



**HIT Policy Committee**  
**Advanced Health Models & Meaningful Use Workgroup**  
**Public Hearing**  
**Draft Transcript**  
**June 3, 2015**

**Operator**

All lines are bridged with the public.

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

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is the second day of our Public Hearing for the Advanced Health Models and Meaningful Use Workgroup. This is a public meeting and there will be time for public comment at the end of today's meeting. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. And again, if you want to tweet, the hashtag for today's meeting is #HITPC and with that, we'll just go around the room to take roll and let's start with Alex.

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

Alex Baker from...

**Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology**

Samantha Meklir, ONC.

(Indiscernible)

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

Mike Zaroukian.

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

Mark Savage, National Partnership for Women & Families.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Cheryl Damberg, Rand.

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

Paul Tang, Palo Alto Medical Foundation, Sutter.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Art Davidson, Denver Public Health, Denver Health.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Terry O’Malley, Partners HealthCare, Boston.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

Neal Patterson, Cerner.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies**

Ginny Meadows, McKesson.

**Charlene Underwood, MBA – Independent Consultant**

Charlene Underwood, Independent Consultant.

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

Marty Fattig, Nemaha County Hospital Auburn, Nebraska.

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

And it looks like on the phone we have Suma Nair from HRSA?

**Suma Nair, MS, RD – Director, Office of Quality Improvement – Health Resources and Services Administration**

Yes, good morning.

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

Good morning. Anyone else on the line? Okay, we'll turn it to you, Paul.

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

Good morning. Thank you, Michelle. And, oh, before we get started, I had a huge omission yesterday in the round of thanks. Some people do all the work and be in the background and it just happens and Kim Wilson is the person that I forgot yesterday. She made ever...I understand she made everything happen, the hearing, the getting all the logistics for all the wonderful folks we got to hear from yesterday, but she was so invisible that I forgot to acknowledge her. But thank you very much, Kim, really appreciate it.

So toda...after sleeping on it, hopefully things haven't changed too much, but bring it to our attention if they have. What we thought we would do is go through and the goal for today is to come up, as Jodi mentioned yesterday, she wanted to have actionable...let me see, I'll go even find her charge to us; so, she wants to understand the practical barriers and understand...get actionable, high-impact recommendations that the federal government can enact. So there's lots of things that need to be done;

we're not going to do those things in this brief meeting we have today, but what are the things we can recommend that are actionable?

It's nice to say we ought to have, well, no...I'm just going...it's nice to say there's lots of things that you should consider and explore that tends to be fairly general and not very actionable. And then so it's harder for any organization or group, including the government to say, oh, let's go assign a task force to do this, to explore; well, it's pretty hard for a task force just to explore. So let's work on getting actionable recommendations that are HIT relevant, because this is the Health IT Policy Committee and speaking of which, there are certainly a lot of standards questions. But there is a...our sister group, the HIT Standards Committee typically deals with those, so we're not going to get into the weeds on the standards, per se, but we'll deal with the policy issues.

Remember, that she talked about the balance between mandating something or creating a single standard versus the flexibility; you heard that on each of the panels so we want to be sensitive to that as well. We've had a lot of experience in Meaningful Use with that sort of balance. And look at not just the ONC levers but the HHS levers; so the agency and even potentially outside of HHS. But I think it's...we want to consider more the things that HHS can play a big role in.

She cautioned us that there are some authority limitations such as...such the topic that I'm sure will come up, but we can certainly make observations and summarize the findings we had. We certainly heard a lot about it from each panel and maybe the private sector can play a role in some of these things. So we can make the observation, we can even recommend something and we can recommend that the pri...you know, the private sector should take something up.

We want to look for instead of 30, something really just a handful or less. Less is more; I mean, when you end up with 30 recommendations then it gets so diffuse that again, it doesn't...it's not easy to act on. So if we have three really high priority enabling kinds of recommendations that can move the ball real...forward much more quickly. And prioritize. So does that sound like a reasonable charge for us? Remember, it takes longer, I think it was Mark Twain who said, and I...this is really long, but I didn't have enough time to make it short.

But really our goal is to come up with just a few, the critical few and this is a short period of time but we'll spend all our time trying to get those critical few and that'll be the best. The reason we scheduled this half-day session after our hearing is so that we could get this finished while it's still in our minds and so they can move on, because this can have an influence on things that are going...in the works right now. So doing it now, getting it concise, getting it actionable, all works to our best advantage. Any questions or comments? Okay.

So if you could just show, for the folks on the phone, we're going to essentially be doing flipchart work; you can hear any of the discussion. We'll try to summarize at the end where we end up with, but it's a bit of a messy process going...on the way. So the...so staff, Alex and Sam will, and probably Kim too, I'm sure, will digest and summarize what we heard yesterday during the panel including how we summarized as we went around the table at the end of the meeting. That we'll see, I think our next call is like June 16. We'll see that ahead of that time and then we'll improve those findings or tweak those findings from the hearing itself.

What I'm trying to do now is, let's get it out in the open; I just made a straw man start to what were the clusters of topics where we want to generate recommendations? I'll just give you examples and then we

can build on those or edit these. So the first really is the whole notion of standards. So again, we're not going to do the standards here, but what people were asking for, and they sort of delicately balanced what they're...you know, be careful what you wish for standards versus...standards that move things forward because everybody agrees on something versus standards that lock people in. And that's the delicate balance.

So we heard about a request for standards related to social determinants. And I think we distributed something that Nancy sent us last night about some of the things that Minnesota is doing in Hennepin County. And one example was something that only they are using. So in some sense, that's not really a standard for the whole country, it certainly hasn't been validated as such, but they've found it useful for their situation. And we heard that folks, I mean, both healthcare and social determinants are local and so we don't want to over prescribe something that ends up getting in the way.

The functionality within an EHR may be being able to generate questionnaires that the local...the locality decides upon and then capture that in structured format so that you can report on it and share that across time. That seems like a reasonable functionality and even that functionality could be as part of certification, but perhaps not actually specifying, here's the questionnaire that everybody has to do and hardwiring that. That may be an example of how we would deal with something like that.

We heard about social services; don't know exactly how to deal with that at a standards level, but maybe what they're asking for, there are certain things you do want to know. And it can be discovered what's useful like, obviously the organization does...what does it do? What languages are accommodated? What are the opera...the operating hours? What are the, like, insurance constraints that may be accommodated? Those kinds of things can be very helpful for someone trying to connect an individual with social services.

And then we heard...or we talked about the UHA...UHI...Universal Health Identifier by almost every single panelist. And we also know that on an annual basis, Congress says that HHS will not spend any money implementing a UHI. There's discussion whether they can talk about it, but they can't and don't want to necessarily stop anything that the private sector one, feels a need for; two, feels would be useful and three, may be able to step up and do it on its own. Clearly it wouldn't be mandatory because only the government can do that, but a voluntary UHI might be an example and that certainly has come up by various professional organizations. But so, we might be ab...if this group feels so moved, we may say that that's what we heard, understand the rationale behind that request and recommendation then...and make that recommendation.

So we need...Chris...back...yeah and maybe actually reset the timer? The next group was the, what was phrased as, and I think it's a nice, descriptive wor...phrase, is the dynamic shared and the issue is care plans. So that's the traditional way of saying it; I think we really wanted to expand that to not just about care, but about a life...a plan for life. And so maybe describing that and figuring out what recommendations we can have for how does that come about? Because there needs to be agreement on well, what's in it? It's not as if any of us really professionally, I mean, even the nurses have their idea of a care plan, but that doesn't...I don't think that's as broad as we heard as what we're talking about here across the whole continuum of everyone that can parti...everyone and every organization that can participate in an individual's health.

So that content, it's almost at the professional level. There's the, what is the role...what is each professional's or each person's, participant's role in that dynamic shared care plan? Who owns it? Who

can change it? Who amongst the professional side can the...and the individual and the family around that individual? Those are examples of questions that would have to be taken up. And again, it's not likely the government would say this, but can the government play a convening role? So, we want to somehow address that need.

And another thing that came up was really, the clarification that came up by a couple of people explicitly; it's the notion of I'm not...it's not an easy task to reconcile all of the 50 or 50 plus the territories, state laws versus the federal government. And it's unusual...it's infrequent that the federal government preempts the state government without a lot of pushback. So what...but a lot of times the...either the misunderstanding or the concern that sharing might be against some law, state or federal, can stop people...can be a barrier towards sharing.

So clarifying even that; so for example, it's not commonly known that an individual can request information, and that's not...and an organization...a healthcare organization under HIPAA must honor that request. That has nothing to do...and the individual can do anything they want to...they're not a covered entity under HIPAA. So understanding what a social service can share or receive is something that would...that clarification would help.

So that's an example of some of the topical areas for recommendations; first of all, clarif...both questions and clarifications of that and then we can see if there's other things. Norma?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Did you put interoperability under standards and so therefore it's not in this list? Or how did you think about that?

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

I think it's no secret that interoperability is an ongoing concern and it's probably the top priority of ONC and the federal government today. So we wouldn't necessarily be contributing to that discussion, focusing on the "advanced health model."

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Well, except for as it affects like a dynamic shared care plan.

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

Right. Correct.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

It's got to be really a part of that otherwise we have no way of really establishing that; so, I just kind of want to know how to think about that.

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

And Alex, were you...was someone going to be able to maybe edit while we speak? Thank you.

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

Um hmm.

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

Okay, so we can add that under the shared...and then we...yeah, great. Thanks. Mike.

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

So likewise, I think I know the answer but it's the standards and certification process that we have some ability to influence...

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

Correct.

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

...for the functionalities needed for content and representation and so on.

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

So is your point certification or your point con...

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

It's actually...so, it's actually under certification so it would be that notion that says, we have some sense of what goals and care plans are but we could evolve those.

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

Correct. How about if have an...open up like a recommendation to open up another one...

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

Yeah.

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

...and say levers; and one lever is certification.

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

Thank you.

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

Great. Thanks. So...umm, yeah, at that level. Terry?

**Terrence “Terry” O’Malley, MD - Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

I’d just like to...the scope of the continuum, sort of where does the continuum end? You know, we’ve got healthcare providers, behavioral health, LTPAC, LTSF, but then we’re going to food kitchens and corrections and parole, vocational Ed, and schools. And so the question is, where does this universe stop and does it stop where the needs of the individual stop or how do we define the boundaries and where do we want to push standards?

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

Well, I think you answered your question; we didn’t hear about any stopping point, probably privacy may be the biggest thing that would...where there might be a line that has to be drawn. And as you know, schools are in a separate...I mean, there’s laws about schools. So we may run into those issues and again, clarification of one of these topical areas may be very useful. But what would you propose to be the line?

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Yeah, I think it’s where the needs of the individual stop.

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

Right. Okay, that was intent; I think that’s what we heard. Mark?

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

So actually just picking up on Terry’s point, it may be that we can...rather than saying where it stops, what are the top priorities for what should be included, and at least get people focused...make a recommendation on that? The thing I’d like to add is one of the questions on our list which is, engaging the individual as a partner in these models. In the presentations that we heard yesterday that would include how can they contribute some of the information that we see being incorporated; obviously a role there for...as a participant in the health and care planning?

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

Umm, maybe, let’s seem so for Terry’s, let’s def...let’s create another, like the levers, maybe there’s definitions and one is, where...where does the...where’s the boundary for the continuum, just for shorthand for right now. And then Mark, you’re suggesting probably another topic or would you say it’s under really the dynamic shared “care plan?”

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

I think it probably comes up as both, which may not be useful...

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

Okay, it's under...

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

...for an org chart...

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

It's under 2C.

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

...but as a partner in the model, engaging individuals in the models themselves, it might be seen as something unique. But it also is a piece within some of those...for the care plans; it belongs there as well.

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

Okay, so clearly then 2C, if you can come up a more specific...so engaging consumers is one of those things that it's hard to act on that concept, we have that...we even have a com...a workgroup on that but how do we get the next step?

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

The role of...and the individual in contributing social determinants of health...information about social determinants of health.

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

Okay. Okay. Let's see, do you want to put that under 1A?

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

I think it's broader than a standards issue.

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

Right, yeah that's true.

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

I think once you agree that that's a...once you work with that issue, then we understand what the standards questions might be.

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

So why...maybe put under 4, role of individual in...it's almost like PRO, there's patient...

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

Patient-generated health data.

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

Patient-generated...

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

And PRO is an example of that and, I think, social determinants is an example of that as well.

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

Right, that's great, so role of individuals in contributing health data and then there's two examples; A is PRO and B is a social determinants. Great.

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

Could you also add to that defining the priorities of the plan?

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

So th...yeah, that was going to be under...of the plan or of our recommendations?

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

Of the dynamic plan, so...

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

Okay...agreement on content. Did you want to put F, G is priorities and hopefully we'll...and then I think Norma was next.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Okay, I'm still...we are moving to social determinants and social services, but I'm not satisfied still with health services and because when we think of health services, we usually revert back to the hospital and primary care physician offices. And I, at some place along here I want to expand our thinking of health services to a continuum that includes post-acute care, long-term care, home care, hospice care, and a much broader...starting with the patient instead of starting with an organization. That's kind of a different concept that I don't want to lose because I know that we slip back like a rubber band to IC...the international classification of diseases and yesterday even we deal with hypertension, we deal with this but we don't go back to deal with essential health services.

And that doesn't mean I don't support all the social determinants and all the social things and the schools and the prisons and all of those things, too. But we're losing sight of where we spend every single day, a lot of health service delivery. And of course you all know I'm speaking from the perspective of nurses who live in all of those areas and so much of that data is invisible in this system and they're trying to stretch it around individual patients and families, which they know.

So, back to that, I'm not sure I still am satisfied; maybe it's for the rest of health care services, in addition to hospitals and maybe that's the way to do this? But I don't want us to lose that because there's a terrific amount of care going on now in those other healthcare, not social care, not...umm...so can somebody help me not...so I don't keep sounding like a broken record? Although I will, because I feel so strongly about it, I'd like to see it there.

