the opportunities that are available. And what are the ways that both the public and the private sector can work together.

And I would ask, David, that you and the team are thinking about including not just the federal government and the private sector but the states. And so to me that's kind of...there are sort of then maybe three parts to this, one is feedback on the plan and the priorities that we have set.

Secondly, where you think that there are things that the feds ought to be paying attention to that we're not or places where you think the private sector could lead or co-partner with us.

And then third, what are the ways that to achieve a vision of the data being available in ways that meet consent and expectations, and save lives and have societal good that you all might just set a broader agenda.

I know that's a really lofty thing, that last piece, I don't expect it back in 30 days, but I think as we're talking over the course of the next year that's the kind of thing that I would feel really great about if we could come to some...get some guidance about a broader vision that is a shared national vision and not just a federal one.

**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 this...

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

Thank you.

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

Karen, this is Seth Pazinski, I just wanted to echo Karen's comments and the specific instructions you'll see Gretchen get into later in the presentation, they're on the last two of the slides before the appendix that were sent out.

And just to add to Karen's comments, I think one of the things that we're hoping to get feedback on is helping as far as what are the overall top priorities that the federal government should focus on as well as, you know, what are the areas that the federal government can make the biggest impact.

So, you know, as we sort of work internally with federal partners and through our federal Health IT advisory council, how can we focus the energy across the federal agencies to be focused on things that the private sector feel are priorities too.

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

Thanks.

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

This is John Houston, I think this is all incredibly helpful and, I think it would be helpful for us to have that document in a way that we can continue as a group to sort of be able to look back at what Karen said and to make sure that we continue to align with that expectation. So, I don't know how we want to do that, but, you know, I almost feel like every meeting we should sort of start off by at least looking at some of what she said so that we can make sure that we're never losing sight of what I think a big part of our charge needs to be.

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

Good, other questions for Karen while we have her? Jen, anything?

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

No.

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

David, this is Sandra, Karen thank you for your remarks. One question I have is, you know, you talked about the federal family having, you know, had long discussions about this and I wonder, you know, given the emphasis on health and not just healthcare how broad among the federal agencies has the conversation gone in terms of looking at some of these communities that typically are left behind either in policies or in practices. Has there been conversations broadly speaking in the federal government or principally in the health agencies?

**Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

The Health IT Council that came together to develop this plan included the HHS family, so CMS, HRSA, SAMHSA, NIH, FDA, CDC, ONC, more alphabet that I'm forgetting. Oh, yes, an important alphabet I'm forgetting OCG, the General Counsel, the Administration for Children and Families, the Administration for Community Living and the Indian Health Service, I'm not going to remember to name everybody in HHS, but it was and it was very deliberately not just the payer piece, CMS or the provider piece, IHS, the Indian Health Service, or some of the granting agencies like HRSA who have a track record of dedication to underserved and vulnerable populations and workforce development.

Also included were those folks who are active already in the federal health architecture which is something else that ONC organizes that's really a day to day operational work around Health IT, that's the VA and the DoD, and the Social Security Administration and some of the other folks that I had already mentioned including the HHS, CIO.

Then beyond that family the Federal Trade Commission, Federal Communications Commission, NASA, the Bureau of Prisons in the Department of Justice, the Department of Education, I'm going to again, forget a few folks but those are the kinds of...

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

That's really helpful Karen. That's helpful, Karen.

**Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

There is actually a list in the plan and I'd kind of like to run through the whole list because I want to make sure that you all are clear that...so let me tell you a little bit about process, which Gretchen may share with you, but we brought people to the table, we put out a strawman for a vision mission and some goals and some guiding principles. We hashed through a lot of those because that's really important as a framing.

We looked at everybody's strategic plan that were already in play and pulled out the prior strategic plan that we had as group. We did some deep dive work with the different agencies and departments to see where they had work that could align and see where there are things that we could push on.

Oh, I didn't mention OCR, Office of Civil Rights. Then thought about...then after this was written went back and had individual meetings with the groups, but yes, very deliberately worked to get outside of HHS because that's our charge and that's how it's been done even over the last 10 years and then to...because a lot of that...those folks have really important roles to play and there are people who are engaged in getting care or getting insurance through those programs.

I didn't mention OPM, the office of Personnel Management; they were engaged in the conversation. So, pretty broad group. They're listed, I think there are 36, they're listed in the back of the document. It is, as you can imagine, we're often talking about use cases that relate to better care and scientific advancement, I forgot NIH, I forgot AHRQ, I forgot ASPE.

So, the use case piece of it, there is a lot of urgent issues, but I think what we were really also, to your question about who gets involved, I think one of the issues that we're hoping to try to address are the Non-Meaningful Use parts to the care continuum like behavioral health and long-term post-acute care, and some community...some of the community providers, how do we digitize that experience, are there any ways that we can advance it, what are the gaps on the ground and things like broadband where FCC and USDA, and others might be able to help.

What are the opportunities for really pushing...understanding about privacy and security to do a better job at clarifying, so these are OCR kinds of issues. What are the ways that we can catalyze the advancement of science, what are ways that we can enhance market transparency, FTC?

So, as you dig into this and Seth and Gretchen know a lot of the back detail they'll be able to sort of walk you through it as you all are talking about it, but I think that our work here was to broaden the tent, broaden the view and think about all the ways that we can work together to advance health.

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

That's really helpful, thank you, Karen.

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

David, this is Mark with a question.

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

Sure.

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

Karen, thanks so much for the overview. In the strategic plan there are some 3-year outcomes and some 6-year outcomes and I wondered if you could share a little bit of the thinking or the way that people decided which were 3-year, which were 6-year, which were not included as 3-year or 6-year, just to help us as we think through where to place some of the ideas that come up.

**Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

Well, so here's what I would say in general, which is that we were seeking to stretch ourselves but also be somewhat realistic and I would say also just with respect to where we have done the most to advance the collection of electronic health information, so to digitize health, that obviously is in the healthcare environment and not so much in the broader circle I was mentioning a minute ago.

So, I think you'll see that we think we can be more focused and successful in three years in closing that loop about collecting, sharing and using health information in the healthcare world but really push ourselves to begin expanding that circle and thinking through opportunities for the use cases beyond that.

So, wanting to keep our eye on the fact that there are frontiers that need to be addressed and we need to begin that work but that we have in hand a lot of opportunity to close that loop to see that we're getting better value for the data that's already being captured.

And it's designed, in some way, I think you'll see over time, to mirror what we've been thinking through and talking about with the interoperability roadmap which is the share...largely the share portion of this, what can we get done as a government but then also as a country in short order to start to see some return on investment, some of that value proposition through sharing information and then putting it to use.

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

David, this is Mike Painter, could I jump in as well?

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

Sure, Mike.

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

Yeah, hi, sorry, guys, I jumped on late and apologize, hi, Karen and I may have...I missed the first part of your comments, so, I was just curious about...I mean, obviously, we've been working on these data for health listening sessions and I didn't know if you wanted to talk about how, if at all, you guys were able to incorporate any of the things you've heard from the public in those listening sessions and your own listening sessions into the strategy and if you already said that I apologize.

And then I didn't know if you...I know that you've had this vision about...in addition to the inside the government, federal HIT strategy, a sort of broader kind of vision about the national consensus agenda. I don't know if you're willing to sort of talk about how those two things...what that other thing is and how it sort of dovetails with this new strategy document?

**Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

Sure, thank you, Mike for the questions. I didn't talk so much about some of the external feedback and inputs that we've had so thank you for the reminder. But I did talk a bit about the national vision and agenda. So, let me start with the feedback piece not the feedback but the listening element of it.

We...when I started this job some months ago, a year ago, it seemed obvious that as I was traveling to give talks or have functions that there would be a great opportunity to pull people together from the community and hear from them on the frontlines what their experience and goals, and priorities were around collecting, sharing and using electronic health information.

And so, I had some, I don't know dozen or more, I've sort of lost count, of these informal conversations where stakeholders from public health and business, and consumers and others were bringing up priorities and challenges, and really helpful and getting a sense that...of a couple of things.

One, that this country is spectacularly and beautifully diverse, and that the Health ITness, the digitization of care in health across our country varies quite a lot and the things that are on top of the list for some parts of our country like actually having broadband access are not the issues for other parts of our country where having access to data through open APIs is...for entrepreneurs to develop innovative tools to give consumers access to their data so this huge range.

