

PCAST Report Workgroup

February 15, 2011

8:30 a.m. to 5:30 p.m./Eastern Time

February 16, 2011

9:00 a.m. to 12:30 p.m./Eastern Time

Park Hyatt Washington Hotel, 24th & M Streets, NW
Washington, DC

Instructions and Questions for Panelists

Background

Testimony from this hearing will help the PCAST Report Workgroup (Workgroup) synthesize and analyze public comments and input relative to the PCAST Report (report). In addition to the analysis and synthesis, over the next few months the Workgroup will discuss implications of the report on current Office of the National Coordinator's (ONC) strategies, particularly those recommendations specific to ONC. Members of both the HIT Policy Committee and the HIT Standards Committee have been invited to participate and comment directly in the hearing. The Workgroup is chaired and co-chaired by Paul Egerman and William Stead, respectively. If you have any questions, please contact Paul Egerman, Workgroup Chair, paul@egerman.com

Format of Presentation:

The Workgroup respectfully requests that panelists limit their prepared oral remarks to **five (5) minutes**. [*NOTE: One exception to this 5 minute rule: the Providers/Hospitals panel is asked to limit oral remarks to three (3) minutes because of the size of the panel.*] This will allow time for the Workgroup to ask questions of the panelists and allow every presenter time to present his or her remarks. Since both the HIT Policy Committee and HIT Standards Committee will have members in attendance, they will also have an opportunity to ask questions. We have found that this creates a conversation for a full understanding of the issue. The Workgroup requests that you focus the oral remarks to your most salient points regarding the questions posed below. Please also read the PCAST Report prior to the hearing. A PDF version was emailed to you previously. You may submit as much detailed written testimony as you would like, and the Workgroup members will have reviewed this material in detail before the hearing. PowerPoints will not be needed.

The Workgroup respectfully requests panelists to provide written testimony by **February 9, 2011**. Please submit the testimony to Judy Sparrow and Jamie Skipper at Judy.sparrow@hhs.gov and Jamie.skipper@hhs.gov

Presenter Biography

In addition, the Workgroup requests that all presenters provide a **short bio** for inclusion in the meeting materials. Please send your short bios to Judy Sparrow, judy.sparrow@hhs.gov

Pre-Presentation Questions/Themes:

The questions below represent areas the Workgroup intends to explore at the hearing. Please feel free to use them in preparing your oral and written testimony; the Workgroup recognizes that certain questions may not apply to all presenters.

THEMES/QUESTIONS

General Questions for Panels:

1. Please summarize your understanding of some of the key points in the PCAST report and how these recommendations would work in the health care environment.
2. What parts of the PCAST recommendations can be achieved in the 2013 timeframe? 2015?
3. What aspects, of the PCAST report are consistent with your approach to interoperability? What represent a significant change in direction? Do you have any alternative suggestions to accomplish the same goals?
4. How should ONC implement the basic concepts/directions that are described in the report? (not to operational suggestions, but directional)
5. Are there ways to meet PCAST objectives in an iterative, incremental approach?
6. What, if any, would be your recommended next steps?

Specific Questions for Particular Panels:

Panel: Patients/Consumers/Privacy Advocates

1. What are the privacy and security concerns, if any, to metadata tagging and the DEAS? What are the privacy and security benefits?
2. Is the PCAST approach to managing privacy and security comprehensive enough? Too comprehensive/complex? Will the approach lead to challenges for patients in managing their privacy controls?
3. What are the best ways we can leverage PCAST's technical recommendations - namely metadata tagging and a data element access service - to support principles of transparency and oversight? Patient choice?

Panel: Providers & Hospitals

1. To what extent are you currently performing information exchange with other health care organizations, and how effective is that process?
2. The PCAST report describes an approach that grants external users automatic access based upon appropriate roles and authentication credentials. What is your view of an exchange process that automatically shares data with institutions that you may not know as long as their users have the correct access permissions? What is the right level of control for an entity to exercise over access to EHR data, and how should this be exercised?
3. What is your sense of the potential efficacy of using tags on individual data elements to enforce patient consent choices? Are there any operational challenges with a more granular approach to privacy?

Panel: Technical Panel

1. Please explain some of key technical recommendations in the PCAST report, how they would work, including workflow, and the activities that are necessary to implement these recommendations.
2. What is your reaction to Page 60 of the PCAST report that describes costs? Do you have an estimate for your organization's costs to implement and deploy the PCAST recommendations? Where is the greatest expense, and what alternatives can you suggest that would help to mitigate the costs?