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

So if you look at this, so let me explain where this comes from, and then see if your angst is still there. If you look at this, really this is decidedly the non-medical model and it's because we feel this has been neglected. So when we talk about advanced health model, it doesn't mean throw away our existing, but it means include the folks we haven't been talking about. So...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

But these settings haven't been talked about either, I mean, I'm going to keep biting back because we talk about hospitals and physician offices and disease management from a specialty model. But these other really care problems that people are facing every day from the patient outward are not included in here. So when we're...we're still going to keep them invisible in this system if we don't expand that part of the health services.

I know you and I don't necessarily agree on medical and nonmedical because I have a hard time even taking some of these things, because it so much influences medical care as well. But as long as we get the data in there like from social services, that's okay but we're missing those data pieces from those other essential health systems.

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

How would you like determi...I mean...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

By just maybe just saying for...standards for the expansion of health delivery beyond hospitals and physician offices; maybe that'll do it too, including...I know we had some, I'm looking at Cheryl, I know we had a little bit of languaging like that, too; going to long term care, hospice care or the continuum...post-acute care.

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

So let me just mention...I mean, we can put that in here but just let me mention that there's actually a voluntary certification....so, this has been discussed, there's even a workgroup, there's a standards group. So I just wanted to let you know it hasn't been ignored.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Yes, I know, I'm kind of part of that group, too.

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

Okay.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

But it gets ignored here when we get to policy. And the policies and the incentives and the...are all put to hospitals and physicians' offices and the eligible providers and then from there we jump to social determinants and the rest of this health delivery system is sort of left hanging.

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

Paul, I'm wondering if there's a connection with what Terry was saying that it's really, what are the settings that we are trying to pull together or where do we rec...what are we recommending are the settings? So various social services, but nonclinical or...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Clinical.

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

...clinical but, umm...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

I'm sorry; it's those definitions that are problematic.

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

So, can you suggest some words? Can you suggest...

**M**

(Indiscernible)

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Yes it is. It's...

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

I think that...we heard this yesterday, people are talking about what settings they're trying to connect together within their systems in order to get the information that they need and some of them were not

your traditional settings although they were still clinical. They were still getting clinical information from those settings, so, just as a topic, what are the most important settings to include?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Includes...

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

Umm, that sounds like you're specifying the inclusion versus saying it's the whole contin...I mean; it's back to Terry's. It feels like if we start down enumerating a set, then we'll run into trouble faster than saying, ever...somebody mentioned, I think it was Terry who mentioned, whatever influences an individual's health.

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

So I don't...personally don't mind the entire spectrum. I heard a comment that said, can we deal with all of that and that's when I said, well maybe we can at least focus on priorities. But as a topic, maybe the entire spectrum and maybe in our recommendations we'll end up with some priorities.

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

Okay, so where would we put this?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Will we have definitions anyplace like for medical, clinical? Because I clearly see it differently than other people do...

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

So there's...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

...and health professionals and health providers...

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

So maybe the scope of...are you happy with that number one, trying to describe the scope of the continuum?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

I'm sorry; will somebody roll it back up there? Down here? Oh, I see, I'm sorry.

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

So, roll it...scroll it up a little bit, please. Oh, you probably can't see...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

No, I'm not, I am not satisfied because it...those words will sling right back...just right back into using nonclinical, nonmedical and social and not, you going to take care of somebody at home, you are clinically taking care of them from a homecare perspective. So the nurses and even PTs and OTs will go in. It just does...so that is clinical. Clinical is really taking care of patients knowing...having knowledge to be able to do that.

So you can do clinical care at home, you can do clinical care in a hospital, you can do it in an outpatient setting, but if you're going to really start with a patient, where do they get the best care for what they need? You know, we send them home, we have now people who are writing about how the physicians are not hospitalizing from the ER, they're going to go back home and go see them there. So it's this broader idea of clinical care where people need it and can experience it best and not our limited definitions of that; and nonmedical as well.

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

Okay, do you want to suggest something now or do you want to just work on something and then we'll insert it when you have the wording worked out?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

I'll tr...I've tried; I've tried with my group, with Cheryl and I'm...so maybe we can try if we have a few minutes to...and then...

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

Okay. At a break, we'll stick it in there, how's that?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Will other people hel...okay, thank you.

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

Sure. Great.

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

And apologies, Norma, I did not mean nonclinical in the way it came out, because I totally...I do agree with you and so I...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

And you can see my hand go up every time somebody says nonclinical, nonmedical, physician, providers and I'm going, yeah, but you don't know what that care is like out there.

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

So maybe if you give us some words, then we can avoid that.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Okay.

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

How's that?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

I'll keep trying. Thank you.

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

So I think I saw Mike and then Neal and Sam. How's that?

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

So the only point I wanted to make related to Terry's point, and I resonate very much with the individual but I wonder if we should make sure we keep on our radar screen the secondary users of the same information. Because where the need for the individual or family or community might end, as soon as we start getting it to secondary users, I think we want to be careful to figure out where that...is that part of the continuum? So...

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

Okay, so where would you like to insert that?

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

Just in the scope of the continuum because I heard a little bit about settings. I heard a little from Norma...

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

Okay.

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

...about all of a sudden the presence of a...

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

...maybe that's separate...

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

...new person in the room changes something into what she would call a clinical setting where it wasn't before. And the secondary...

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

...like 1A...

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

...user is part of that scope of the continuum.

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

Okay, so the continuum...yeah, includes secondary user...

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

Yeah. Thank you.

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

...okay. Thank you. And then I had Neal.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I probably have a little bit of a list here, so this may not all tie together in you all's mind and it does in mine, though. So I think the...I mean, interop, you know and you actually used the identifier, used a new term, we heard it consistently...we're really holding hearings, we heard it consistently and we also heard Jodi say it's not our job. But I don't think we can be at the policies level here and say, it's essential and it needs to be solved. So I think we have to say something clearly about that and then we can say to the industry, to solve it themselves...

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

Right.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

...but we should be...we can't be silent about this because this is what ties everything together.

Secondly, so when you ge...you...I think we have, you know HIEs, I think we have to be explicit on whether we think HIEs solved interoperability or not because there's a ton of money spent and then we saw several examples yesterday of things that are very good work...there's very good work, but there's no business model to support. So I think from a policy point of view, not current era but prior eras, we funded a whole lot of HIEs and they do not have business models, they're not sustainable and they're...if

they were solving interoperability, I wouldn't have started with interoperability. So it just seems like we have to say something specifically about HIEs and nobody wants to do that.

So...and then thir...my third point would be, and maybe it's the systems side of me, but what was very clear yesterday is not everything fits onto the platform of the EHR; EMR, HER, pick your alphabet soup. And that there really is going to be another...there'll be an...there are other systems above and below that, but in none of our narratives...all of our narratives try to put everything in the same container. And we need to start shifting that narrative to say there are other systems.

So Lee Sacks...he was managing this population from a layer above the EHR; the EHR data is in there, but there's a lot...a ton of other data. So most of...so somewhere we've got to narrate that there's...we're not putting everything on one...this is not a platform that's going to solve everything. And that's part, I think, what Norma's, I mean, that's the consistent circle we keep going around, and it was highly illustrated yesterday, of all the...how to tie all these social networks and assets that are in the community; that's not going to run through the EHR. Okay, so...but we don't seem to have that in our narrative.

And then my last point would be, I think the biggest criticism I hear from the field of what we do in this room and in this city is, I mean, and I think, I mean, there's been amazing things accomplished. For the most part, we replaced the pen as a medical device and we, through incentives and penalties and all that stuff, basically have physicians doing things they didn't think they were going to do and never really wanted to do. But there's not a lot of flexibility, so we lose a lot of context.

So flexi...I heard flex...the need for flexibility and that's very hard to do. I don't know quite know how to do it, but as we promulgate standards and incentives and how to cre...make it contextual so...versus just forcing physicians to do the same thing for every time. So flexibility, and I don't know how we'd ever do that, but we need to...maybe it's this...let's just be smart in what we move forward from this group, so. So that was a random set, seemed random, it connects at least in my mind.

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

So let me try to incorporate those. So I think in findings, one is we're talking about HIT; it is a topic of conversation that the Policy Committee of saying...of catching ourselves; and we're talking about HIT, not just the EHR. The Incentive Program was basically EHR which is how we got into the trap of thinking it's only, but...

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

But all the...everything flows back to the EHR and everything including your social determinants, you're adding to the common data set. But there's not a narrative that says there are other...there's probably a platform above that.

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

Yup.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I think it's very important, until we get it in our language; it'll all...everything we say will end up implying EHR.

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

So maybe we include that in the preamble for our summary of just this whole...even the purpose of this hearing is to chase information, not only, as Terry was saying, where...to and with who...whatever touches the patient's health, the person's health, but also the infrastructure to accommodate the data, wherever those data lie? That's one of your points.

Another of your point was HIE. I'm almost thinking HIEs, that finding has been already dispersed so we're sort of rebuild...we're building forward the new platform and it may not be even necessarily what was funded in the past. But it's sort of as our knowledge about what data needs to be included and how do you get the data around, we have to think differently. And I think that incorporates a couple of your points.

I'd like to go back to your first point, though. I did use the acronym UHI and that may be a holdover from the first...actually, how it came up in HIPAA, but maybe that's not a good thing. How would we describe...maybe we just describe it as the identification method? UHI stands for unique health identifier, the attributes of that was it was an identifier exclusively used for health which was supposed to get around, one, get around using the Social Security number, as an example.

And two, it potentially if it is a UHI, there could be some constraints like actually there is for Social Security, that it can't be used for anything else. So that was the reason that was labeled that. We may choose to keep it for those reasons or choose to abandon it because there's a better way of describing it. People have substituted the identification methods, and typically that's using multiple attributes of an individual and that's how we have to do it now and the problem is it's not 100%...not that anything is 100%. So anyway, that can be up for discussion how you want to label this topic. Did you have a specific suggestion on that or how does UHI sit with you?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

It may be that it doesn't mean a label that comes from this town, what we may need is how our e-mail works. So we...if you have an account, and I share that account with somebody, then I'm responsible for this, you know, I created the account, okay? I create my password on that account; if that's my account and I trust that account and I trust the entity that's managing that account, maybe I need an accountant; maybe I don't need identity.

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

Do you have more than one e-mail address, Neal?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

Pardon?

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

Do you have more than one e-mail address?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I do, I only have two, though.

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

Okay, at any rate...I rest my case.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

No I really, I don't give this one out very often, but, you know, I mean you've got to...there's got to be a number...

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

That's right.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

Okay? And actually in today's world it, I mean, I actually like the UH...I like that term better than anything that I've heard, but that...but what the problem with that is, it has all these Washington, DC, you know, this town isn't going to solve this problem.

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

Right?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

Okay, so I get dah, dah, dah, dah, dah. So, but we need an acc...for us, for me to send you an e-mail, I need your account.

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

Which one?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

So...well, one that you will read, okay? And I expect you only have a few, okay?

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

Don't ask Michelle.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

But anyway, I hope you only have a few.

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

So...you get the point. So we're obviously going to direct it elsewhere anyway, but if we have the attributes then we can...

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

We need an identity, that's where information that I as a person control; so if I want multiples, I can create multiple identities.

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

Right.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

Okay? So if I want one for my psychiatrist, okay, I might give them...but, I need to be controlling it and it...but I've got to have it to create...to make interoperability work.

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

Right.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

Or you're going to constantly hear people say, I've got to curate...any ti...any identity, okay, I've got to make sure it's the same person, I mean, phonebooks, we went...we're past phonebooks in today's era.

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

Okay, well we got the topic and we can clarify some of the words.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

But make sure it says interoperability; it's not just identification, but we don't have interoperability solved and none of this, regardless of whether it's...how many platforms are involved, they all need certain pieces of information.

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

Right.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

And if a person authorizes it, okay? We've got to create a system for it to move.

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

So, I mean, I think that and beyond the EHR are two things that I think are sort of flowing through this whole hearing and the whole topic. Would it be acceptable to describe that in the preamble? Because I think that is where it belongs in a sense, right? It's...

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

Yeah.

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

...yeah. So we can put that in the preamble. And I think Sam was next.

**Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology**

Thanks, I was just going to share that on the topic of definitions, the workgroup had spent some time in earlier efforts and we can certainly leverage some of the thinking and effort in that space and include that. And folks are welcome to kind of build upon that, but I just wanted to remind folks we had spent some time on definitions and we'll certainly turn to leveraging that.

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

And Cheryl?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

I have to get my laundry list up. Sorry, I'm toggling between documents. Okay, so one of the things that I heard yesterday, which I guess I hadn't fully appreciated, but I think it's important and I don't see on this list is, what are we doing around performance measurement and this notion of accountable communities? And what types of measures should be tracked? So I would try to add something along those lines. And I think a facilitator in this space is going to be transparency of that type of performance.

Other types of facilitators, so I think that the conversations that were had yesterday represent sort of a rich tapestry of experiences and opportunities for others to learn from what these people have assembled in terms of interoperability and sharing of information and using information in their communities. And so I think that there's an opportunity here for someone to convene these people to talk on a more regular basis, share their experiences, try to identify tools. So, the tools that were sent to us from Hennepin, you know, I think are important. I'm sure that there are lots of communities around the country who don't even know these things exist. And again, if we're really trying to scale this up, anything we can do to promote more rapid information sharing among these communities, I think would be really helpful.

The other thing that I heard and I think that this is something, I mean, I sit at Rand, we have lots of analysts, but I think there is a challenge out in that space of having enough trained analysts to be able to do the kind of work that we're envisioning here. And I don't know if there are mechanisms to try to help support training of those types of people and partnering them with these types of communities who want to try to move this work forward, to try to facilitate the work.

The other piece that I think is a big facilitator here is payment reform to really create the business case for doing this work and to help move the transition along. And then the other piece, and I'll end there, is sort of what I'm going to call these filtering tools or repackaging, summarizing information from all these disparate sources. And I think some of the parties that we heard from yesterday are trying to do that, but I think we should look for what within these health IT tools could be created to help facilitate pulling together and presenting information so that people who need to take actions can do that more easily.

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

Okay Alex, can you please add, umm, so I heard one is...number five is, would you accept outcomes measures as a...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Umm hmm, population-based, yes...