And that there...so we needed to be thinking about how we could help raise the floor but also frankly expand the tent because there are some gaps in adoption even still and our data bares that out and I mentioned some of them earlier like behavioral health for example, so I think a need to really think about what are the federal opportunities to help support and advance that.

Secondly, it becomes increasingly clear that what we need to work on doing at the federal level is meeting communities where they are. So, to my comments earlier, not every...one size doesn't fit all and so if you're a rural doctor practicing in America what your priority might be is actually around having broadband access compared with a priority for New Jersey and Pennsylvania where it might be aligning privacy and consent policies across state lines so that as people move their data moves with them with their consent. And so that helped us think about what might really matter.

I think that where the Robert Wood Johnson Foundation listening sessions have been incredibly helpful is that it brought to the table constituencies, people, groups who were not typically the people who would come to a listening session with the National Coordinator, so when the National Coordinator asks people to come share what their experiencing on the ground you can imagine that it's people who are more tech-focused, right? It's some of our grantees, its public health people and that was...and that's great because they're in the thick of it.

I think as we're thinking about the frontier and the responsibility of the feds and the opportunity frankly for the nation to be expanding its view on health and the Health IT ecosystem having a more grassroots voice was really important to us. And so we...having the opportunity to participate in those listening sessions and bring new voices so that we could think about what the priorities were for really I think a new...different folks than what they were expecting of us has been incredibly helpful just to make sure that we're hearing with ears wide open and having the chance to really think about the future.

I do have a goal that I've shared and talked with some of you all about as I'm exploring what's the right way for us to do this as a nation and I've talked with the Policy Committee about it a few times, is what's the way that we can get to a place that it's not just the Federal Health IT set of priorities but it's something that we share as a nation, because ultimately this is best done as a public/private partnership in which we're all able to contribute and which we are thinking through the opportunity for Health IT to be a leveler, an opportunity to bring health and equity to everyone, to raise the floor and spur innovation but not get in the way, and the more I have learned about exciting things that are happening but also the responsibilities that we have the more convinced I am of it.

So, I think that we need to sort out the right path forward to getting there, because it has to be...to me I think we have to understand, as I said at the outset, what is the problem we're trying to solve and what does success look like for all of us not just for those of us who are the federal piece of the partners and how do we think through what the state governments might need and want, local governments and every individual in the country, and I think it's possible for us to do.

We have technology at our back to help bring people together. I think efforts like the listening sessions that RWJ has hosted are an important venue for that. What we have done at ONC and then other inputs that we have received from people along the way.

So, that's probably more than you wanted to know, but I guess, important to share that we really are trying to be thoughtful about our responsibility to be responsive, we're here to serve and that's the people of the country and that's why this exercise, this work that the FACA is about to undertake is so important because you all are designated as advisors to us and we really are looking forward to hearing what you think about what we've put down.

And I...we had a scheduling issue where we're doing a webinar on this for the stakeholders and so Seth and I are going to have to drop off because it starts a minute ago...

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

**Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

And go through that and then we'll jump back on if we're able to along the way but Gretchen is going to walk through the slides. So, I apologize for that, but we're scheduled to be on a national webinar talking about just the same things.

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

Well, thank you, Karen. Thanks for making the time for this and we'll be in touch with you along the way.

**Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

All right, great, thank you, guys.

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

Thanks.

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

Thank you.

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

And, Jen?

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

Yes?

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

I think I'll turn over the chair role to you because I have to dispense with some other things as well and I'll be in and out of the call the rest of the time. Thanks.

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

Great, okay, no problem. Okay, good morning everybody. Should we...Gretchen, you're still on the line with us right?

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

I sure am.

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

Let me just quickly go through the agenda just so folks know where we're at. So, we're going to have Gretchen walk through the plan with us in some great detail which it sounds like would be helpful as we go through here and then we'll spend some time on the work stream discussions and trying to figure out how we want to tackle this big project, and then we've got some time for public comment at the end.

So, if you want to just go to the timeline real quickly though so everyone can see where we are. We are at December 17<sup>th</sup> there and the timeline is moving very quickly. So, we're supposed to spend today's meeting and then January 8<sup>th</sup> commenting on the plan and then the final recommendations and comments are actually all due back at ONC on February 10<sup>th</sup>, is that correct Gretchen?

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

Yes.

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

Okay, so we have a quick turnaround.

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

Can I just throw out a question? This is Mark Savage.

**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**

Is that February 10<sup>th</sup> deadline a deadline just for the Strategy and Innovation Workgroup or is it...that's not the public deadline is it?

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

No, that's correct, Mark. The public commenting period will close on February 6<sup>th</sup> at 5:00 p.m., but what we will be doing on our end of course is, you know, evaluating those comments as they come in and working with the Strategy and Innovation Workgroup on these comment sections to develop the final plan that will be published later this spring. But that 10<sup>th</sup> deadline is for you folks to give your recommendations to the Policy Committee.

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

Thanks, much.

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

And then Gretchen is the group, Workgroup, here going to get a summary of the comments you've received or some sort of presentation?

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

Absolutely, it makes perfect sense for you as you're doing your own deliberations to know what we are hearing from the public as well. So, we will make sure that we share that information with you and keep the conversation going back and forth.

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

I have a question, does the Policy Committee then approve our recommendations, listen to our recommendations, incorporate them into something they provide or are we just basically telling them what we are going to recommend for a separate submission for the strategic plan?

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

I think that...and this is something that I think that Jennifer and David are going to help the Workgroup decide. Usually the way the Workgroup recommendations are made to the Policy Committee and then they deliberate and decide how much of that they're going to incorporate. David is an expert in this field.

With the last strategic plan, the one that covered the period from 2011 to 2015 the Policy Committee was tasked with developing a framework for the updated plan. There was not a Workgroup, you know, specified. What Paul Tang and the Policy Committee did was assign folks to a Workgroup to develop a strategic plan.

This time around you folks are doing a much broader scope than just the strategic plan. So, it's kind of a unique opportunity for you folks to give a feedback not just on the strategic plan but on what the Policy Committee should be doing for its own work plan for the next couple of years.

So, learning from what we have in the strategic plan as far as what some of those gaps are that we have not covered in the plan and to get towards what Dr. DeSalvo was talking about of that. What's the key crux to be able to improve health within the nation, you folks will be able to give some guidance to the Policy Committee on that for the work of the overall FACAs. So, it's a unique opportunity I would say.

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

I hate to ask you more concretely, but, so I think it's helpful for us to know, again, how these comments are going to be incorporated so that we can decide whether we separately want to potentially provide input to the plan. I mean, I'd much prefer we go through this group and then the Policy Committee, at least from my perspective rather than me sending out separate comments.

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

Well, again, I think everyone who is on the Workgroup is going to need to make that decision themselves. If you would rather have it, you know, as the collective effort of the Workgroup to the Policy Committee and those are your recommendations or whether your individual organization also wishes to contribute to the comment period, we certainly won't say one way or the other which way to do it, it's what you folks feel most comfortable with.

But we will take all of this under advisement as we develop the final plan. So, I guess it's more of how much you feel, as an individual and as an organization, and as a Workgroup that you want to bite into.

I wouldn't say that one is more important than another it's more just how much effort you...you know, we'll weigh it all equally it's not that one will have more weight than another, but definitely we are relying on this Workgroup to help us not just with the plan but to hit that overarching target of improved health across the nation.

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

Now, don't get me wrong everybody can just make that decision for themselves whether they want to, I guess for me personally, John Houston, if I know that our recommendations are going to be, you know, thoughtfully considered and then, you know, given as input that's great. If I hear that the Policy Committee may or may not then I may...obviously, I'll contribute but I will then be more mindful about my organization potentially separately commenting.

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

And there might be some unique things that your own organization would like to comment on. I mean, one never knows. But, I mean, in the past that's one thing, you know, why the FACAs are so valuable to ONC's work. We really do take what the recommendations are very seriously and so, I mean, you know, I hate to use the animal farm allegory, but, you know, some pigs are more important than others.