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

Okay.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

...and community-based.

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

Is it accountable health?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Communities, yeah.

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

Um hmm. And then one of the levers I heard her say was transparency.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Performance transparency.

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

Well okay, all right, transparency, I think, is a...just a more...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah.

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

...a broader lever. And then instead of definitions, how about if you put preamble...

**M**

...David's comment about measuring...related to what you're saying?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yes.

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

And then, so we can include the scope, we can include the...we'll leave that for now. So another preamble is HIT beyond...or HIT not just EHRs? Or say, not just, because HER's are a part of it. And interoperability is another one. And uhh...

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

...talking about identification...

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

Identification, we have under “standards.” Yeah. Okay. Okay.

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

...also levers...recommendation for a private effort, would that be a lever?

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

No, I mean, that’s...right now we have it under standards and I think that’s where...what it helps. But we’ll get to what we recommend later, but I’m trying to include at least the building blocks. And was there anything else I missed from what you said. Payment...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

So I...yeah payment reform.

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

...so payment’s another lever, yes?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yup.

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

Okay. Put payment policies under lever.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

And then, you know what I call sharing of best practices, case studies, you know, getting people talking to each other to continue the innovation.

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

Okay, so I think that’s another lever.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Right.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Reporting might be a lever to...method of payment, but doesn’t necessarily have to...

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

Reporting of...

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

...of data performance outcome, sometimes it’s tied to payment, sometimes it’s just a reporting requirement.

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

Okay.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

I can’t...I couldn’t hear that, but I think I’d want to...on that.

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

So would you just repeat that?

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Just to add reporting to payment to payment; they’re usually connected but not always. So we have reporting requirements about outcomes and process. So, that’s just another lever.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

I guess I’d like to ask Cheryl that question; what do you think is the state of the science on interoperability of outcomes that as a measure? Because they don’t belong in SNOMED, they don’t belong any place, so how do we know? I mean, isn’t that kind of a basic thing before you can go on to use that? People say outcomes all the time and then the next thing you know, they’re reporting structure or process...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Right.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

...and not even with standardized measurement or terms to use in those measurements; so I just worry about the use...I believe in outcomes, but I don’t know where that is when we talk about interoperability.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Well I think first we’ve got to get to defining the outcomes, so...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Well, that’s even more basic.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Right.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Right, but don't we kind of just throw it out there all the time, we want an outcome approach and then we're not quite sure what that means; I mean, if we're a population, you know person, we kind of have this kind of an idea what it might mean if we're an individual practitioner. And if we're a patient, we have very, you know different ideas of what outcomes might mean and I don't know that we've really dealt...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

...with it.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

...yeah, that we really have dealt with it, but we keep throwing it into these policy decisions; so...and I don't know what I'd like to recommend on that except to be careful when we phrase a recommendation for outcomes.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Right; well I think that, you know a lot of the focus has been on measuring individual outcomes within a medical practice or a hospital and then potentially aggregating up within that practice to track say outcomes for diabetics. But I guess what I thought what I was hearing yesterday is that there are disincentives for people to work together within a community, absent creating some community-wide measures of outcomes and so that was a piece that I was trying to get at and being able to define what those metrics would be.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Yes, and I would put it up there. I get very concerned because of what we're doing to our educational systems, you know we've got these measures that we put teachers in the inner city and they say you're going to be measured on outcomes and wow. So how do we deal with outcomes and advance the science of outcomes, I guess, and the use?

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

Let me try to move us along because we...I want to hear from everybody and this is sort of a brainstorming and so...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Okay.

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

...we'll worry for the...yeah, we'll work on the details a bit later. So the order that I saw things at least was Art, Terry, Kevin, Jen and Charlene; so like that's the observation area, it's like sampling...

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Okay, great. Well, the first thing, Paul, you asked about whether the Universal Health Identifier, UHI, was...

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

Unique.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

...a Unique Health Ident...I'm not sure that's the right term because we're talking about working with agencies that are not involved in health. Maybe we just need a unique identifier; that's the first thing. And then to solve that...

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

...make your lightning rod bigger, but anyway...

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

But I think that those agencies that we're trying to work with may feel, why are you saying that my social service identifier should be a health one? So that's one thing, because we want to work with those. You started out with a Mark Twain quote...

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

...another one.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

...and I think Neal was saying...has suggested that HIEs are close to dying and reports of my death have greatly exaggerated...been greatly exaggerated and I think that HIEs might be helpful in solving this unique identifier problem. So I don't know whether it can happen within an organization, a healthcare organization itself, it needs to be outside. There may be a platform out there that you're describing that could help us do that as a private entity. So I just don't want us to throw out that idea that maybe there is a group and maybe it's not an HIE, but something out there that's trying to solve this problem.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

And if I can comment, I'm saying if HIEs were going to solve interoperability and identification that would have ha...you would have thought it would have happened by now.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

That may be true; in my community, we're still working on it with our HIE, so I don't want to...and yesterday I think we heard from the Institute for Family Health that they were using their RHIO to help them do some of their work. So just to acknowledge that there was some talk yesterday of the value of HIEs.

I'd like to go back to...we could change it now from definitions to preamble, but back to Norma's concern about the setting definitions. I wonder if we could propose the idea that meaningful use incented clinical settings, non-meaningful use incented clinical settings, community settings, and maybe home. And that may be the same as the non-meaningful use incented settings but it does seem valuable to recognize that the Meaningful Use Incentive Program has not included all providers nor all settings.

And this is about...this work for inclusion of the social services and other opportunities, non-incented opportunities, should be declared because they're part of this continuum that Terry described earlier.

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

Do you think that's under preamble one?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I think that was what he meant.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Well, but I think, just to be clear, we were talking about definitions then it got to the preamble. I don't know if the definitions are going to be in the preamble or whether we'll have something, maybe a glossary, that talks about settings and the preamble might just talk about...just say settings, refer to the glossary for the...definition.

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

Okay, so you want to have a definition for settings?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

The various settings, yeah.

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

Okay. Okay. Then I think it was Kevin?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Just a quick memory on my part so the third one there that we had up around the clarification of sharing policy; the...what I heard from Raymond especially was clarifying the interaction between state and federal policy as applies in each and every state and I don't know that that was kind of captured up here. So I want to be sure that we're capturing what at least I heard from him was a priority.

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

So maybe it actually is literally clarification of privacy policies and A) is state and federal, states and federal. And B) is consumer health data and HIPAA. So there's just this whole clarification. The confusion or the well-defined conflicts are barriers. Terry?

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Thanks. So a couple of points; one, looking at the really basic components that need to be in here, one is a shared vocabulary. If you think about the extent of the continuum, wherever we think it ends, and the number of languages that are spoken, and there's no common overlapping set. So we've raised the concept of the Rosetta Stone and you really build a series of very specific, whether it's issue-driven or exchange-driven or whatever, sets of information that add a high value for exchange, among different provider types including prisons and the patient-centered medical home as an example. What do they

have to say to each other and how would they say it? And how would they say it in a way that each understands what the other needs?

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

So are you defining both data sets and common definitions or...

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

They would have to go in parallel and then the question is, how far can that harmonization go, you know, can you come up with a universal Rosetta stone...

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

Right.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

...whether it’s Esperanto sort of thing?

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

So I think that belongs under standards, would you agree?

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Yes, that would be a standard, I would think.

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

So D) would be common data definitions and data sets?

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Yeah.

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

And data sets are relevant to each purpose, sort of.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

And the second sort of essential piece and this is...Kelly raised this yesterday, is sort of a lightweight exchange mechanism because you’ve got huge barriers to entry and if you think of health information exchange as now moving from being a noun to a verb. So how do we facilitate HIE the verb without using HIE as a noun and using other lower-cost, less intensive, easier to manipulate processes for sharing information that aren’t dependent on big capital investments? You know, we’re not going to put EPIC across the world, but, you know, are we going to put mobile...

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

Or Cerner.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

...or Cerner, right, sorry; or sorry, anyone else, but are we using, you know, can we create the mobile App that does the same thing for people who only need a mobile App? So I think in our concept of how we exchange information, we’re going to have to have a very graded response all the way from the EHR detail and the huge amounts of data that are required to run high intensive acute medical care, all the way to the data that requires the individual to be able to find out where they can buy fresh vegetables. I mean, it’s a different set of Apps that you need and a different set of processes; so one is sort of the exchange process and how do we match that process to the capital intensity of the user, I guess, because that’s a big barrier.

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

Could you...under preamble, could we add two concepts? I think one is flexibility and that’s the flexibility/innovation and the other is localization or local needs? And I think you’re speaking to both those. And Neal had spoken about this whole flexibility versus standard.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

And the final point, and I can’t resist, the universal identifier, have to go back to that. And it may be that we can get to a universal identifier that’s not a federal universal identifier which Jodi was very clear on we’re never going to get to; but perhaps we can get to a voluntary identifier, a state level identifier, a regional, a community, a system level, and it may be that wherever we can create a common pool of identifiers that can be used in a...at some level of organization that that’s going to be our next step. And ultimately we’ll sort of tie all those pools together, but we should build these common identifier groupings wherever we can build them and however we can build them.

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

Okay, is 1C...that may be covered by 1C? Voluntary...

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Yeah, so right, by private sector, by, you know, but maybe it’s the states that do it or maybe it’s the HIE that does it or maybe it’s the whatever.

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

I wonder how unique we’re talking now.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

It’s as unique as we can get it...

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

We already have that.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

...for the population. Well, but as you, you know, as these pools of unique identifiers decide that they need to become really unique in a broader scale, they’ll work it out. I mean, in Massachusetts we had a series of HIEs with...initially with each unique identifier. So a bunch of systems of unique identifiers and we’re moving to a state unique identifier which will trump all the other ones. Okay?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I’ll let you know.

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

Right and you...right.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I mean, we all need one in reality.

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

Right, 16, no...

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

We really...it needs to be my account that’s used across the country.

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

Okay, since we’re going to charge the private sector for dealing with this anyway, we won’t even solve it here. Jen?

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

So a couple of things I was thinking about and it reminded me of a conversation we had on the Innovation and Strategy Workgroup when we were talking about the strategic plan. You know yesterday was really interesting I thought, the afternoon panels, there’s a lot of discussion about...it was really about changing culture and work process, but I really don’t understand the connection, which is all wonderful and very effective, but I’m not sure exactly how that links into kind of the national health goal. And how do we know we’re actually achieving something? And what’s, you know why does this group need to be engaged in that?

So I guess I kind of wanted to steer the conversation back a little bit to what can the federal government do or what should the federal government be focused on? And I love the point up there about the dynamic shared care plans, what’s the shared goal? You know, I feel like there really isn’t a healthcare go...you know is it healthy people we’re all aiming towards? What are all of these workgroups and initiatives, what are we actually trying to achieve? And I feel like we get so down in the weeds, into the

detail of, you know can this technology do Meaningful Use three-point whatever? And again, we don't have a shared goal. So I guess, you know we really need to have some kind of overall HHS federal goal; there has to be some clarity for all these initiatives to feed into and I'm just not sure what that is right now. Otherwise we're going to have lots of neat stuff and we're going to continue hearing wonderful best practices, but where is it all going to lead to?

So there are a couple of things we talked about in the strategic plan; so one is first of all identifying what those healthcare goals are as a nation. What group should do that; is that the Policy group? Is it a different group? And then second, once we've identified those, I think we really need to talk about, what are the data sources that are important to feed into that? And when I'm talking about data sources, because we're talking about the federal government here, what data sources does the federal government, you know, what levers are there in the federal government to those data sources? And it might not be CMS data; it might be some other type of social determinate data.

But we need to be able to identify those data sources and we don't really have anything here about identifying the exact data sources. We're already down to the next point which is, you know what technology can analyze it? Do we really even know what the right data sources are? So are there federal and state data sources that should be made available to achieve those healthcare goals and help identify those? And make them more transparent; and I think that goes to the transparency issue that's up there; you know we haven't really talked about that, what should the federal government be sharing to help us achieve these public health goals?

And then, you know, the third point really is the payment vehicles which we haven't talked about too much. But I do feel like that's an important role that this group or the next group really needs to dive in on; but the payment vehicles, and they have to be linked to data, I don't think we can pick a specific EHR or innovation. I think we're getting lost here a little bit in terms of I think we need to turn the focus back to what's the right data that we're trying to collect, not what's the right tool? And that's the end of my free thought stream of consciousness.

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

So let me see if I can place these, maybe under the preamble, the what's the problem to solve it's really the improve the nation's health; it's to improve the health of individuals, communities and the nation. So we want to make sure that's our motivation.

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

But when you say improve the nation's health, what are the healthcare goals, you know?

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

Umm.

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

I know we all say wellness and then we have 10 different presentations on what people think wellness is, so...

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

So there was a new IOM report that was released called Core Metrics, and so in a sense the title of the book is Vital Signs; but maybe those could be some of the metrics for the nation's health. Did you put that under, umm...yeah...were all national goals, national health goals; we have lots of goals.

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

Right. Exactly.

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

And you could open paren, you know, reference the IOM Core Metrics Report. And then payment is under one of your levers...

**M**

Um hmm.

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

And then your...the third po...oh, what can the feds do? So that's one of our main criteria we need to come back to when we look at these, okay. And then Charlene?

**Charlene Underwood, MBA – Independent Consultant**

So one of the themes that was very clear yesterday was managing populations and we seem to have lost, you know, not so much individuals but accountable communities, accountable care communities are managing populations. And then we got into the discussion...so I think we need to make sure that, you know, we're not....we're making the jump from managing individuals to managing populations.

The second piece that was a nuance in there was the discussion about payment models and, you know, is it the cart before the horse? The payment models happen and we get to capitated care and therefore these communities will evolve? Yet at the same time there was concern that again these communities need to demonstrate their value and then payment should follow. So there was that point that was made.

The second point is that potentially the payment models could cause these communities to still remain in silos because you might have communities for one health system, communities for another health system; so the levers...in using the levers of the payment models, we have to be sensitive that they could actually cause the communities to remain fragmented because the way that the payment models are rolled out. So we'll have this accountable care organization and this one and not the mechanism to tie the overall community together. So, you know, that nuance I think...and I think this is potentially preamble stuff when we get into it.

The other theme, and I wanted to kind of endorse what...point was is, we also heard that as we look at standards when you start to think about standards for instance, what are the best practices? But some of these could evolve into adopted standards, so when we think of nursing and we've got the Braden scale and those kind...once those things become standardized, vendors can adopt those and put those into our systems and then we use a consistent scale. And we talked about risk stratification and having a consistent scale there. So again, investment in standardizing the scale then provides the ability for adoption of those in a consistent way. So it's research and adoption.

Now they said, you know, when it comes to establishing the risk of people, you know, don't go there yet because there's a lot of innovation. But there's a continuum of investing in understanding. You know, when I look at the risk stra...the risk tools out there, there are tons of them all; they're all in different forms and you try and think, how am I ever going to bring together all the...and everyone collects the data in a different way and there's different factors. So if there can be a focus moving toward tools that standardize how risk is determined, it will help us move towards better managing populations and people; so those elements, I think, should be included in there and it could go under, you know your best practice comment.

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

Maybe can you preamble edit number five because the topic really is standardization versus flexibility/innovation; that's a major theme that's been coming out.

**Charlene Underwood, MBA – Independent Consultant**

Um hmm.

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

And then under standards, we talk about sort of risk assessment. Again, not that we do this, but those are more examples of where standards would be helpful; it's basically so you can have benchmarking...

**Charlene Underwood, MBA – Independent Consultant**

Yeah.

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

...and tracking and surveillance...

**M**

Assessment.

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

...risk assessment. Okay; any more comments? Norma?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Would we ever want to make any kind of comment about researchers in the way that I think researchers have a responsibility here, especially as they select terms and interop...towards interoperability because researchers go along and define their variables in any way they want and then they set the systems to do it and then we're all left with this. And I find myself interacting a lot with researchers and saying, hey, do you know about any...oh no, no, they don't want to deal with anything like this. They want their own clean kind of system or research proposal. But if there could be some way of incentives or research proposals coming out of even ONC in their demonstration models or AHRQ or whatever to pay attention to the needs of this. I don't know if that's beyond what we want to do, but I would just throw it out there for consideration. You live in an academic environment, don't you?

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

...I think you’re absolutely right, Norma. And thinking of the other levers, if you think of what’s the investment? Where is the money coming from for innovation? And a big pot of it is coming from the federal government, CMMI, PCORI...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Right.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

...and perhaps tweaking their selection process to make sure that one of the criteria is using existing standards and data collection might be a small incremental step towards moving this train.

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

Can you write that...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

And eventually want them to use our large data sets that we have in our repositories for their research but right now they don’t want to touch it because of all the same things. I sit on PCORI and a couple of these other groups and sometimes there’s two different worlds there. So, if we could just suggest that maybe people put that in their criteria would be good...as a lever.

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

Yeah...

**Norma Lang, PhD, RN, FAAN, FRCN - Professor of Health Care Quality and Informatics – University of Wisconsin**

I think maybe a lever is the best place.

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

That’s where we would put it, if you look.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Yeah, okay. I’m sorry, I didn’t see it.

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

And let me make one comment and it still goes back to this standard versus flexibility. So turns out, and I made this in public so, it’s fair game. One of the vital sign...no, it was under the social determinants IOM study, it talked about social isolation and they picked...so most validated measures are validated because they’ve...the test of time and so they were written a long time ago. And under social isolation

they talked about...it asks you how many times did you call, you know, have you talked to people on the phone? If you think about it, I don't know any of our kids who use the phone to use voice transmission, and you would...so in a sense, you can actually embed, or one, you would miscalc...misclassify people in terms of their social isolation when all they do is communicate. So we've got to be a little careful that it still goes back to the standards versus flexibility, we need to say communicate not telephone. So that hardwired telephone into the question. So that's just an illustration of there's never a single answer to something. But we put that under as a lever and it's a very powerful lever. Okay, so any other...Jen, is that a new comment or your card...okay.

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

Sorry.

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

So I think we have a decent set. Let's review our work, tried to keep us clustered at least; I'm a lumper, so that we can try to get the numbers down. And let's review our work and see if we've captured some of the main themes. And then we're going to put another filter which is what can the federal government do and then the timing.

So in standards, now this is not exhaustive, but the kinds of things we're looking for are things that are actionable that impact health that we really hadn't been considering before. Not all the medical things that we do consider regularly and get paid for, it's really important to consider things that have more than that 10% effect on an individual. So like social determinants and it's not limited to, you know, the usual suspects of maybe a handful, it's really broader than that, as you heard.

Social services, sort of a new thing that was talked about and don't know exactly what we capture in standards but people would like to one, have them and have them maintained so they can be really used at the "point of contact." It's not necessarily in your office, it could be any means of communication, but when we're considering things for advice that impact your health; it's nice to know social services in a way.

Voluntary ways of identifying people; and the only caveat we had was we can't ask the fed...in today's world, and it changes every year, but so far consistently for 20 years we are not allowed to have the federal government expend resources to implement such. But it doesn't prohibit the private sector from it, doesn't prohibit us from pointing out this common need.

Common data definitions and data sets; and we also heard that the smaller, the better, like most things. A way of assessing risk in some unified way so we can both assess benchmark and track. So that's sort of the standards notion and as you can see, it expresses a need to go beyond the four walls of the traditional healthcare organization. Any comments on that? Okay. So two...

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

I would just throw out, I know this isn't in any particular order, but oftentimes the standards questions will follow some of the other...

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

Correct, and I didn't mean it to be in order. In fact, I'll even retract; so if you could scroll down to preamble...let me just set that up so we can set it up and get that set. We're opening up...the reas...it's almost part of the reason we had this hearing is we find that in order to accomplish the nation's health goals, we need to consider things beyond the traditional healthcare delivery system. And we find that really there are so many people and organizations that touch an individual and impact their health, we're in search of ways.

And those levers can even be greater than the levers we have in existence in the healthcare organization, that we're considering the scope of the continuum and the definition is really whatever influences an individual's health that the data are non-trad...are not only the traditional things that we consider as impacting healthcare, but all the other things that impact health. And so it is an HIT infrastructure for information that goes beyond what we consider to be an EHR that we are looking for interoperability amongst these data systems. And the balance of prescribing what seems to be standard versus allowing people to accommodate both local needs and the ability to innovate. So that's sort of the preamble for this whole discussion. Now scroll up, please.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Mike, could you describe who you were referring to when you say secondary users in this bullet?

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

Umm, sure up to a point, but it's almost like the settings of care, it could be infinite. But when you think about it, researchers are secondary users of data, you think about payers secondary users, employers might be secondary users and on and on and on. It could be anybody who's not directly involved in the care but has a need to know.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

...social service organizations that were now accessing pieces of the EMR or EHR; are they secondary users or are they primary users?

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

So I would tend to define it personally by, are they taking care of, assisting in the health and well-being of that person directly or through some analysis of the overall population?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So those people directly involved are primary users, right?

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

Right, right.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Okay, I just wanted to be sure.

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

Yeah, thanks.

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

Scroll back up, please. And then in no particular order, except for how it appears on the screen, we start out standards is one of the things...are one of the things that were called for and that it has a number of benefits. Second is in order to help coordinate any effort on any project, we need a shared project plan. And here we're talking about a project plan for an individual's health and that it is not a static thing; it's modified by a number of parties, both professional and nonprofessional and centered around the individual and the family around that individual.

We have to understand...agree on what is the content? Who manages it? Who owns it? Who reads and writes from it? And who has access to it? That's sort of the privacy; and prioritize sort of what goes into this thing? Yes? Okay.

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

So Paul, the only thing I would add is make sure we don't lose the reconciliation component of it.

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

Good idea, that's...so go ahead and list it as reconciliation, but it was meant to be under part of this whole the roles and responsibility of everybody who has a role in it; but yes, let's call it out.

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

Including the patient and family who has the final say, basically.

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

Right.

**W**

Might that be under C or...

**M**

Indiscernible.

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

Part of the care plan, could be in a number of places...general bucket is the privacy policies; whether it's interaction between the states and territories and the federal government or this new player, this relatively new player, everything from Fitbit to food pantries. Those are things typically belonging to the "consumer or the individual." And then we have the, let me just call them covered entities because it's a legally defined term and how does it play a role? And it's possible it plays no role in a sense.

There...and HIPAA does not prevent us getting Fitbit information, it does not prevent us getting food pantry information. However, it does prevent a healthcare organization from giving that information out without the consent. So even following the law there's a lot of confusion that's a barrier, so let's at least

get that clear and then we can figure out whether it prevents things from happening or it's too burdensome to comply with the existing laws, which 20 years ago, people hadn't a clue that this was all going to be possible.

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

Paul, can I just add one thing? It doesn't prevent but also it doesn't protect and I think...

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

Correct, that's...

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

...that when we're talking about overall trust in the system...

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

Yeah.

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

...the big worry is people think they've downloaded their information and it's still protected.

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

In fact, let's put that as C; this has come up in the Policy Committee. So having...actually, I can talk about APIs in a general sense; having an API may be good technically, but it can be very risky from an individual point of view because anybody with this "public API" can get your information permanently. So, very good; why don't you add protection for the individual? So, that has to be thought of as we deal with this, I mean, one of the panelists said there's 9000 organizations and multiple people in those organizations that now have access to your medical record. Well, that's...at least has to be considered. Were you going to say anything Art?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Just, it's the interaction between federal and state but there's also federal and federal, like FERPA and HIPAA.

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

Yes.

**W**

Yes.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So we may want to just clarify that...

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

Just for your...for the...FERPA is the educational, the Ed...it's the schools have yet another version of "HIPAA." So it's not easy, but all those things were created with good intent and also decades ago, so, we just have to make sure we either keep up or update the laws.

Okay, the next topic is the role of individuals in contributing and use...and you can put and using health da...health related data actually. And this has to do with either their involvement in finding out what outcomes matters to them; patient reported outcomes and social determinants as pertaining to an individual. And then we have sort of...

**Norma Lang, PhD, RN, FAAN, FRCN - Professor of Health Care Quality and Informatics – University of Wisconsin**

Who's the...here, is this the patient?

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

Um hmm.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

This is the patient; this is an individual provider...

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

No.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

So this is always the p...okay.

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

Right, individuals is our...is a word we use, a person.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

...new word...he's telling me here.

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

Well I don't think it's a new word for patient, it's looking at people differently. I don't think we...again, I think we have this medical model point of view, we want to make sure that we consider...that's what we heard about, it's what pertains to the 99, somebody calculated it, 99.9...right, right, right. Okay, so population...so then the assessment and it's at the population...at the community level. So we have a number of levers from a public policy point of view; certification is one. Transparency is one. Payment policy is a powerful one. Pure learning is another. And tie...criteria for funding, federal investments is another.

Okay, so let's go back up and review our work. Of those five things we listed what...we'll go through one by one; does the federal government have an enabling role? Federal government can do anything it wants; all it has to do is pass a law. Is it enabling power, and we really, I mean, this country has such resour...you know, almost untapped...unlimited resources the...if we point the incentives in the right direction. And that's what I think of as enabling. And, it has a role in protection...okay, protection of public good.

So standards; does the federal government have a role in that area? Let's just talk about that area. So that's an area? Okay. Two, does the federal government have a role in coming into existence, dynamic shared care plans for individuals? I keep...not wanting to say care, but anyway. Do we think so?

### **M**

Through certification.

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

Okay, here we go. Three, does the federal government have a role in clarifying privacy policies and yeah, that seems to pass. Okay, does the federal government have a role in helping the individual contribute and access health-related data? Okay. Remember, the work's coming after now. And finally, does the federal government have a role in population-based outcome measures?

### **Multiple speakers**

Yes.

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

Okay, now here comes the work. Let's go to...is there an order you want to tackle any one of these first?

### **Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Start at the top?

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

Okay, start at the top. Standards.

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

I will still repeat what I said earlier which I think it's, when we get to standards, we might benefit from having done some of the other conversations first, but wherever other people want to start.

### **Norma Lang, PhD, RN, FAAN, FRC – Professor of Health Care Quality and Informatics – University of Wisconsin**

You mean the preamble or the...

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

No, no, no; but for example, what do we mean by the continuum?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Oh, I see.

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

Or what do we mean when we're thinking about where are we going to focus around shared care planning, does that then tell us where we want to focus when we're talking about standards? That's my working assumption.

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

Okay, so let's go to one of the preamble questions which was...or definitions; can you scroll down, please? It's the scope of the continuum; let's do that first and that will...do you want to start?

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

Do you want to start? Okay, scope of the continuum; it's you want to engage any provider that can provide the individual with a response to one of their priorities for health or living.

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

Okay, now you used a loaded term...

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

How does that...yeah, I know.

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

...provided is a parent child relationship. Hmm?

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

I don't know if we want to limit it to the...to providers.

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

...to providers? Well, I was thinking of service...of, it's really sort of service providers and so the service becomes a squishy term, what's a service?

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

What's wrong with the daughter or son?

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

The what?

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

...son...they’re a service...in a sense they’re a service provider, they just happen to be a very immediate service provider with probably not getting paid much, which is okay.

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

But what’s wrong with your original, whatever influences an individual’s health?

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

All right, I can’t read that far. Go ahead. It sounds brilliant, right?

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

Increase the size, zoom in a little bit? Perfect.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Ah, that helps.

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

Okay, there we go; now Terry’s with the program here. Okay; so is that fair for folks? It’s sort of unlimited, but...

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

It’s what it is.

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

Yeah and just to make the point, family caregivers probably spend not only the most time but the most impact and should they, with the pers...the individual’s permission, have access to all this information?

Okay, so go back up, please and then what did Mark want to do? The dynamic shared health plan? Okay, how is this...so what is it we’re trying to do; are we trying to cause it to come into being? It’s already in being and we’ve just got to put standards around it? What’s your assessment of where this is and who has to participate?

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

What is it?

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

Yeah, what is it? So, let’s do cards. Mike?