Everything is very, very important, but we do rely on our Federal Advisory Committees to help give us guidance. So, you know, all the comments are very valuable but this process was put in place to help give us some counsel and guidance.

**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, thanks.

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

Mike Painter here, and maybe you answered this but, so, I'm participating on this...in this group as Mike Painter not as Mike Painter for the Robert Wood Johnson Foundation or I'm not speaking on behalf the Foundation, but the Foundation will be, as they normally do on things of this nature, will be submitting comments on the draft strategy. It's also totally okay though from your perspective for me to take what we've heard in these discussions to add that insight into the comments that the Foundation might be preparing, these aren't secret in any way for instance?

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

Oh, no, no, no, no, no.

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

Right, yeah.

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

I mean, and that's the beauty of having these open conversations...

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

Right, cool.

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

That we all learn together and come up with solutions that are...and recommendations. So, no, by no means are these, you know, silo'd conversations.

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

Cool.

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

One would...I would hope that they would all inform our decision making and advice that we give to one another.

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

All right, thank you.

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

And Gretchen, can you just give me a sense of what's the process for this group looking at the public comments that are coming in. Do you wait until the very end and then is there a summary that you're going to give this group or how does that work exactly?

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

We're monitoring them, if folks go to the healthit.gov website we do have a public comment section right there that people can enter in and we weighed back and forth whether we would go through regulations.gov and capture it that way, but as it stands right now what we're doing is monitoring them and putting them all into a humungous Excel spreadsheet because that's the better product so that we can start evaluating them. And trying to categorize them like what are they addressing, are they addressing one of the goal areas or one of the topics, or something that we've missed and we've already received quite a few hits on this.

So, I think, what we're doing internally is setting up some time after the New Year to evaluate them and start thinking about, you know, where are the holes that we've missed, where do we need to start getting some information and start focusing a little bit more.

And that's why, you know, with the work plan her for you folks why we were thinking let's start bucketing out some of this stuff. We're hoping that as more people start commenting...usually organizations wait towards the end of a comment period and then they throw us like 30 pages of stuff, we're expecting that to be...simply because people have to go through their own processes. So, the comments that we're getting now are more from individuals like, you know, an instantaneous thought.

And so we want to make sure that as we collect these you're not just getting, you know, this stream of information that we've actually given some thought of organization so that it will be meaningful for you in your own negotiations and recommendations to the Policy Committee.

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

So, will you update us at the January 8<sup>th</sup> and the January 22<sup>nd</sup> meeting if you're seeing any, you know, new trends or themes arising?

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

Yes.

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

Okay.

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

I think that's a great idea and we'll make sure that we do so in a way that, you know...obviously they're public comments, but we'll do so that they're easily consumable for you folks.

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

Okay, I think that would be helpful for this group.

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

Great.

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

Okay, any other questions from the group? Okay, so Gretchen, do you want to go through?

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

Sure, now I want to give everybody the opportunity to visit the healthit.gov website as I said because if you have not downloaded the plan go ahead and do so there so that you'll have both documents. The nice thing about this version, the one for 2015 through 2020, is that it's only 28 pages versus the 87 pages of the last plan. So, it's an easier read in some regards than the last one.

You'll notice though that they are very different in their structure just as Dr. DeSalvo was saying that we were focused more on healthcare in the last plan and this one is moving more towards health, we were much more prescriptive as far as what exactly it was that we were going to be doing in that last plan versus what we are doing in...the way we framed it in the current plan.

Part of that is because, as Karen was saying, you know, the health industry and the ecosystem itself has changed, and also we thought that we would take a much higher level approach with this strategic plan and focus on what it is that we wanted to achieve and that's where you see those 3 to 6 year outcomes and remember what this plan is, is a federal plan, these are the activities that the federal government will be doing to help influence the health ecosystem.

It's not a national plan. So, we do not get into what we think the private sector might want to do. This is just...these are some of the activities and strategies that the federal partners will be engaged in. So, it is not really super prescriptive and that was done purposefully so we could be as flexible as possible in both the policies and programs that we develop to try to achieve some of these goals and also to monitor what's happening in the national ecosystem and see where the federal government might be able to help influence either the advancement of the infrastructure, engagement with the patients and with providers or to bring more people into the system and more information into the system.

Also, because this is such a high-level document you'll see that there isn't a whole lot of information as far as, you know, specific strategies, it's much more general in many regards and that was done purposefully as well. Karen sort of mentioned that we had done an environmental scan of various strategic plans and initiatives across the federal government right now.

So if you look at it, of course the first question is how does this plan relate to the interoperability roadmap that ONC is engaged in as well? If you look at goal two, the actual sharing of information that's pretty much the interoperability roadmap right there.

If you think about the national quality strategy, national prevention strategy those are things that are within the actual use of the information, plans such as the broadband strategy that FCC has in objective 1c.

So, we are much broader in the language that we have of this plan because the detail is in some of those other strategies and as those strategies, you know, like the prevention strategy or the quality strategy every year access where they are in achieving their goals the federal health IT strategy will be able to adapt as well. So, keep that in mind, that's one reason why you don't see specific metrics and milestones within this plan right now.

As Karen said, we will be working with the advisory council and with you folks on identifying those metrics and targets that we need to hit as we move forward in the months ahead. So, that said, let's go through a little bit of the plan just so you can see what's going on.

I guess the best thing to do is remember that this is moving towards health not healthcare and that means that we're bringing in different providers and different individuals into this plan that might not have been in before behavioral health, long-term care, people who are not within the existing Meaningful Use program but are very, very impactful for improving health. We're trying to make sure that they see themselves in the plan and that their information is included as well.

So, Health IT is not just an EHR. I think most people realize that, it's mobile health, it's individuals with their Fitbits, it's the different tools within a hospital or a remote monitoring, all of that is Health IT and we want to make sure that the plan knows that information is going to be coming from multiple sources and going to multiple sources, and what is it that the government needs to do to ensure that this happens seamlessly.

And again, because we're...Meaningful Use is still incredibly important, you know, not just where we are in Stage 1, Stage 2, Stage 3 but the concept behind Meaningful Use, again, it's using information, using the different levers the government has to ensure that Health IT can be used as an infrastructure, as a tool to improve health and healthcare whether that's in the research community, whether that's for an individual, whether it's a provider sitting down with an individual and their family or their other caregivers to make decisions about how they're going to address their health issues.

So, let's go onto the next one, if we could? And I'll try to do this as quickly as possible. Again, you know, what we're looking at is how do we collect this information, how do we share it and how will we use this to improve health.

So, each of the goals, we've got five goals in the plan and the first goal gets at the adoption of Health IT, the second the sharing is, advancing and securing interoperable health information and that gets into the roadmap that will be coming out in January.

And the use gets into improving healthcare delivery and making sure that we have high quality care and using a value there. Working with individuals and communities, and this gets more into the public and population health issues so there are lots of different information there than what we see currently and we know that those are some of the frontier issues as Karen was talking about.

And then also, the fifth one is the research and scientific knowledge, this is one of those things where I think this group is going to be instrumental in helping us make sure that we're hitting the right targets at the right time. So, keep that in mind as you're evaluating the plan whether there are gaps in any of these areas and where you think that your influence will be most beneficial. If we could go to the next slide? We'll just go through the next ones pretty quickly here.

These are getting at, you know, the vision mission of what we as the federal government think about and so obviously information is accessible when and where it's needed to improve and protect people's health and well-being, these are some of the mom and apple pie things.

Mission of course, this gets more towards the triple aim. And if you get into the next one, the principles that we talked about, this is when we were working with all of our federal partners, what are some of the things that we think are most important as we move forward with all the folks that we worked on, so next slide we get to that one.

Obviously, value-based payment is a huge issue, talking about individual preferences and keeping that at the foremost of all of our decision making, making sure that the culture of electronic health information access and use across the board and that's for providers and for individuals, and for researchers that everybody thinks about how best to use this information and keeping it as secure as possible.

Creating an environment of continuous learning and improvement. Our providers, within the council, were really helpful in thinking about this, it's not simply just research on how Health IT is used or, you know, clinical trials, it's getting at some of the usability issues as well to make sure that these systems are functional.