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

Yeah, so I would just say yesterday's discussion where people tried to leverage an EHR as incomplete as that was really a good example. As a caregiver myself, that notion that says how do I get all the information in a place where I can use it, where people...everyone can contribute to it, where people can reconcile it, where at the end of the day I can check with the patient, is this right? How do I address the gaps between what was agreed upon and what we hope you'll agree to later as we have our next step and goals?

So I think from that perspective, those are the kind of ingredients and that's where the policy levers on whether it's through an API, whether it's through EHR...certified EHR functionality or whatever can play a role. So, and that doesn't even start to address the issues of do we have enough semantic understanding? Do we have the data models and data fields for that?

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

So I think I heard your answer to be, we don't have it yet, we don't even know what the data are.

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

Right.

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

Okay. Norma?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Yeah, I agree, we don't have it yet. And I think this is just loaded with the potential for the data dumps and I mean we have thousands of pieces of data that if we all sat around this table right here and said what do we want in it? If you had physicians and nurses and social workers and people who run prisons, they would all have a...oh, my gosh. I mean, if you ever tried to do this, there are thousands of pieces of data, so what could we do to help with some models? We were supposed to come up with...our title here, advanced models. Some models that might show how one might put 100 pieces of data in care plan, 200 pieces of data and how you might go about governing that to...and then show what you could get out of it.

We need some demos from this beyond...everybody gets scared and then the primary care physicians and care...and providers go nuts because they say you're loading some more stuff into me, I can't do anything more in my 12 minutes. I mean, if you read those lists or if you just get buckets of...so how can we set up some models and test them in the real world? So we don't have all these bright ideas, and me included, about what should be in there. And then the people are balking and pushing their heels back and saying, there's no way.

So do we have demos? I mean, could we do some development in demos? So...in that even the agreement on content, you just get a couple physicians and special...primary care physicians and specialists and you can't make a decision on it; so I guess I'm wondering, what can we do? What can, I

mean, can we come up with model one, two, three, four and then let people poke holes at it? Is that a function we can...

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

Who's the "we" when you say that?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Well, you know at one point you had asked, not at this meeting, but before; how might we go out and seek some resources to maybe do some of this work? Is that still...and the "we" being this is an advisory group, but I'm not sure. Or do we ask somebody else come up with these models? Do we say to the people who have some development funds, we need a model on a dynamics care plan that expands all these things, so it maybe is tied to some of the other parts? I'm kind of sharing my excitement from yesterday and today but then my frustration of the real world out there. And I know some of you people work with this even more than I do, maybe you have better suggestions. I'm looking...

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

Okay...Terry?

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

So I think this is the intersection of standards and flexibility. I think we don't know what is in a care plan that's going to be shared among this huge continuum and all of its pieces. So I think that's just going to grow organically and by experimentation and figuring out what each party wants from the other party and needs to exchange. So I think in terms of defining what's in a care plan, I would leave the care plan contents to the world to sort of define by use and by value.

But, what we can do is we can add definitions around the particular elements in that payload, in the contents, so that they can be standardized. But how they're combined, who gets what, when they get it; leave that to the universe. But the payload itself, we can wrap standards around and that's sort of the approach we took in the long-term, in the ONC LCC workgroup or Longitudinal Coordination of Care, where we defined content areas and created standards that are now in the consolidated CDA update. But, we did not define who should exchange it, how they should exchange it, what...how they should arrange it, what constitutes a complete plan.

And so maybe that's again sort of the approach to take. Because we...once you begin defining what's in a plan, you're starting to get into defining process and that's just all over the place. And I think we're going down a rabbit hole.

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

So just to clarify, you said let people define what's in the plan, who exchanges what; but how can you, if you don't know what's in the plan, how do you standardize the data?

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

But you could standardize certain things that are probably going to show up in most plans, like who else...who am I exchanging this with? Who else is providing services? What are the issues that are being addressed? What are the outcomes we want? Who is accountable for the outcomes? I mean, there are pieces of the plan that just are common to any plan, whether it's between you and me around the care of me...

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

Right.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Service, Partners HealthCare System – Massachusetts General Hospital**

...or whether it's you and me as part of a much broader team taking care of the...

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

So let me just give an example, this comes from NCVHS where we're looking at communities use of data to improve that community's health and it turned out, and I don't know in your, let's say an exhaustive list, would rat control have shown up? So that's the problem; yeah, I know you know that, but...so there is this quandary.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

No.

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

Right, see it wouldn't have shown...and that was...once you fix that, then you can instantly when it's told to you, you can also know why does that matter to somebody's health?

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Sure.

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

And what's the problem to solve, so...but it certainly can escape our preconceived notion.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

But I think that becomes part of the process of defining the payload.

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

Yeah.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Because we don't know, you know, what do the parole officers need to know? What do the vocational Ed people need to know? What do the food kitchens want to know? Or do we want to know of them? So I think the definition of what the content will be will evolve out of how people use the care plan as a vehicle for exchanging information. And to be built it's sort of, we're building the airplane while we're flying it, you know...

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

Yeah.

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

...and hopefully it gets off the ground.

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

So your advice, I think, is to let the standards be subservient to the local needs as defined locally?

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Yes, that's a nice way of putting it.

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

Okay. There we go. Ginny?

**Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies**

So, I agree with a lot of what Norma said and Terry said this is a really complex problem. We've been trying to solve this; I think all of us, in different ways for many, many years. And I think...when I think about how can we effectively help with this problem, it seems that what needs to happen is a shared agreement upon what we mean by this shared care plan or plan for life, I like that term. But then how individual care plans play into that.

Because I think, there's to me almost a hierarchy of how these things work; so maybe that's the model we need to come up with is individually, different people that are interacting with a person may have a very granular care plan. But as that person progresses through different care settings, through different phases of life, how do we roll that up into more of a high level plan that follows that patient to the next person that's interacting? So, I mean to me it's a most around models and use cases of how do we get to defining this? And then at that more granular level, that's where, as Terry pointed out, individual people based on what they need, could define that granular level. I don't know if that makes sense.

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

No, I think you're reminding...so the whole healthcare is local et cetera; it's not going to serve us well if...so for financial plan. If we have our shared individual plan that says you need to be financially sustainable as you...after you retire, well that's not enough for a financial planner to go on.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies**

Right.

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

So what you're saying is, if I'm a physical therapist, I need to know more than like, I want to walk, right?

**Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies**

Yeah.

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

And so you're saying, let's not let the shared good be the enemy of individual...

**Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies**

Of trying to...yeah. Exactly.

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

Right, of getting your job done.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies**

Because we, I mean, when we start trying to define all these elements, we get so granular because everybody has their own specific focus.

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

Right.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies**

But there is a higher level too that's important for people to be able to see across the whole continuum, across...

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

That's really nice, and that's a nice bridging between the standards and flexibly. So if people thought you're only allowed to put "X" as categorized by whatever coding system there is, then it's very limiting.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies**

Yeah.

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

Got it, that's a helpful clarification. Marty?

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

Yeah, what...I'm agreeing with Terry and what Ginny as well; just as a possible solution, what we like to do in our organization is we have various security switches so that if a specialist needs XYZ information, we can flip those switches and they receive that information. If a researcher wants to receive

information, they don't get the demographics; they get basically the information they need and so on. You can do that by who needs what information; you're able to flip switches and get things done.

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

So under 2A, can you put another indent? 2A, 2, 2, and indent that please? And that was the service specific plan, was Ginny's. And then under privacy, the new indent is role/purpose-based. Yeah, now that's pretty hard to configure, but...

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

You can do it...you do it at individual locations, you know.

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

Yeah. Okay, okay, great. Jen?

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

Real quick just to add to that, so instead of defining what the care plan should look like, could we define, these are the types of data or buckets that would be in the care plan. I mean, it might be easier instead of getting down in the weeds, like, you know should be able to share this kind of information, because there's no way...we're going to be able to identify everything, but it might be an easier way to kind of grasp the...

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

So 2A 1 is buckets and then 2A 2 is the service specific plan?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Would that be like dimensions? Like housing...

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

Yeah...piece of data should be allowed to be shared or rehab, whatever it might be, you're the doctor, so.

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

Norma, have you got another one?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

...do we want to think about enabling people to have their own, own their own plans and then take their own....at one point, 20 years ago, we were going to give people a card with all their data and I always thought that was a good idea, but certainly got caught up in all kinds of things. But right now, personally I am trying really hard to collect my own data into my own electronic system and I'm trying to bridge it between two big vendors who are still working on talking to each other. But I don't want anybody controlling and saying, can I have this or can't I have it? It's my data, so I want everything. I want...I'm getting every lab report, every x-ray report, not in the sanitized version, but the real stuff that my physician or nurse or whatever is getting.

So do we want to...I mean, I would like to promote that; now I know that's me and I don't know how many of you around the table, I don't know what that would do for the rest of the people. But how much do we really want to put the control of their data into the individual? I would like to increase that, certainly and is that a principal we would like to promote? Because we still are talking around the table of somebody up there kind of controlling this, putting the...turning the switch or not turning the switch on, and I understand the research thing, I don't mean to be...I'm talking now about my individual, I don't want anybody turning the switch for me. I want everything because it's my data. And so, could we make some comment?

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

Yeah, that's under 2C, so you can put a 2C 1 and put individual control.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Individual control ownership and control of healthcare data?

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

Again we're going to get...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Oh, you don't want overlap? You do it the way...but...

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

We're going to, we're going to...we have the tension, right? The minute everybody wants to control, then there is no such thing as research or public health for that matter; so, we have to figure out...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Well, I don't mean that somebody else couldn't see it; I just want to be sure that you don't have something I don't have...

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

Right.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

...as a, you know, if you're the care provider or the organization...

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

Right.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

...I don't want you having data on me that I don't have; that's my...that's almost more important to me than the privacy.

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

So the Privacy and Security Workgroup has talked in terms of access instead of ownership or control...

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

Yeah.

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

...to make sure that everybody has the right. I heard from Norma two things; one was the access question but also individual care planning.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Yeah.

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

And want to make sure that's not lost; it's something that the National Partnership has done a lot of thinking about. I don't know how you...whether that fits here, but there are at least connections between care planning in multiple clinical settings and what people and family caregivers are also doing in their own homes with goals as they set them. So there's definitely a connection there.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So we change that to comprehensive individual access? Is that...would that be a better way if it's not about ownership?

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

Well the...

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

How about instead of ownership, it's access, I mean, that...I think that's what Mark just said. I mean, it's hard to own anything these days. Like we heard about the grocery store, it's really access and then...

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

And use.

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

...and use, right.

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

How is that different from that B1 isn't that role-based access?

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

No, that was control...that was...

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

Other people.

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

...it's sort of other people.

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

So it was the 5% thing, it was, do we really want the 9000 organizations to have everything in the medical record?

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

Okay.

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

This is pretty hard to...it's pretty hard to both decide and control, it's just...

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Does the individual then have the primary role under reconciliation? It's certainly under priorities if we go down to G and H is that where to put the lever for the individual?

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

Well actually, you know what, you might put under 2C 2, reconciliation and what that's doing is that's acknowledging there's an individual's contribution, but then there's everybody else's reconciliation. So it's not like even the food bank wants you changing their records.

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Right.

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

It's...it rapidly becomes both hard technically as well as just hard for an individual to make all these decisions. But let's capture these and then figure out how to deal with it.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Is reconciliation, is that verification? Or does it mean...

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

It's all the above; it's so...it's all the above. You can verify, you can edit, propose edits and...but that's where it gets tricky once you cross all these organizational boundaries. I mean, they also have rights, I guess, to their own data. Mike?

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

Yeah, so my comment actually relates to the technical aspects of it, but to go back to Marty's comment and also the work I had talked about that Marty was part of that, and your point Paul, about how much do people need to see given their roles and what they want to do about it and do they even want to know about a change? Notwithstanding the patient part which I deeply endorse, the notion of them being able to say, I see there are either changes or here's what my care plan looks like and I'm thumbs-up, thumbs down, or want to modify?

But I think that notion, trying to get in the head of various kinds of "providers," whether you're the trainer at the gym or whether you are the primary care provider, is that notion that we all may have our own treatment plans for a condition. We may have plans of care for a specialty or for a role that we have and then we have this big overarching longitudinal care plan. And I really resonated with what I was reading between the lines and I think it was Paul's comment which is to say, not everything that happens where somebody perturbs changes the something that affects the longitudinal care plan, will matter to all stakeholders in...or should even necessarily be seen.

So my favorite example of the orthopedist this morning who may care deeply about physical therapist's change in their treatment plan, but could care less about Lisinopril I'm changing in primary care in office; that notion that allows people to see, here are the parts of a longitudinal care plan that have been perturbed that I might want to know about, here are the parts I can ignore, here are the parts I may want to have a role in. The patient may want to see all of those, the individual kinds of other healthcare supporters, professional, nonprofessional or whatever may have others.

So long-winded way of saying I think at the technical level it would be really nice to be able to have the kind of functionality that lets people sort of designate their roles in that regard. And then there are the various ways in which they would see or not see and take action on various changes to the three granular levels that make up a longitudinal care plan; food for thought.

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

Sam?

**Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology**

Sorry, I don't mean to interrupt the flow, I just wanted to do a process check because I do fear we're going to lose some folks maybe in about an hour or so; some folks indicated they may be heading out

early. So just in terms of having identified the topics, we may want to then go through high-level recommendations or...I'll defer to you Paul, but I just wanted to note it's almost 11.

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

That's a good point. Now, we are scheduled to go til 1:00, how are people doing for that? Okay?

**W**

I need to leave at 12.

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

Okay.

**W**

I need to leave around 12:30.

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

Okay, so let's try to...okay, well, so consider that when you're making your comments, please. So Kevin?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Yeah, I was going to do a kind of quick check back to how this interacts with what we heard yesterday, from the hearing. And so I think that to Neal's point, that there was a consistent message that this was work above and beyond what we've traditionally had in our EHR model and the thought about how this care plan works, I think to also discuss where and how that lives. Because I think that our...often our current model is in EHR-based care plan model, but to this point most of the people we heard describing what they do, do a lot of this work outside of the EHR.

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

Okay. Mark?

**Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families** 14618

Don't know why it hadn't occurred to mention this before but, there's a model that the Children's Partnership is using for foster youth that might be a helpful way of thinking through some of these questions because they...foster youth, you have to connect a greater arrange of settings. And so they've developed an EHR for that. So just when we're looking at something to see if are we covering the important elements that may be, you know, social services, schools, criminal justice...I mean not the criminal the civil justice system and so forth. That's...so just mentioning it.

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

Okay. I'm going to move on to...Marty, did you have...

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

Just a question I wanted to bring up...

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

Great.

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

...and that is, we have not mentioned public health in this conversation and I wondered if that was something that needed to be mentioned or if it was covered?

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

Under shared plan for life?

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

I mean, I would defer to Art to whether it's needed or not, I mean, he's the expert in the field.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Well there are referrals to public health services like to the quit line, you know, to a public health clinic. Those are parts of a shared care plan. You were thinking more at the population level or the...

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

Just wanted to make sure we didn't...

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Okay.

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

...but that's all.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

I don't feel like it's been excluded.

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

Yeah, I think we have to go on that.

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

Thank you.

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

Let's look at number three, the clarification of privacy policy. I think it's relatively, even if it's a hard thing, it's relatively straightforwardly stated. Four is the role of the individual and five is the transparent outcome measures. Okay. Let's go back and hit...now let's pick an order though, in case we run out of time...always a threat, it's always risky to do this. How about let's start with number three which I think was a clear ask that...okay, so let me just formulate a draft first for us to critique.

So really, even if you start just with what exists, making it clear to everybody involved, that is the healthcare organization who has the HIPAA responsibilities, the non-traditional people who have information bearing on an individual's health, and the person; clarifying what your...what rights you have now, what protections you do or do not have right now so that it's clear, would be useful. Is that a good statement? And so the first ask that can be done is to just clarify the what can and can't be shared and what is and isn't protected and how. Yes? Okay. Do we want to...you were going to say something?

**M**

No, very nicely stated.

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

Okay. Yeah, and I think...then maybe...there may have been an ask about reconciling state and federal, but that may be way behind...beyond what we could possibly do or even want to suggest. I just...it's just sort of impractical, just that's practicality.

**M**

And there are efforts...

**Charlene Underwood, MBA – Independent Consultant**

And...identified barrier, whether we reconcile them or not, you know, because there's going to be barriers.

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

Okay, so clarify and identify conflicts, yeah. Okay. Good. All right, okay; before anybody...let's go with another...let me find another one. How about, wait, Cheryl's not here so we can't do five. So let's go back...

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

There also...but there are some, you know, just as you said earlier that some people believe HIPAA prohibits certain things, and there may be places that have actually made more progress than. So it's not just the conflicts, but the places that have actu...been able to share data, successfully, that might be best practices that we could clarify as well; that maybe the...about how...so in my community, we have some sharing between schools and health facilities, even though there is the FERPA and HIPAA.

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

You may not want people to look at that.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

No, no, but...no, there's...no with...you can do that, you are able to do that with the consent of the parent.

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

Right...

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yeah, so it's not just like we just say there is no sharing...

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

Right.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

...there is a way to get past it, that's what I meant.

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

So yeah, it's a clarifica...that would...okay.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Can we...enough about communities and community involvement, community control; I mean, isn't that what you're kind of talking about?

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

We're only clarifying right now.

**Norma Lang, PhD, RN, FAAN, FCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Okay. All right.

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

Okay. Let me try one, if you scroll up please to 1? We will...oh, Neal's not in the room? So let's...I think we can say those four things. For social determinants, I think we can make the statement, we can even reflect on what was said in the NPRM for certification, thank you, Sam. And there is a little bit of caveat, and that was actually the example I even raised, which is, they picked a measure that relies on old way of communicating inadvertently, only because it's been validated, but it's been validated in the past. So we might even want to throw in that caveat of when we even pick something, to be careful that it is something that is relevant tod...that it is still relevant. It obviously was relevant when it was validated, but is it still relevant?

Okay. So, when you pi...the quandary is, when you pick something that's been validated, well there's a long, lengthy process of validation, of years, because you have to tra...so in things that change, like things that rely on technology and even communication obviously relies on technology, it may become out of date. So defining social connectivity has nothing to do what it was like even in 1995. So it's that kind of thing; just a caveat that when we pick standards, let's make sure that they're up-to-date.

And social determinant is...so for example, we used to say Internet and that meant a computer tied to the Ethernet. That doesn't exist today, sort of. I mean, people don't have landline phones, they don't sign up with landline phones, they use a mobile device and that has broken so many barriers it would be an anachronism to redefine people as being connected if they have a PC, which is also...a PC connected

to an Internet. Or define phones as land-based connect communication. So that's the kind of thing and it may be worth stating.

Now, social service, I don't know what we're saying there, but we can say there are certain characteristics about a social service provider that can be useful in matching...doing the matchmaking between people with needs and people who provide services. And that is an exercise to the reader what that is.

UHI; let me try, okay? We understand that the federal government is currently not authorized or appropriated to implement a Unique Health Identifier, a unique identifier for the purpose of health. And it is...we find that all of the panelists at the hearing talked about the need for that and the cost of not having that capability. And so we're recommending that the private sector, which, let's see...federal go...so the non-federal sector, let me put it that way, because actually because states don't have that same prohibition. So the nonfederal sector including the nonfederal public and private sector, explore a voluntary approach to this; something like that. Is that fair?

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

Starts to move it in the right direction.

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

Starts to move it in the right direction?

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

Yeah.

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

So we're reacting to a very uniform message we got from the panelists.

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

Says it's a priority.

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

Says it's a priority.

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

Yeah.

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

And we agree with that. And then there's the...

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

Paul, are you moving on? I just wanted to say on that point, because I haven't said it yet; it's been our thought that even if we had a unique identifier, you're still going to have to deal with problems of errors

in writing down that unique identifier and that you're still going to need at least two factors. So, we actually haven't been pushing for a unique patient identifier. I don't need to say any more, I just...I'd be remiss if I didn't articulate that.

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

That's fine, we really talked about a unique way of identifying people and that needs to be explored and whoever takes it up will have to deal with that. What can we say about the common data definitions and data sets? Is that an actionable recommendation?

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

So Paul the IOM, you know report which added social determinants referred to some of the standards, some of which are in EHR systems already and whether we reference that and talk about building on it for some of the other ones...

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

Well I think Terry was meaning something broader. It's more of a statement, don't you think?

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Yeah, the statement that goes back to the dynamic care plan and who has to be on either end of the plan. In fact, that might be a better place to put it; could we mo...

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

Yeah, we'll move that down. Is that okay with you?

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Yeah...

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

And risk assessment, I think that's...I don't know whether that's...we want to make that an actionable next step.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

So what do you mean by risk assessment because this is...

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

I thought this came from you.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

...I've got to find...no, no, no, this isn't, no.

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

Who did I...

**Charlene Underwood, MBA – Independent Consultant**

Right, it was in the testimony yesterday, they kind of when we were...I think it was Nancy from Hennepin yeah, you know, you could hear that consistently they're doing risk stratification and they're using...

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

Right.

**Charlene Underwood, MBA – Independent Consultant**

...you know stratification algorithms either from Medicare and Medicaid... So if we can start to standardize risk assessment tools or stratification tools, then those things can be adopted, embedded into software.

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

Right.

**Charlene Underwood, MBA – Independent Consultant**

And so there's probably, as we get more mature we'll...some of these, you know, to identify patients who are at risk for readmissions or those kinds of things. You know, algorithms will start to evolve that will be standardized, adopted and we can build those into the software.

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

Can I restate that in a different way?

**Charlene Underwood, MBA – Independent Consultant**

Absolutely, you always do, so...I'll just describe the capability.

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

Because I think what you're ask...what the community would like to have, and actually Nancy did send us some information and one of the tools they use they developed on their own and nobody else uses it. And I don't know that she wants everybody to use that, but she would want systems, the HIT infrastructure we're talking about which is beyond EHRs, to be able to incorporate essentially a questionnaire that allows people to define their own data elements. So unlike having a wired PHQ...

**M**

PHQ-9...

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

...PHQ-9 or PHQ-2, all of a sudden the initials didn't make sense, okay. But anyway, so you wire those in, the user can't even change that, okay? So, which in that case may be a good thing, but users, customers

should be able to wir...to configure certain questions that get pushed out and then put them in a way that can be tracked, calculated upon, etcetera. Do you see what I'm saying? That capability could handle this ne...these needs...

**W**

I agree.

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

...that's the point. And make that a certifiable function.

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital** 15925

It turns out that Consolidated CDA can be used exactly that way.

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

Right.

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

You can use it as a questionnaire and send out blank...

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

So that's a good thing.

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

So it already exists.

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

Right, but no, I'm referring to Charlene's thing about vendors need to have something they can implement and I'm trying to swap out what you're saying a standardized risk assessment for the ability to do things...to capture information upon which you can calculate things. Do you see what I'm saying? Does that fit your need, Charlene?

**Charlene Underwood, MBA – Independent Consultant**

Yes, and that's probably how it would be implemented, you know...

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

Yeah.

**Charlene Underwood, MBA – Independent Consultant**

...that's how we would implement it more in that way, which would allow the flexibility so that...but, you know, it's just we've got all these multiple forms and multiple ways of capturing data and if we're ever

going to...so, it probably combines with that need for that vocabulary, right? So some consistency ultimately in terms of capturing these risk factors, right? But, the flexibility is also needed so that you can configure it accordingly. So...

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

You might see the inscription that New York City’s going to be great when it gets done.

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

Okay. So I’m trying to answer your need for something that vendors can program against.

**Charlene Underwood, MBA – Independent Consultant**

I’m trying to balance the flexibility and the change over time and did I accomplish that with the restatement?

**Charlene Underwood, MBA – Independent Consultant**

Yes. Yeah. Yes.

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

Okay. Umm, it’s yeah, you might put in paren, you know, questionnaires with coded responses; something like that. Okay; did we knock off another one? Okay; good. Let’s go down...scroll down a little bit before we hit care plans; I think that’s going to be the hardest.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Paul...made a couple comments about the standards section. So the...under the place you were just working, the risk assessments. One of the things that the Joint Commission does is they actually calculate a risk assessment score and then they distribute it to all of their vendors in a sort of standards-based way to then be applied for that quarter or that period of time. I don’t know that in our health IT, in fact I’m pretty sure in our health IT world, we don’t have a way to routinely incorporate risk assessment score as such. So again, it’s flexible; it doesn’t say what that risk assessment score is, but it says when we have one, how do we share it and distribute it and know that it’s landed in the right place and used for the right purpose?

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

So...mean?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Like a percentage; so what the Joint Commission will say is, you know, so this quarter we ha...you know, the percentage adjustment for this kind of risk assessment score is 0.25. And so then they distribute that to all of their vendors in an electronically interoperable way that can then be applied and then next quarter it’s 0.26, and quarter after that it’s 0.19, based on their evolving methodology. So it’s a...it’s kind of weedy, but it’s a model that exists right now in hospital risk adjustment technology and if you read

MACRA, they're asking CMS to create a risk adjustment methodology to be applied for provider level measurement as well.

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

Okay, is that...I mean that seems...so, we talked a little...

**Charlene Underwood, MBA – Independent Consultant**

The proposed domain of...

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

We talked a little bit of this when we...in the context of CDS where we could try to ingest things from some central server and then it automatically get put in as the algorithm in an EHR. Should we des...can we redi...you don't think you can do...you can't do that without...you can't ensure that that can be done without additional certification, I would guess. I'm looking at the vendor table.

**Charlene Underwood, MBA – Independent Consultant**

So, I mean, how it really works is once these scales are adopted by the industry, Braden scale and those kinds of scales, you know they are things that we follow on and implement in support of our...that's how they kind of work. So when the industry starts to standardize in a particular area, a particular scale, especially in this risk area, then we adopt those because then we build it once and we can put it in and make it available. So we don't have to be certified in that case, we just kind of follow what the needs are. So again, that whole myriad, we talked...there are a lot of risk assessment types of discussion...

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

Right.

**Charlene Underwood, MBA – Independent Consultant**

...you know, that happened in the hearing yesterday. So the more of those types of things can move towards standardized scales that are adopted by the community, the more we can embed those capabilities in our system. And that's one example that's in the community and we probably don't implement today.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Yeah and I'm not trying to suggest this needs to be certification but at least in discussions with the Joint Commission, they consider it a standard that they named, this is our risk adjuster. And then they distribute that data element as a risk adjuster so everyone knows that what's coming to them is a risk adjuster to be specifically applied for that purpose, not for some other purpose.

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

Right, so it sounds like the market is doing this. I can understand why the market would do this and the only thing we could potentially do is mess it up.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

The market's doing it for...vendors...

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

Right.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

...so just a specific part of the market. The other sort of clarification here, instead of the word social services, in HHS we often use human services...

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

Yeah.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

...and human services standards is in the name of our agency.

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

Okay, right.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

And there is actually a set of human services standards that have been put forward by HHS for, not typically use in healthcare, but often for use for groups like HUD and collecting information through various other kinds of data collection that the agency or the department will do. So just to call that out, we did also hear example yesterday, for example that AIRS example of 211 social services directory standard.

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

Right. Good. Now one...so I don't know those per se, but are you sure that they've kept up with the kinds of things that could be incorporated into and operated upon in EHRs?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

I think that's up for this group to kind of make an assessment of; I'm just calling out that the kind of nomenclature of how we approach it as the department is typically human services standards.

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

Right.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

And that we do have an inventory and we do have a strategy around it that has been developed for the department, but not necessarily developed for the use of integration with the healthcare sector, especially not necessarily developed for the use with integration with Health IT.

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

So for example, we've run into this too is, if we're going to have...standardized in EHRs, it would be nice if they were also at the human services, because you'd like to do a match of, do they match the language, for example, and if within text, which probably mostly they are, it's not enough, right? So that's the kind of what I mean by up-to-date and so that we use it...operate on it electronically.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

And I think some analysis kind of fit for purpose, right? You can imagine that granularity of housing capture that HUD would want and require might not be the same granularity that we would routinely want to capture at...in a clinical encounter.