Encouraging innovation, as Karen was saying, make sure that we...there is a balance there between giving guidance and staying out of the way. And then one of the most important things of course, because we are the federal government and, you know, these are limited resources we want to make sure that anything we were doing proves that we were being a worthy steward.

So, we can get in the next one, the first goal...

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

Hang on one second, Gretchen; does anybody have any questions up until now? I know we're moving quickly so I want to make sure...there's a lot here.

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

Yes, it is really dense.

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

Yeah, any questions from the group yet? Okay.

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

Okay. So, the first one, the collection of the information, we got an incredibly good start on this as everybody knows, if you look at some...at what's happening, the tipping...we've reached a tipping point as far as the ecosystem adopting these systems, these Health IT systems but there is work still to be done.

So, we know that, you know, while providers and hospitals are starting to adopt these systems and using them effectively there are people outside of the Meaningful Use program that need to be included. So, we want to make sure that the policies and programs that we have in play take those into consideration and we come up with methods to include everybody within this space. So, that's mostly in objective 1A.

And objective 1B gets more into making sure that these systems are safe and they are used safely. This gets to the FDASIA report that was released earlier this year and also into the usability of these systems and there is a lot of work that still needs to be done with this and we will be engaged in that for quite some time.

The third one gets at the communications infrastructure and as Karen was saying, you'd be surprised, you know, it's one thing to say everybody has access to Internet but thinking long-term considering how much information can be shared, you know, with imaging and things like that, how does the system need to evolve to make sure that it's not...medical body area networks are included and that the spectrum is able to function properly so that people can share information. So, there is work to be done there.

We can go into the next slide, please, goal two, the secure and interoperable health information. Again, this builds off of the vision that we had shared last June enabling folks to securely send, receive and find information, prioritizing and advancing the standards. We know that this is a crucial issue and this is one where the federal government obviously has a role, but obviously private sector does as well. So, what is...what are those standards and how can we make sure that those standards are tested and used effectively.

And then of course, you know, while the privacy and security undergirds everything we do, we still believe that this is so important that we need to specify it as its own objective, that the work is so involved not just privacy and security but cyber security issues that we wanted to specify that this is something that we are taking incredibly seriously. We can go to the next slide.

Getting into the use of the information now is the rest of the plan, goals 3, 4 and 5. So, goal three gets into delivery system reform and so objective 3A is getting towards quality and access and when we talk about experience it's both the experience of the provider and of the individuals within the system. So, if somebody is working within the healthcare system are they able to use these Health IT tools effectively to do their job, and this gets as much to the art of healthcare as it does to the science of healthcare, and making sure that the care is delivered for an individual based on evidence.

Objective B, again more on the delivery side of this and that gets into some of the payment issues. And then objective 3, the clinical and community services and population health so that folks can build dashboards that allow them to impact the care that they deliver effectively. So, if we can get into the next slide, please.

Goal four is kind of one of...we started on that with the last plan in the consumer space. This is so critical that we really wanted to make sure that this was emphasized well. This is the health and well-being of individuals and communities. So, this gets not only to, you know, individuals self-care and person at the center type issues, but also getting into health security for a community and the different information that impacts that whether it's for first responders in the case of issues such as Ebola or just, you know, national prevention strategy issues, how can a community make sure that their communities are walkable so that they can keep different health risks down.

And so there is a lot of consideration there and we would like some help as far as prioritizing the work for that, making sure that we sequence things properly. So, it gets not just at the individual, as we said, but getting towards the community and making sure that they are resilient.

Now for goal five, this is the learning healthcare system obviously and the innovation side. So, making sure that, you know, we have open data sources that can be shared with folks, all payer claims databases things like that. What information does the federal government have that can help individuals both develop new tools and new processes, and methods to make sure that health and healthcare is delivered more effectively?

Getting towards objective B, how do you actually, you know, make these technologies and solutions available for folks and then the research, again, this gets not just at the like RCTs but research on how a system is used by individuals. So, there is a lot of work to be done not by just NIH and NLM, and CDC, but in partnerships through PCOR of course and with academic centers and there are lots of bridges here.

This is one where there is obviously federal work but the delineation between federal work and national work here is a little bit squishier because of the grants and things that are out there by AHRQ and by NIH.

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

Hi, so this is Mike Painter, could I jump in with a question?

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

Sure.

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

Yeah, hi, so, you know, Karen in her opening comments about this and you as well when you were teeing the draft strategy up really emphasized that this is about health and not healthcare, and really we're sort of trying to change the center of gravity about it. But then when you...I mean, just at least superficially looking through the objectives they really sort of still smack a lot of healthcare.

I'm just wondering how do you guys see the change and emphasis to health, is it a subtly that I'm not seeing or what am I missing?

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

Well, it's the information that's going to be included into decision making and that's where we think health and, you know, human and social services is the missing link that was not part of our original thinking. And in all honesty if you start looking at some of our 6-year outcomes that gets more towards health instead of healthcare.

Healthcare of course, you know, is the one that everybody is focused on right now and we have moved quite far in a lot of that but there's still work to be done. But sequencing so that we can impact health bringing in the information, the resources that individuals and communities can use to make health better is a longer term proposition and I think that that's what Karen was trying to get at.

It's like we know that work needs to be done so we can start including that information and having that information available for folks whether it a patient saying, this is...you know, this is how many steps I've taken, you know, to try to impact my diabetes, I'm trying to do these sorts of things and those sort of shared decision making with their provider versus what they are doing individually, these are the tools that they can use whether they are, you know, mobile Apps or remote monitoring, anything that they're doing individually outside of the healthcare system.

These are things...you know, those data sources that, you know, Health IT will help effectuate those are the questions that we want to know, what do we need to do as far as standards whether policies, payment programs to start incorporating all this.

We know that providers want to make sure that the information is valid, that, you know, the data integrity is important and you don't want to just grab a whole bunch of things and how do they, you know, how do they develop their resources to be able to do that.

These are those larger aspects that we know need to be included in the plan and they're part of the prevention strategy and some of those other strategies like the quality strategy that are out there that have specific metrics that we will be watching, but some of those things are more long-term than the next 18 months, but we want...that's what we want this group to help us as far as prioritization and sequencing.

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

Great, thank you.

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

Okay, so just, you know, closing out on that thought, you know, obviously the research and how Health IT can improve health this gets directly at what Michael was just talking about. It's, you know, I guess the more familiar research as well as other research aspects that we should be looking at.

So, if we can get into the outcomes, as I was just mentioning, that's the next slide, as you review the plan you'll see that we did set 3 and 6-year outcomes and some of these are, you know, metrics where there are quantitative things that we can report on and some of them are milestones like, yes we've started evaluating standards and starting selecting options for some of these things.

So, as the plan evolves, because we do expect this to be an evolutionary process not something that's static that these 6-year outcomes or 3-year outcomes are going to be what we stick with for the 5 years. As we learn more we will be modifying these.

You'll see that we have identified agencies that say that they are engaged right now or intend to be engaged in activities to achieve these outcomes and over the course of 2015 and the first and second quarter we will be going back to our council members asking them specifically what are these programs and how are you measuring your progress against these and that will be wrapped into our assessments of how well we are doing and what risks are a part of this process.

So, if you look at the plan you'll see that, you know, again, some of these things are very prescriptive and we say, you know, these are the specific strategies that will accomplish some of these things. Some of them are a little bit more nebulous and part of that is because there are multiple programs or policies, or regulations that are in play and so we wanted to encapsulate all of that activity and not call one out specifically. As we start developing the progress reports every year we will get more specific. We are definitely much more at the high-level at this point. So, if we could go to the next slide, please.

And we'll just sort of go through this real quick and then I'll open it up again to questions and Jen we can then start thinking about how best to talk about the charge for the committee since, you know, here we are at 11:30 and I want to make sure that we've got enough time for a conversation with everybody.

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

Right.

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

The next steps, as I said, you know, obviously what we're going to be doing both internally within our federal partners and with you folks is identifying what's the best process for reporting progress against the plan, you know, what we'd like to do and that's kind of the charge for today, is let's start prioritizing some of the work that the federal government is doing.

What are those things that are absolutely must do's so that we can improve health, you know, improve healthcare obviously, but improve health. What is it that we need to be focused on? Do we have the right 3 and 6-year targets? Do we need to make modifications? Are there things that you know of in the private sector that would influence, you know, our ability to achieve some of these outcomes and maybe we might need to modify some of our programs we have in place?