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

Okay, so can we put in paren, you know, e.g., you know human services standards and 211 AIRS, just to remind us what we're talking about. Art?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yeah, I just wanted to understand, since the wording there is risk assessment and Kevin just brought up about risk adjustment, are these...are we trying to use these words synonymously? Because, you know back to this, I don't know how JCAHO would relate to the question of, there are rats in my house, I don't want to sleep there. So how can we talk about the assessment tools rather than adjustment?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Agreed; Nancy Garrett stopped me and mentioned that Minnesota has just passed a law that will use social determinants of health for risk adjust...for risk adjustment. So they are interconnected at least at the policy level in Minnesota.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Maybe you want to put that in the definition.

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

You'll recognize his accent is from Minnesota. So at any rate, if we leave it at risk assessment I think people can use that in ways; they can use it for risk adjustment, but I think what we're trying to do is capture the information about the person; if that's fair. Okay, okay, it's a good point.

Moving on...scroll down please? Moving on to, let's try four and five and then we'll finish with two. The role of the individual, what would the recommendation...what kinds of areas would we have a

recommendation there? In fact, it's beyond what we have in Meaningful Use, which is, we're trying to get...well, I'll stop there. Norma?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Is there anything in terms of the role of individual making choices about services? Is that come up here; it's the role of the individual in contributing using health-related data? We talk about outcomes and then talk about them providing something, social determinants to health; what's the verb there? Are we going to use those? Are they providing those? Or...and then what about their individual choices in all of this; does that come up here? They make choices in interventions, not just in outcomes; they make choices in there. So it's just again, the outcome orientation here and one set of determinants.

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

Okay, so let's go back to the filter here. What we're trying...we're looking for what's the role of the federal government in, I don't know what the verb is, the role of the individual.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

So we're going to ask the federal government to do something that would encourage people to report outcomes, is that it?

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

Well, I don't know, I don't...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

I mean, is that how that plays...maybe I'm missing this.

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

We're asking. Mike?

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

And I'll just use a very narrow perspective from the Meaningful Use Workgroup kind of an approach. So we know that we gave patients a greater voice in this when we allowed them and expected EHR vendors to help with patient online questionnaires in portals where they could provide data. If we have standards that let people put data in the right place, codified, standardized, if the IOM requirements for the social det...and behavioral determinants is now easily possible for the patient to populate, they have a role in being able to use and contribute.

If we have the ability in care plans for them to reconcile and approve, we have a lot of what we need there and obviously the next step which we're planning to do regardless of this in our own system is make much more robust our ability to do patient reported outcomes as just part of the portal technology. So I guess the question of the role of the government is how much does it want or need to say more about those kinds of things in its regulations?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Do you think that's...we give them reconciliation, they have a chance to say something about interventions and...or treatment plans?

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

Certainly reconciliation is a component of that, but I think the issue specifically here is to help make sure that we've expanded overall their ability to contribute and use.

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

Mark?

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

So maybe Mike has already said this, I...we can be specific about these as two categories of patient generated health data that have not been addressed yet, because when we did this in the recommendations for Stage 3, it was just patient-generated health data generally and it looked at questionnaires. The importance of this and any particular requirements of this were not discussed at the time, that we're identifying a priority now, so, there is a federal role, just as there has been and we could be more...we could just be specific about it here.

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

Let me just say, patient reported outcomes has been discussed and the way it was approached was it's the...some structured questionnaires. And so...and that certainly could include B, actually. So what we don't...so one of the issues that gets in the way is, especially when there's a law that gets passed and it says create this program, CMS has to go and create this program and then there's another law that passed that CMS...and that generates some potential for discrepancies, which generate potential for administrative overhead and not even achieving the same mea...okay. So what we sort of don't want to be awfully guilty of is having multiple recommendations to achieve the same thing. Yeah, Jen.

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

So I guess I'm trying to understand, are we talking about just clarifying the role; that the individual has a right to contribute and use health-related data? Because I don't know if that's a role for the federal government; is that what we're saying, we just want federal government to say, you have a right to this?

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

I think that's what we're vetting right now is to see...

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

Right.

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

...is...does the federal government have an additional role beyond...so we've already essentially created the mandate through the certification program that EHRs have the ability to get information from the patient; not only have the ability, we even prescribe a percent. So, I mean, we've...

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

Right.

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

...sort of gone way there; so is there anything additional that we could do?

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

Yeah, I see it as being beyond a right; we talked yesterday about how different people can help as partners in the process and individuals and their family caregivers can help by contributing this. So finding ways to actually invite them to exercise the right, if we want to talk about it as a right, but it's the use. It's the actual contribution; what can we do to say, you've got a treasure, please help us use it and weave it in and so just a right-based approach doesn't go as far as it could.

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

...needs to say. I mean, I guess I don't...I'm sorry to back and forth here, but I guess I don't really understand where you're going with that. So the government says you have a right to this information, you're the individual, why should the government then, I mean, are you saying the government has to create a way for you to get the information? It's the role of the government to...is that what you're saying?

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

Right, and to encourage use; so for example, you mentioned Paul the measures. There's a measure that says you have a right of access, you have a...

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

Right.

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

...but there's also something that asks people to make sure that people are using it and that's a lower measure but it's still a recognition that that's important. So there...here it's not just the passive right, it's the active partnership.

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

So let's be...so, let me play a little bit devil's advocate. So it's one thing to give people the capabilities, it's another thing to force them to do something; that's where I'm sensitive, I guess.

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

I'm not talking about forcing to do.

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

So what do you ta...so what would the recommendation...

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

If you asked my mom, does she have a right to contribute her patient reported outcomes; she wouldn't know what we were talking about.

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

So what is it that you want the government to do to change that; assuming that that's what your mom wants though, you know, we have to...

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

I think if she knew it were possible, she would want to be contributing that. I was speaking for myself; I would want to be contributing that.

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

Okay, so what would the...we're just probing Mark.

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

Yeah no, I understand.

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

What would the government...what would you want the government to do in order to help?

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

So if we were explicit that we're not just talking about patient-generated health data as a general category, but we specifically identified patient reported outcomes, tell us did you get better? Or did the diagnosis not work? I remember when I went to an...conference, they said the biggest thing that we're missing in the system is that patients leave the doctor's office and we never know what happened; we're missing that whole body of information, it just doesn't come back. So an example, it would be for those who want to contribute it to be explicit about inviting that contribution and setting that...setting it up.

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

That's education it sounds like; you feel like the government should be clear about what your right is and educate people about their rights? Is that kind of...you're right to access...

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

I think that is an element, but in systems design you may actually want to have a category that says, patient reported outcomes. I'm not proposing that for here because in the spirit of flexibility, I don't know what the best way is to do it, but to be...but to think about something that can actually be useful and to build it into the system.

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

Mike?

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

Yeah, so I'd just be really explicit about it, I don't think it's about the right, I think we probably all would agree it's a good thing for patients and individuals to be able to do; what I need, what I think that my fellow providers need is number one, tools so that patients can report outcomes. Standards that tell us, so what are some of the common ways that we can stand on, especially those that will then interoperate and talk with other systems where the patient is provided that information but now it needs to talk between different systems. So the cardiologist using one EMR knows about the patient reported outcomes the same way I do as a primary care physician.

And likewise, the social determinants of health; it's not so much that the 12 social and behavioral things are things we disagree with, but we sure don't want to have to take the time to collect them all, but it would be great if patients can populate with systems that are available for them to do that and then have it not only talk to EHRs but talk to other applications that may be used and talk between certified EHR technologies with interoperability. That's what I would be looking for.

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

Terry?

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Yeah...I think of a whole bunch of other topics, the one that comes to mind is advanced care planning, so advanced directives; the individual's role in defining that and sharing it, so that would be another, you know, there's a C. And then there's probably a D, E, F, G and we'll go down a list of things where the individual could explicitly provide specific information to the rest of the service system that would be very helpful to craft.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

But is the request that the government play a role in developing and making available these tools in the context of...

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

I don't think it is.

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

No, I don't...I think the mar...you know, to a large extent the market is dealing with this right now. I mean, it's providing different portals. I mean, one of the common complaints of patients as well, I'm seen in four different systems and I've got four portals and they don't talk to each other and I...so what I do is, I bring each of my portals in and I download everything into a central one; so now I have my own EH...PHR; you know, that's...a workaround a bit.

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

Can you...what would you propose Mark, in terms of, what are you asking the federal government to do?

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

I think Mike articulated it better than I did, I think we need to help make those tools available.

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

...tools to be created or what?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

...in the EHR to help you collect it?

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

So these are more complicated; I would just say, for example if a social determinant of health relates to sexual preference, then I need a standard way to represent sexual preference that talks between all the different people involved in it to provide care. I think government does have a role in making that sane and possible, so we don't have 19 standards that we're doing it on, at least in our certified EHR technology, and that to me is a classic use case.

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

That makes this more about the standards then, creating a standard so that they can communicate; so that's not really...that would be up in number one, right?

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

Yeah.

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

Again, so what's...what does the government...what does the federal government do for that...to do that?

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

Well it may not need to do any for the ones we are talking about, but I expect we'll find a gap between what we think ought to be available and for which there is a standard already out there in CEHRT. And if there are such gaps, then the certification process and the standards development process can look to say, is there something mature enough? Can it be put into standards and certification? And therefore it

is available to those of us who are going to collect it one way or the other and then would be to share it across that continuum.

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

So I think you're...so remember the...where EHRs are concerned, there is this HITECH provision about meaningful use of EHRs and it wasn't intended to be a comprehensive certification. And it's also hard to deal with things like, well in the future there might be a gap so we want to certif...so we want to take into account the feedback we've been getting on the whole program and we're just walking that line.

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

Right.

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

And so it's a little hard to say well, it's already can do the things we've said, but in the future there might be a gap; where do we...we've got to be...

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

Yeah and I want to separate out the issue of the meaningful use requirement and what we are evolving to, which is sort of standards and certification that go way beyond meaningful use but are considered to be important in the technology that's part of this. And so I think this could represent one of those examples; I don't want to have to collect all 12 social and behavioral determinants, but I certainly would like to have an EHR that can help me with that. Or APIs that can help bring things from that into a structured data field that is now interoperable with other EHRs. So I may still be missing the point about what's the role of the government, but to me, that's...the government.

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

So that is the point.

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

Does anybody see why the government doesn't have to have a role in that?

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

I think you're saying standards...

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

Yeah, that is what I'm saying, but...

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

I think you're...I don't think we're talking...I think what you want to accomplish can be done through standards in number one and we probably don't need number four here. Because I think, from what you're saying, if we have standards that say this is how you communicate about social determinants, this

is what should they should be...look like when they exchange, they should be available to patients; I think that goes under number one. So maybe we just put, umm, you know, and we just need to clarify the rights of people.

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

So in fact we had social determinants up in one...

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

Yeah, so maybe we can get rid of that.

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

Yeah, so I think I get it now, yeah, so I agree, I would say it can be covered there.

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

Okay.

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

I think we're saying the same thing.

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

Thank you. Sorry, it took a while.

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

Mark, how are we doing with you?

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

That's fine.

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

Okay; all right. So I think we're eliminating a specific, what can the federal government do, number four and we've incorporated that into one; and the market, for example.

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

...it's going to be addressed by number one.

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

It's not being eliminated, we're...we just don't have a...we don't have the actionable recommendation for the federal government.

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

Yes.

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

That's separate from standards where just was going to interoperate. Okay. Population-based outcome measures for accountable communities; what's the ask?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Ahh, this is Cheryl; I think the...

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

The separate ask, by the way.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

...yeah. So I think the federal government can play a role in defining what this is. So that recent IOM report took a step in that direction but now it's really fleshing out the details of that and making it very concrete.

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

Okay. So what's the ask, and I'm not sure fleshing is...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Right.

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

...is the actionable recommendation.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Well, so by that I mean coming up, you know, specifying actual measures, numerators and denominators.

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

So you would want the federal government to specify the measures, just like they've been doing for the CQM?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

That's right.

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

Okay, so let's have discussions; is it...who else wants to speak on behalf or...

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

I think...if I can. Right...so this kind of relates to my earlier comment which is what is the end goal? So what is the health goal? And I think that that goes back to, you know the federal government needs to set some healthy people goal or whatever; you said IOM has done it or endorse that or whatever that might be. And once we know those goals, that that should be the metrics for population-based health.

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

So the question is, is that an addi...so you know that we have the delivery system reform, you know that 30% and then 50% are going to be based on some kind of measures. So you know that they have the wherewithal, they have the intent and they presumably have even a plan and actions. What's the additional ask here?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

So I think there's two parts to this; one is defining measurement at a larger population level and trying to set in motion some sort of tracking system that will monitor progress toward achievement of these goals. I think the second thing, and by starting to specify some measures, I think right now if you look at the National Quality Strategy, you know, it's talking about better population health or, you know, better safety, but you start getting specific with people and they can't articulate the specific measures that you're going to use to track progress against that.

So I think there's an action here about getting much more concrete about what it means to reach those goals. So, you know, maybe it's stuff that the federal government clarifies the goals and ties specific metrics against it to track progress against reaching those goals. And it may be that part of this does derive from Healthy People and other types of, you know, efforts that are tracking broader population initiatives.

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

Sounds right.

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

If that were their answer, would that be acceptable to you?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

That it's just more healthy people?

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

Or whatever it is.

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

Whatever it is.

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

Yeah, but they need to, I think, specify or endorse or something, if it's already out there, then let's at least say this is what we're aiming for. It's too much ambiguity right now, I think.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Right, so I mean if you look at the recommendations that came out in the JAMA commentary around the IOM report, you know, those are not very operational as they stand. And I think the federal government can take a step to make those operational, and that's really the request here.

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

Um hmm.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

In other words, they're fleshed out. Yeah, that's the word.

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

Okay, how do people feel about...so the recommendation would be that the federal government make more specific the population-based outcome measures for accountable communities?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Make specific, and by that I mean making them operational; so that means defining what the measure is and the numerator and the denominator.

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

...put in as a motion, this is the standard, here's the numerator, denominator, test it.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Right.