As we said, you know, obviously we're going to be working with our partners to identify those specific contributions that they think that they can use as levers to achieve the outcomes that we've specified here.

But what we need help on is, you know, what have we missed, you know, obviously we're working in the federal community and we've reached out to our stakeholders and all of our federal partners have said, this is what we're hearing from our stakeholders and we've tried to include that in the plan but we know that, you know, obviously there are things that we didn't get correct so we'd like to get feedback from this group have we set the right priorities, are there things that, you know, we should have included? Are there things that we might want to expedite and move a little bit more quickly than others? We might have set something as a 6-year goal that you folks think should really be much more closer in our target setting.

And then also, just exactly where do you think we should be focusing our efforts? These are the conversations I think as we start coming up with recommendations both for the final plan and for what the Policy Committee should be focused on and the work that we might want to encourage the other Workgroups to be looking at.

Hopefully, this outline, I guess is the way that I would look at the plan, it's not just like a menu of options but I think it's a good place...it's a good starting place. I would really like to emphasize that the idea is that this opens the conversation it is not the end-all be-all by no means do we consider this a static document.

So, with that and my lovely voice at this point, I will open it up for questions from you all.

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

Yeah, Gretchen, let me just commend the staff I want to say and the federal partners because you've clearly put a lot of work and time into this and I think it's a great start for the group. I do want to piggyback on some of Mike's comments.

I think we want to make sure that the metrics really measure the success of health. So, I think we'll probably have a lot of comments in that area, but really this is a really great piece of work to start with and I just want to congratulate the group on that, the team.

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

This is John Houston, I guess the question I have is that, you know, if there is a thought about trying to prioritize or to try to understand the interplay of the different recommendations that we might make and how they fit together, you know, obviously some may be predicated upon others, some maybe much more involved or costly, or, you know, the value proposition is such that you're going to spend a lot of money and the return is going to be lesser than something else. Is there going to be any attempt to try to build that type of logic or analysis into this plan?

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

I would love to see that John. You know as far as how to go about that I'm open to conversations. And when I say "I" I'm using that as the reflective federal partners. I think that everybody would appreciate that type of an evaluation.

So, I think that that's one thing that we can task the Workgroup to start, you know, as we do prioritization if we...you know, what I would love to create is a template saying, here's our checklist just like you were talking about earlier and as we start making decisions what's going to get us the most bang for the buck so that we can actually accomplish, you know, our overarching three priorities or so.

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

Thank you.

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

Other questions for Gretchen? Okay, going once, going twice, all right.

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

I think, everybody's in shock, I think.

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

I know.

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

Wait, come back, wait.

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

You've answered all the questions for us Gretchen.

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

I doubt that...

**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**

Now, Jen, she said this was the beginning of the conversation not the end.

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

So, let's have the conversation. Okay, should we jump right into how are we going to tackle this? I mean, I think, we've got a pretty big project here in front of us in terms of commenting on this and there is a lot of different pieces here. So, maybe we should talk about how we want to provide feedback here.

I know that some of the things that want us to address are about is there a broad vision here, identifying gaps, strategies. Would it be helpful...and then overall, Gretchen, I know you mentioned a couple of times that you'd like this group to really set priorities. There are a lot of outcomes listed there and we certainly can't do, what is it 48 outcomes at once. So, it would be helpful for this group to set some priorities and sequencing in terms of what needs to come first, etcetera.

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

Jen?

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

Yes?

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

If I could just add to that, absolutely, I think, you know, as Michael and Karen were talking about at the beginning of the conversation, we're trying to identify, you know, what does success look like for the nation and so while this plan is like, here's what the federal partners can contribute to that, I think that the beauty of this Workgroup is that you folks bring such a wealth of information from the private sector, from various sources to say, you know from our work we think that this is what we need to do, you know, and we need to focus on this one thing and try to accomplish that. That's what I think what Karen would like to try to help us focus on.

There is a lot work that the federal government could be doing within Health IT to improve, you know, the way that care is delivered the way payment plans have done, but there has been so much work in this sphere, you know, the JASON report is out there both the first and the second part. There is the work that eHI has done. There is the work that, you know, Argonauts are doing. All these different things.

What is it that is going to be "the thing" that the federal government and the private sector can be focused on to really improve health and then we can start making sure that the metrics will get that way. So, maybe that's kind of like the framework that we're thinking about and, you know, are the policies that we have the right ones that we need to be focusing as you said on sequencing and things like that.

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

Right. Questions? Okay, so I think, you know, in terms of going through this I think it's important that we not get stuck going through everything item by item and instead comments on kind of the overall vision or strategy that would be my suggestion. But, I'd love to hear what the Workgroup thinks?

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

Hey, it's Jonathan; I've got some comments on that topic.

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

Please, go ahead?

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

So, it seems, I'm, you know, reflecting on your slide presentations as well as reading the actual draft strategy, draft plan and I've also talked with some colleagues both in industry and the government and it seems that the key...there is just a key gap here and that is reimbursement for healthcare needs to...that's just not addressed here. And, you know, I guess you address that through perhaps ONC certification and the reimbursement that entails.

But there is fundamental structure of healthcare financing that impedes the effective uptake of Health IT and also improvement of health. And I just don't see that here. And I could go on, you know, in detail and cite a number of items where that specifically applies, but maybe I'll just leave my comments general.

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

Well, I will say that we are definitely considering, you know, the payment models and mechanisms that can be used as levers.

And again, if you look at the language a lot of it is very broad but what we are focused very, very, very sensitively on what we can do within all of the different payment programs that the government is involved in to try to make these changes and part of that, you know, HHS is engaged in a delivery system reform effort that, you know, I guess got started earlier this fall. So, just across the agency itself we are looking very closely at what can be done and within various other strategic plans those are some of those initiatives.

So, I would say that while we might not specify specifically, you know, we will be looking at X payment mechanism, we are definitely doing that as part of our strategy across the whole spectrum.

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

So, this is federal...

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

They are federal payments, right and, you know, in all honesty that's one of the areas we're hoping that we can serve as a leader and commercial payers might want to do similar activities, you know, we'll just focus on this is what we're doing with the idea that maybe others would like to step up and do some of that too.

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

But, Gretchen, you would certainly take comments or specific recommendations?

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

Yes, yes. I mean, because obviously, you know, as you read through the plan if it doesn't sing to you and it doesn't make sense then we need to change the language so that people understand what it is that we're trying to do.

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

Well, that's a high bar it has sing to us.

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

Well, yeah, I mean, let's put it this way, in plain language that's what we were trying to shoot for and it's a federal document so whether it sings or whether it's just sort of, like my voice, goes off key is a whole another issue.

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

It may make you cry too.

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

Yeah, that's it.

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

Hey, sorry, it's Jonathan, I unfortunately hung up rather than pressing mute and so I didn't catch the part whether I was on topic or whether I was out of scope on my comment?

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

No, you're not out of scope at all. As I was saying, it's...we infer I guess in our strategies that we will be looking very closely at payment mechanisms and across both HHS and other agencies, as Karen was saying, within the federal health architecture obviously we are working very closely to make sure that what's happening with the VA and DoD, and within other federal payment programs that Health IT is a huge component, you know, that undergirding for a lot of the activities that will be occurring and we'll be using those levers as effectively as we can.

But, again, and as Jen said, we would love to have comment on does...is it so oblique in how we've said it that it doesn't look like we're doing anything in that regard.

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

Yeah, Jonathan, are you thinking that it needs to be applied specifically, you know, to the mission or the vision, or are you thinking about specific objectives, or just you don't see it overall?

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

I guess I don't see it overall and I think it also needs to be explicitly called out in some of the strategies.

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

Okay.

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

Yeah, let me just build on that, I agree with that entirely, and, you know, I was looking at objective 3A and if you look at the strategies there at the top, you know, there is a discussion about sort of federal program funding and then it goes on to say "or" you know innovation model initiatives. So, it sort of implies, you know, we're going to still build on models but it's really not clear that the important tools that the federal government has from a purchasing and reimbursement point-of-view really ought to be a very important focus of how, you know, at least the access issues get addressed and the integration issues get addressed. So, that's an area where I think it could definitely be strongly worded.

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

And Sandra I appreciate that.

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

This is John Houston again, as I think about how we try to address all of what everybody saying I'm just wondering whether for each one of these areas that we try to build out some type of almost like a matrix that along one axis is the requirement or the whatchamacallit, the...

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

Goal.

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

Goal and then on the other axis sort of questions or things we want to try to address or answer and I'm not sure what they are yet, but it almost seems like there is a range of things that we would want to comment on with respect to each goal.

And again, I don't know what they are specifically, but I'm hearing all these people talk about a lot of disperse important things and how do we collect our thoughts in a way that's consistent that when somebody reads through this and say, okay, I get what they're trying to do here.

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

Yeah, this is Mike, I'd like to jump in on the queue too if there is one. Mike Painter.

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

Go ahead.

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

Go ahead, Mike.

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

Okay, so along these lines about this sort of, the overall reaction, you know, it's helpful that you guys at the beginning have this diagram about collect, share and use, and it sort of gives you a sense of where you're going with the strategy, but I...and then when you...you know and to be honest, I haven't sort of...I need to dig in and really absorb it line by line, I've just kind of skimmed the material multiple times on calls like this and whatnot, but you get a flavor when you go through it that there are sort of words about data elements and patient centeredness and control, and things like that.

But what I don't get a sense...and I'm sorry, you also at top mention that there are these various recommendations now floating around like the two JASON reports and whatnot, and I'm most familiar with the JASON reports because of my involvement with that and in those there is a very distinct kind of vision about here's what the architecture looks like, this is how you get there, this is how you...this is a way to try to inject some privacy through encryption and whatnot, there is a sort of fundamental reliance on open APIs.

There is an importance about understanding about structured data elements and tagging the data, the metadata things like that. And then there is this basic premise about, I mean the JASONS initially talked about patient ownership of data and then they sort of back off that to at least a principle of patient management of data.

What I don't get with this strategy is, and maybe it's...it probably is deliberate just because you can't get everybody to...but what is the underlying sort of vision for where this is going from the federal perspective? And then...I mean, because if you had that then you could say, and this is the federal role, this is how we see our piece of the pie.

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

Did you want me to answer that or is that just a comment?

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

Maybe it's to the group, I mean, you can answer it if you want, but I don't know, you know, I don't know if others see it or not. I just...I can sort of, I mean, I guess it's sort of, you know, your own individual test of how you're reading it and interpreting it but if you have comments on that it would be great.

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

Well, I will say I'm not...I don't think that now is probably the right time to comment on that. Do we have an overarching mission, "yes, absolutely." Do we have an overarching vision of what were our guiding principles as we drafted this "absolutely" it was, you know, having Health IT as the undergirding or the infrastructure, the enabler of better health and that gets exactly at what would...within the JASON report and some of the other activities that are out there, what are those levers that are going to make sure that health is improved, payment levers, getting better patient engagement, making sure that the experience of using these tools is adequate and efficient enough and that you actually have the information that you need at the right time.

Those were the things that we were looking at knowing that, you know, the federal government can only go so far, there is only so much that we can do, but that, you know, there is definite, we have more power than not in many regards and want to make sure that we use that effectively. So, you know, again I'm being as oblique as probably the language in the report is...

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

Yeah.

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

Considering that we the ones who wrote it, but yes, we definitely were looking at all of those different tools and now as we start getting into the implementation of it those things that you were talking about the APIs, the patient engagement, the, you know, reaching out to the different innovators that's exactly what we're hoping to do.

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

But, I think what you're saying Mike is that, you know, maybe the JASON recommendations and those things lay out maybe a slightly different vision of what the future looks like.

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

I can't tell...I can't tell whether this lines up with that...

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

Yeah.

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

Or what, that's what I guess I'm saying.

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

Right, right.

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

Well, remember again, Mike, part of it is that this is higher level document and some of those details that I think that you're craving are what we're focusing on in the interoperability roadmap. So, they are two different documents.

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

Right.

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

This again is much broader and covers many more areas. You know when you start thinking about some of those things within the JASON report such as clinical decision support and other quality improvement tools some of that is in the quality improvement roadmap that ONC put out, some of that is in the CMS quality strategy that they put out I guess in May of this year. So, some of those details are in other documents not necessarily within this plan. It doesn't mean that this plan doesn't include them it just doesn't specify them to that level of detail.

**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**

I also think...

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

Could you add me to the queue at wherever...

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

Yes.

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

Yeah, and George.

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

George and Mark, and who else is in there? I've got Mark, George was there someone else before that? Okay, Mark?

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

Yeah, I think this piggybacks a little bit on what Mike was saying back at the beginning. When I read the letter from Karen at the beginning I do get a broad sense of a vision as I start getting into...going through the document more and more to the details it starts to look more and more like the more familiar stuff of where we are right now and I lose that sense of vision that I get in Karen's letter.

The...in some ways maybe it's the outcomes that are the more confining things. When I go down and read the strategies, which I guess are strategies to achieve those outcomes, the strategies often read more broadly to me and more consistently with a vision than some of the outcomes do.

And I don't know what to do with that observation, but I...since this is a strategic plan that is supposed to telegraph to all of the federal agencies and to the public as well what the direction is I think there is some reorientation or some messaging because the opening letter does make it pretty clear we're looking at traditional and non-traditional sources, we're looking at patients and caregivers as being fully part of the system not because we're not just talking about clinical settings we're talking about health as well as healthcare. That starts to...as we get into the detail that starts to get lost.

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

Okay.

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

Good point. Okay, George you're next.

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

Hi, so, here are my notes, my high-level notes from reading the plan and we seem to be kind of coming to the same direction so maybe some of these observations have some truth. I mean, first of all I really like the framework, I like the plan I think it's very good. I think it's mostly all the good things we would want to happen so it's a little bit apple pie but still I really like the framework and it still needs to be said.

The big difference between this one and the one in 2011 is the 30 billion dollars. So, since we don't...before we were trying to figure out how to spend 30 billion dollars to improve the nation as quickly as possible now we don't have that and so it seems to me that we need...well before we needed to focus because we needed to know what to spend it on now we need to focus because we have to get something done and it seems to me HIE would be our top priority, but again it gets to this question that was mentioned earlier of prioritization.

And when I read it, it feels more like a measurement device than a plan, you know what I mean? Like in other words it's something we could look at and say "here's all the good things we could do over the next several years" not all of them, as I'll mention in a second. And then we have things that we can check off and kind of say "here's how we did in retrospect" we can say that five years from now rather than saying "here's how we're going to get there." But I guess that touches on that we have the JASON plan and others that are more detailed.

The big thing I felt that was missing actually was patient engagement and this directly touches on Mark's comment. There is a section for it, but if you read the details it's about reviewing their data and collecting more data not a new vision for how they're, you know, they drive healthcare or anything. So, that was the one when I read the whole thing was kind of the least forward looking and perhaps the area that would need to be bolstered the most.

I'm kind of feeling like HIE is the main thing that we need to...whatever resources we do have to put into achieving that's where we're failing and patient engagement is the vision part that's missing.

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

Okay.

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

I would say I definitely appreciate both what you and Mark have said about this and Mike as well, all of these comments are excellent and I think this is exactly why we're reaching out to you folks so that we can make sure that the final plan does cover some of these things.

Obviously, you know, what we want to make sure is that we are prioritizing the work and that we can get towards some of those visionary things.

And I would say, you know, Karen would be very disappointed in this effort if we did not get that patient engagement and probably not even thinking of it as patient but individual engagement because that's why we're doing all this stuff so that an individual can actually live the type of healthy life that they would like to enjoy.

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

Jen, this is Mark, I forgot to say a couple of other things if I could mention those?

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

Go ahead?

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

Besides individual engagement as sort of a crosscutting issue across the goals or weaving throughout the goals and objectives HIT literacy and health literacy gets mentioned at various points but I would list that up as a crosscutting issue that probably needs heightened visibility. In my mind it's a big issue and having it mentioned in a strategy here or there makes it look like a gap because I see it as being a significant crosscutting issue.

And the third one being disparities reduction, in the Policy Committee there was a realization that this was missing and so it got added in as something that was sort of crosscutting and I think that would be a useful thing here as well. I don't know if it gets mentioned as a separate goal or if it's...I'm not sure how best to do that, but it does use many of the different things here and it is an important goal for the nation.

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

I would definitely agree with you and I would say that our partners within the human services sphere of this plan would echo both of those statements, both the disparities and the literacy issues. And I think it was mostly just for expediency than anything else. We do consider that as one of those underlying crosscutting issues that affect everything just as much as privacy and security.

This is something that we want to make sure, as I said, if we don't have the language right so that comes across as something that we take very much to heart than we will definitely welcome some comments in that regard.

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

Can I...Mike Painter here, can I jump in the queue as well?

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

Yes, go ahead, Mike.

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

Oh, okay, so on my earlier comment just a minute ago, I sort of went through a bunch of things and I said this one thing but it was among a number of points I was making so I'm going to go back and re-emphasize this one which is this point about patient ownership of their data or at least patient management of the data and resolution and clarity on that.

You guys, again in the strategy, you kind of...you sort of talk around it a little bit but you don't specifically sort of say, and this is the federal role...this is the vision about that point and this is the federal role in that. I know it's a really sticky question, I mean, there are federal/state issues, there are jurisdictional issues, there are professional issues, you know, different vantage points about what we should do about that problem, but...

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

You just nailed it right there.

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

Yeah.

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

Now remember we have OCG and OCR that are part of our group...

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

Right.

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

And so when we start talking about, you know, who owns the data they...immediately there are things that we need to consider, does that mean that we don't think that, you know, individual engagement and use of their information is important by no means do we say that. But, you know, for us to, you know...I think that we would...we would get our heads handed to us on a plate if we said, you know, the patient owns the data because of all of those other legal issues.

We are definitely working with all of our partners to make sure that the individual manages how that information is shared and it's a huge consideration in everything that we do, but, you know, I can guarantee right now we're not going to come out there and say the patient owns the data.

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

Right.

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

Mike, this is Mark, do we cover most of the distance you're talking about if we talk about patient use or per individual use of their data?

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

I think so, that's for me personally I'd love for this...our group to sort of hash through that some and just see where we think we ended up that would be great. It just seems like it's a central point and then everything else should sort of build out from there. But if that's just me I don't know.

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

I've heard sort of in discussions around JASON but also I've heard people advise to try to walk around the specific ownership question and cover 99% of the distance like talking about use.

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

Yeah, yeah, no that makes complete sense. I mean, rather than get locked into a battle that can't be resolved, that's right.

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

So, maybe we can work on the language there Gretchen?

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

Yes.

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

Okay. All right, well it sounds like there is a lot of...I don't know if there is agreement so I'll ask the group here that the vision that's really laid out in the front of the document in the letter isn't necessarily pulled through to the outcomes, so, I guess it's eluded to in the beginning, but the full document doesn't resemble that. I mean, are there other comments on that?

I mean, I think it would be great for this group to make an overall endorsement or suggestion in terms of the overall vision that's presented here. Is there anyone who feels strongly that the vision that's laid out here is clear or represents what the future of healthcare should look like or do we need to revisit that?

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

Well, this is Mark, if you're question is about the...picking up in your prior comment, if it's about the beginning of the document and I'm not just looking at the vision statement which is a one sentence thing, but say, Karen's letter...

**Julie Anne Chua, PMP, CAP, CISSP – Information Security Specialist – Office of the Chief Privacy Officer – Office of the National Coordinator for Health Information Technology – Department of Health and Human Services**

The letter.

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

I think it is clear and I think there are elements of what follows it that lift that up as well it's just the balance sort of goes more towards the traditional clinical settings as we get further into it and yet just to lift up what I said earlier, when you read some of the strategies, some of the strategies read more broadly than the outcomes so that might be a useful way to fix some of the items that we're talking about.

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

All right.

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

I agree with that, yes.

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

This is Jonathan, I have a comment.

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

Go ahead Jonathan.

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

So, I just wanted to...maybe...I don't want to put words in George's mouth, but I'll expand on what George said that...and in response to your query, I think the vision is a little bit motherhood and apple pie and it...I'm not sure that it provides the target as maybe completely or specifically as we'd want and I think that there have been multiple statements around patient engagement and leaning towards more traditional healthcare.

I think that there are ways to bridge that vision to actually describe a picture of how we think healthcare should look and not just, you know...and take it out of the generic realm and make that a little more specific, that of course engenders risks of criticism potentially but I think it might help move the football down the field faster by adding specificity and getting away from the genericness of the document with a more specific vision for how we want the future to look.

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

Okay, was that, John, did you have a comment or Mike?

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

No, I'm good.

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

I did but I'll retract it for the moment.

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

Oh, okay, I got everybody.

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

Yes.

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

Okay, so it sounds like we do need to work on the...the group would like to make some recommendations to make the vision a little bit more specific and then pull that...I mean, Mark what you're saying is that some of the outcomes seem to match that but some are more aligned with traditional healthcare?

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

Well, my comment was that some of the strategies tend to capture the vision more than some of the specific outcomes and I would lift up as well you need a vision in order to understand where the outcomes are headed.

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

Right.

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

So, it does not trouble me that a statement of vision reads a little more abstractly in order to give that sense of direction and to understand the context for what some of the specific outcomes and strategies are. So, I don't see that necessarily as being a problem for me.

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

So, it's...

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

This is...

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

Yes, go ahead?

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

This is John Houston, you know, but thinking of broad statements to make in a vision, you know, the thing I keep coming back to and I'm hesitant to bring it up but I'm going to, is does the vision need to include something around this notion of like a learning healthcare system where, you know, you tie research into the vision statement as well in order to improve outcomes.

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

That's exactly...this is Mike Painter, that's exactly the kind of thing I was sort of yearning for, exactly.

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

So...

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

So, I've got another just comment here, you know, the thing that...so, I'm, you know, leading our...a lot of our EHR and Health IT portfolio for VA and what continually astounds me and I think this document reflects a little bit of this is that the...when people talk about Health IT they talk about the technology and the standards, and that, and they don't focus on the business process or engineering that needs to take place to accomplish those standards or to really accomplish what the goals are or, you know, the vision of where we need to go.

And I think, as I'm reading, you know, the document and listening to people's comments as well, I think that this document suffers a little bit from that bias that it doesn't...about giving tools to enable people to do stuff but there is not a strong enough emphasis on what...you know, how we want healthcare to work and how we want health...you know, individuals to manage their own healthcare to really provide targets for Health IT to direct them in specific ways and I guess I'll just leave it at that.

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

Jon, this is Gretchen, I think that's a really interesting concept. I don't know how we shape that into the conversation, you know, with this group over the next couple of months, but if we can...Jen, do you mind if we put that as an agenda item maybe for us to think about?

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

Mike Painter, here, I'd like to strongly endorse Jon's comment that's exactly what I was hoping we would do.

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

I mean, I'm not going to rewrite this plan in the next month I'll tell you that but...

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

Yeah.

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

So, it sounds like how we want the individual to manage their own care and what we want it all to look like so we need to kind of rework some of the goals and objectives here so that they are aligned with that.

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

Well even if the outcomes were more focused on that I think it would be helpful, you know, what's the end goal?

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

Right.

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

You know the outcomes seem to be in many cases, you know, what do you want the technology state to be I think rather than, what do you want to have the health state being and maybe I...you know, I know there are...there is a little bit of that but maybe we need to more emphasize how the outcomes...how is it translated into something that affects health the way that, you know, Dr. DeSalvo had said.

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

That's a really good way to say it John. So, really what do we want...it does look right now like it's written like what do we want the technology state to be but we want to move it to what do we want the health state to be. So, should we...does that sound right to everybody to move in that direction?

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

Can you repeat that Jen, please?

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

Well, I think what John was saying was the plan reads right now in the outcomes towards what do we want the technology state to be in 3, 6 years rather than what do we want the health state to be.

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

I would say, the healthcare and healthcare, you know, and consumer practices to be.

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

Okay.

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

Okay, now remember everybody this is the federal plan and how much we can...we as federal, you know, programs and policies, and other levers can impact that side that's what we need to be considering as well.

I mean, and, you know, with some of our other partners, they are working on more of those human aspects and things, but those are some of the longer term things as we were talking about before. So, yes, I think that as we...that gets into the sequencing that I was talking about at the very beginning.

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

So, I think, if we... in terms of outcomes, you know, we can always state what the technology state should be but also talk about what the desired health state, you know, because obviously we're trying to get their emphasis on health.

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

Right, yeah, I think you're right, I think, you know, having both those lenses as we look through some of this would be extremely beneficial for us.

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

And the technology is going to change very quickly...

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

Right.

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

But I think if we can all agree upon the vision of what we want, you know, healthcare to look like or health that's important. So, yeah, let's try to reshape it a little bit.

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

By the way you may find that part of the way through the plan the technology state doesn't necessarily match what the outcome is for the health state and then you have to question, okay, what's that misalignment, why is there that misalignment and how do you...what do you need to do to realign it, because ultimately to me the ultimate goal is the health state.

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

Correct, well, yes, and, you know, as I said before, you know, our logic for this was that this was our...you know, this is how we're viewing the world at the end of 2014 as what we think was going to happen, but that we want to be as malleable as possible on our outcomes and change them as that ecosystem system evolves, but again, you know, having both those lenses, you know, where are we right now in the technology state, where are we in the health state and how can we evolve both of those I think that making sure that we keep both of those in mind will help guide both our sequencing and our prioritization.

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

Right, I mean, we need to figure out where we want to get to and then work backwards from there. So, yeah, there is...

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

That will also help prioritization because you may say certain health goals are more important than others...

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

Exactly.

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

Therefore the underlying technology to support those becomes more important or...

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

Right.

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

Yes.

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

So, let me give an example, so one of the things that in VA we need, you know, we have several laws actually encouraging us to do this, but we need to have ways that more freely exchanging information and not only exchanging information but managing the quality of care across multiple healthcare systems and with ACOs it's a generic problem, it's just not a federal problem.

And there is currently...we've been able to identify no policy guidance from the HIT Policy Group that can drive the standards from the HIT Standards Committee to provide the specific standards that enable this sort of interaction to happen. And so...and there are, you know, several other prominent examples I think that where federal policy from ONC and others really doesn't address these types of business practices that need to occur.

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

Okay. Does that sound right to folks?

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

Yes.

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

All right, so, given that, so what's the best way to do this? Do we want to try to refocus on the outcomes or should we reframe the ultimate goal first? How do we want to tackle...it seems like we shouldn't just dive into the document as it is but rather have some sort of overall goal stated at the beginning. I don't know that we have that right now.

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

This is John Houston; I think that stating the goal...making sure everybody is aligned in the goal I think is incredibly important.

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

Okay.

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

I agree with that, this is Mike, yeah.

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

Okay.

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

And I feel like just from the comments it's hard to know, but I feel like the comments are pretty much in sync about this goal vision, vision/goal.

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

I guess, its vision, yeah.

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

Yeah.

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

Okay. So, we've got about 10 minutes left do we want to try to scope it out a little bit now or get started scoping it out?

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

Can I suggest maybe there should be some homework from this...

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

Yeah.

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

One of which is to provide feedback on these types of things.

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

Yeah.

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

Yeah, I think that might be right or someone can put up a...if you guys could throw up a strawman that would let people tinker with virtually.

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

Okay, so maybe, I know David and I are going to meet this week and Gretchen, and John maybe you want to join in this as well, anyone else on the group and we can kind of restate the overall goal. And Gretchen, I don't know what the process is for that, are we allowed to do homework and send it around or how do we...

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

I believe...

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

What are we allowed to do?

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

Yes, I don't think that we need to, you know, put a link into the Washington Post or anything. I think we can work off line on some of these things and definitely, you know, getting towards what John Houston was talking about with the template to try to, you know, get the...like the content into different buckets to think about, definitely we can work off line on that and bring that to the group for discussion at the next meeting. And that will help getting towards, you know, those prioritizations and, you know, where are those gaps, which is what we were hoping we were going to get towards anyway. So, I think we can...I'll find out, you know, what the processes are that we need to go through and talk to Michelle, but I think we'll be okay.

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

And then Mark or Mike I don't know who it was that mentioned it, but there were some specific outcomes and strategies that you felt did describe that vision, I mean, that might be a good way to start as well is to kind of pull out those pieces that align with that overall goal, because that work is already done.

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

That sounds fine.

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

Yeah.

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

I don't know for others but for me sometimes I...especially to get something together for a group to work on I find that an outline form where you just...more like a table of contents where you're trying to capture buckets is the useful thing before drafting it if that's what you already have in mind than great. But once you get an agreement on the overall framework then it's a lot easier to dump in all of the content, it's easier to discuss just seeing the big picture too for me.

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

Right.

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

I totally agree with that, this is Mike here, personally I feel like in the draft strategy...the outcomes that are there are probably mostly fine, you know, with some tinkering and just our opinion, but it was probably a matter of setting the vision and then putting those current goals and whatnot and outcomes into that outline that Mark just talked about and then we might...if we do that we might say, oh, my goodness there's a gap here that we...and so that gives us an opportunity to make another recommendation or something like that, but I think that you're probably largely almost there, it's just reorienting it around the vision.

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

Right.

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

Yes.

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

Okay, great. So, have we gone through our questions here Gretchen?

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

I think we've certainly gotten started on that and we can start, you know, getting the template or the outline or however framed around those questions. So, to me it looks like we've pretty much covered that, but I guess we should talk to Kim and see if any, you know, public comments in the queue and kind of make sure we don't forget that part too.

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

Right. Kim?

**Public Comment**

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology Human Services**

Operator can we 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.

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

No comments? So, hello?

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

Perhaps maybe there's nobody...I love it when there are no comments.

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

That's fine.

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

After listening to you all if I have to, you know, listen to what the public comments are right now I might freak out, but we definitely have a lot of work to get...

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

Okay.

**Lonnie Moore – Meetings Coordinator – Altarum Institute**

Okay, at this time we do not have any public comments.

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

Thank you, a long silence there. All right, great. So, what we'll do Gretchen is we'll...and Kim is we will touch base after this and we'll get going on something hopefully before the holidays to send around, and then we can work on that...so are people okay with the framework as it is though? Could we use that as the general outline? It sounds like, you know, the...

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

I liked it.

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

Okay.

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

Yeah.

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

So, Jen, by framework do you mean the collect, share, use?

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

I was thinking the five goals, but...

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

Okay, yes.

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

Are people okay with the five goals?

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

I think both the collect, share, use and the five goals was as good a way as any that we would ever come up with to organize the information.

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

Okay.

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

I agree with that, that's exactly...I agree with that.

**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 this is Mark, I would agree but I would lift up again my comment that there is some crosscutting things that in that structure don't get named but might be worth naming like engage patients or person engagement, HIT literacy, disparities reduction and I...so let's give some thought to whether...how that might be woven in, but I do like what I'm seeing right now under the five goals.

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

Or perhaps those are objectives that we need to add.

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

That's one possibility.

**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**

But you could also see them as sort of a cultural context in which collect, share, use fits. So, I don't have a preconceived notion about that.

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

Okay. So...

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

I think we should all...sorry, Mike here, I think we should also though as a group maintain the option to say, oh, once we've oriented ourselves around this goal, this vision we might want to slip in another goal or so, or something like that, maybe we see that, I'm just holding out the option.

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

Yeah, I think we definitely need to hang onto that.

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

Yeah.

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

Yes, yes. Okay, so we'll use that framework, we'll rework or try to restate that broader vision that we discussed today and then we'll send it out for some feedback over the next week or so. And then the group will meet again January 22<sup>nd</sup> or January 7<sup>th</sup> is that right?

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

The 8<sup>th</sup> I think.

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

The 8<sup>th</sup>, okay, thank you, great, okay. All right, any other final comments?

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

Just big appreciation for the work that's gone on so far.

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

Ditto it's incredible, it's really nice.

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

Really good job.

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

Very good.

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

Okay. All right, well I think we're done and everybody have a great holiday.

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

You too.

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

And we'll talk to you in a couple of weeks, okay.

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

Thank you.

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

Bye everybody.

**M**

Bye.

**M**

Bye.