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General**

Does it work and then let's establish it as a standard as sort of a process.

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

Okay, so...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Well, and then I think the other add-on is, you know, in terms of health IT...because I used to work on this a long time ago, there needs to be some mechanism for somebody to collect this and report it out. And I guess is there some expectation, because I had made some mention about transparency before, that I view that as an incentive, a nonfinancial incentive, to try to drive improvement in communities and to facilitate a lot of this collaboration and data sharing. And so it's not just the specification and operational...operationalizing the measures, it's really putting those measures into play and somebody, you know, measuring and reporting out performance at the community level.

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

What was that you're talking about, like the government needs to set public health goals and then be able to measure them? Is that kind of what you're saying or...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Well, I mean that's essentially what the federal agencies do in support of Healthy People is they...

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

Um hmm.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

...track progress against those goals. So it's possible that some of that stuff could get embedded in Healthy People, if it doesn't already exist; but I think somebody needs to go back and remind themselves of what is in Healthy People to see whether it needs to be expanded. You know are there areas that we've talked about here that aren't covered? And really flesh out that dashboard of what you want to measure at the community level.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

I think I agree with you about the Healthy People part, but I'm not sure that at this accountable community level, the feds don't really measure stuff; they measure stuff at higher levels than that. So is it actually asking the public health departments in those communities to do that measurement? Or how could we encourage that; we do that now. In our community, we're trying to get hospitals to share data from their...as part of their nonprofit status, to be part of this collection of data, to monitor these outcomes.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Right.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

But, you know, that's not an HHS thing.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

No, but like the CDC helps facilitate that going on in communities and they pool that data to report out nationally.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

But most of the CDC stuff is from the national surveys, which won't get down to my community. And I get 700 BRFSS a year...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Sure.

**Arthur Davidson, MD, MSPH – Director- Denver Public Health Department**

...and I can't really describe much of about my community from 700 BRFSS a year.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Right.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So that's the problem. We're trying to use these efforts around collecting data in EMR, EHR, to support that.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Right, but I mean would you find it helpful to have these community level indicators?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Absolutely.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah, so the question is how to facilitate it?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

The question is...yes, right.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah.

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

Neal?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I retracted my...

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

I retract my tent. Okay, how do we feel about this then? And the question is not how, that was a wrong question.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Okay.

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

How do we...how do we feel about this as a recommendation that the federal gov...where the federal government can play an important role?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I think it's beyond...our work, personally, because you're down to wanting to find the numerator and denominator.

**W**

Yeah.

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

I don't know because if it's...if the accountable care community is a model we're thinking about with advanced health model, then thinking about how you're going to measure their productivity and their outcomes becomes critical, I think. Because it will help also define how they evolve. So, you know, do you want to measure, for example, it says how many of your obese diabetic patients have access to

affordable fresh vegetables? You know, maybe that's an accountable care community type measure and is well beyond anything else that's around, so.

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

It is and I'm personally very excited about that, but what's the role of the federal government?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

...convene much longer meetings.

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Yeah, yeah; maybe they're the convener to think through the issues; maybe it's just a convening function.

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

Okay hold that thought, that's...by the way, that's another lever...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Okay.

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

...because we may use that elsewhere, but...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

I do think they can help get to measure identification. And then sort of there's the second layer about what's the path to collecting and reporting out the data? So...

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

Do you think this stays as a recommendation from this group?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Well you know I support it.

**Arthur Davidson, MD, MSPH – Director Denver Public Health Department**

You mean number five in general or...

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

Number five?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

I would...I support it, too.

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

As a...okay, then some...so somebody needs to write what the federal government does for us to vote on. Okay, Cheryl's going to do that. Okay.

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

And Paul, I understood that four was being put up into standards, not being deleted, right?

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

Correct. Okay, so let's go to number two, those social determinants are already there and PRO is essentially...it's basically PRO, I think. Ahh so...might be twice. Okay, so two. This is a new concept and it has a lot of stakeholders and a lot of participants, many of which...many of whom don't know they are this is a big problem. But it may be one of the biggest things; I mean we all glibly talk about care coordination and um, interoperability. I don't know that we under...I think we're missing this piece in our...on one of our calls everybody got very excited about this coming into being.

Now, let's apply that very important filter of what can the federal government do...well, two things; what does the federal government need to do? So the federal government can do almost anything; it can pass law, do almost anything. What does it need to do and then what can it do with a good net positive? Norma?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

The government has already been trying to facilitate communication between the various parts of it, you know, with data systems, for example, from home care, nursing homes, hospitals; can we encourage that, is that part of this, to say keep on doing that? And then the longitudinal care plan and I think somebody has experience with that. So do we sort of reinforce what we think they might have done thus far that's good?

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

I think explore, flesh, encourage are some of the things that are not as actionable, we've, you know, and that's what this part...

**Norma Lang, PhD, RN, FAAN, FRCN Professor of Health Care Quality and Informatics – University of Wisconsin**

Well which of those are going in the right direction, I guess is...can we endorse or...I mean, I don't want to start something all over again when there are groups out there that are struggling with how do you do some of these terms across these various settings and getting them in and trying to figure out, you know, the services between the various parts of CMS, for example.

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

I should think...the hearing was designed around the fact that we don't...we probably have been too limited in thinking of who's a party to the "care plan," and importantly, the pers...the individual and their family is generally not part of that. And it's not...it's not used, let alone being dynamic. And I think,

so we are creating a new concept, at least the way I understood both where before when we were planning the hearing and what we heard yesterday. So I think we probably go way beyond encourage because we have to sort of get something to happen.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

So we want to have them throw that out and we want do something new or we going to do something new in addition?

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

No, I think we build, but this is where I thought the notion of convener, that is a government...the government is very powerful at doing that. For example, let's try the two spectrums...like the government's probably not going to design, develop, spec out the care plan or force us to use it. I think, but I don't know...this is one of Neal's comments is, if something is going to be done, chances are it would have been done. And so I think we don't really understand, but it needs to be done to move us to the next step. So we talk about team-based care, we have a lot of trouble even inside our organization getting coordination, let alone across.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Um hmm.

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

We've heard some elements of that, let's say the Family Health Institute...Institute for Family Health, of how, you know, a food pantry could understand what are the needs of this part...this individual? But how can we get this to happen where it's not happening naturally? And this group at least and many others, feel that there is no project plan or life plan. What can the federal government do to be a player, if it has a role, in making that come into being? Art then Mike and Neal and Marty?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So especially when we go back to what Kevin was talking about earlier, about, you know, the health and human services, and within HHS, it's their conversation between the health side and the human side. And if not, that's what the federal government can do.

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

Okay, so that's one point is actually have more discussion, even within HHS, between health and human.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yeah and then hopefully those groups would come together with the project plan about how if you're investing X billions of dollars in human services and X trillions of dollars in health, how are we getting our value?

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

Yeah. Okay. Mike, Neal, Marty, Kevin.

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

Yeah, so I basically endorse start at the beginning which is, I think, the convener function, whatever kind of mechanism, I think we really need a good plan before we get too prescriptive about anything. As much as I'd like to have various functions in an EHR, I think that's an important one, whether Kaizens or other kinds of approaches.

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

Okay. Neal?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I think this is the Holy Grail, okay? And there is a reason why it doesn't exist, because it doesn't exist. Umm, I...

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

You're so profound.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I get to play the Forrest Gump in the room; I went to the land grant college, okay? But...and there's a huge number of people who would benefit from this, but this probably doesn't, I mean, I'm not a big activist of having the federal government to do numerators and denominators, but th...I mean, there's, I mean, we could go work on the standards for this. I mean, this requires interoperability in the highest order. So if we actually could start just getting interoperability at the, you know record location...identification, record location, consent and we just add this to interoperability, because this is the care plans, which not...aren't exactly used inside your organizations, okay, working at the community level.

So this is at the...in the ICU, the family and the physician decide that, let's go on...that we're going to go on hospice, but as soon as we're discharged and something happens in community, active treatment starts again. I mean, so, this is the Holy Grail. It's early, it is essential; it will require interoperability and so there...you could take the strategy that add is the fourth leg to interoperability...

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

And which...

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

...and let industry...let us figure it out. But you say interoperability isn't finished until there's a community-based plan, so you don't even know who...who's going to manage that plan, now it's ACO and who has attribution, but it's going to be multi-contributor plan.

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

So what's the federal role and when you said "we," who's "we" and what's the federal role?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

We define it as inter...”we” being healthcare IT policy, I’m trying to...as a rail around required interoperability; that there is a plan and there is a...there’s a...my health and care plan is in the Cloud, if you will, so it’s not down in the EMR. And I need to basically, if I have active treatment...the diagnosis or treatment plan, I have to contribute to that...it doesn’t exist.

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

You’re adding to the definition of interoperability to include it.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I’m just trying to get it someplace so it’s...that we can convene on that, but this requires real serious systems work and design.

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

Absolutely.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

And no, I do not believe anybody has done that, so. And I don’t know that you design in a committee.

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

Yeah. So I’m going to go in order...do you want...so Marty, Kevin, and Jen?

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

My original thought would be that we are...the federal role is a convener and also to streamline and take away barriers such as the privacy rules and the interoperability; but that would be another role of the federal government, along with being a convener.

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

Okay. So as people have convener, which now is an easy word, you have to say convene to do what?

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

First of all, define it; I think we need to come up with something that it is. Right now, it’s a nebulous thought and we need to clearly define it before we can do anything else with it.

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

Okay. Kevin?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Yeah, I’m not going to comment about what the government should do. But I want to reflect on yesterday and something that kind of struck me around this topic was I think that I had a conceptual model that care plans are actively entered data by clinicians, patients, others that’s later compiled for the purposes of care planning. And what we heard from at least two if not more of these groups is

they're actually building a care plan out of their robust data set with lots of data that already exists and they highlight out of all that data what they infer is the care plan. And I want to be sure we don't lose that insight from yesterday as we describe and talk about what it is we hope for the future of this care planning.

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

Jen?

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

To build on the two comments; I agree with Neal. I think that this is really...we don't want to go out and design a whole new care plan that everybody has to follow; I think we don't want to be that prescriptive. I think it's about interoperability and it's about what are the buckets of data that need to be interoperable and developing standards? I think again it goes under the sta...the role of the government is to help us convene and ultimately set standards around how data should be exchanged or interoperable; so I kind of think it goes under one, standards.

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

Okay. Mark?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

You could put it in the preamble, too...

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

Yes.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I mean, it might be in the preamble because it's...

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

I agree.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

...yeah, it's high level.

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

So two thoughts; I'm think...remembering the testimony yesterday, there was description of interacting with some governmental resources as well. So, and I'm thinking of the HIT Strategic Plan, which was all 35 agencies. There may be a federal role in federal agencies getting connected; that may be a coordination that originates with the National Coordinator, but it's more than just convening and that could do a lot.

The second thought I have is that in the interoperability roadmap, you don't necessarily...I don't remember them talking about dynamic shared care plan, but they are talking about a learning health system which is...there's some overlap there. So there may be a lot that's already been developed as a federal role; I don't know what to say about that right now, just flagging that possibility.

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

Um hmm. Terry?

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Yeah, this is, Neal...I’d want to take off on what Neal said, I mean, this is the Holy Grail. It doesn’t exist; it’s a brand-new concept in many ways. And so part of the role of the feds is probably to figure out what the value proposition of this new entity is, and A just put it out in front of people so they can discuss it, you know, get some feedback and see whether this is a concept that resonates with all the care providers. And I think we’ve heard over the last two...yesterday that yes, it does; so I think that’s a foregone conclusion.

And then remove the barriers to the implementation of this plan and do that before you even think about what the content might be because the content’s going to be, again, locally user-defined, with a value to the transaction that’s in front of you. And not some nebulous grand plan somewhere that lives in the Cloud. So I think what the federal government can do is to create the fertile field for a care plan to actually grow out of. And it’s really being the husband of the resource and say, here it is, this is...we’re going to water you and fertilize you and give you a place where you can grow. And they you grow, grow and see what we...

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

Or the mother.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

...the mother or whatever.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

It would be nice if the IOM would go take this on.

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

Now that’s an interesting thought, too. So let me drill down. So smart people figured out a way to get around the federal government role, invoke the convener. And by the way, I did, too. But what is the...I’m going to interpret, I’m going to read between the lines is, the reason for convening is there’s probably going to be strange bedfellows that don’t understand all of the players that have to participate in causing this to become...come into an existence. That’s what we’re really saying.

It’s a little bit like when we started with the outcomes measures, we have the supply chain of measure developers but we weren’t necessarily getting the things that we recognized. And so then created an incubator to sort of bring together folks...the other monkey wrench we threw in there was and we wanted it to be electronic. Well a lot of the traditional measure developers didn’t have that same familiarity with the electronic tools we now have. So in this case, yes, we did hear, but we scoured the earth for the folks to be in the panel and I don’t know that you ask a fourth year med student or a third year resident, what is a care plan; for one. Or what would be a shared dynamic “care plan.”

So I think we...there is some new work, the Holy Grail, there's some new work to be done and I think that what's behind our thinking about convening is we have to bring in the people, all of the folks that would be impacted by and would have to be change agents. And it certainly starts with the training programs, the med schools, the nursing schools, the professional schools. And I would submit it even includes educating the individuals about their rights, privileges and responsibilities of being part of this.

So this is a massive undertaking that would be a cultural shift. It sort of reminds me of the CDC ads about, you know, screening and health promotion. But we really have to change all of our attitudes about what goes in both the influencers of health and what it takes to coordinate a project plan around an individual's plan. So people now, I think, get indoctrinated about a financial plan, but I don't know that we, you know, they can capture their steps but I don't know much beyond that.

So is that consistent with what you all mean by the word "convene" and the fun...what you want to get out of it? Yeah? Then maybe we would need to describe those elements of what the meeting outcomes and recognize and acknowledge that we're not expecting the government to define, to develop, to do the technical specs for a dynamic shared plan for health. But we think there's a role because the involved parties, some of which don't even know they're involved yet, are together.

And one possibility is, well, I'm just going to give an example; you know RWJ's new focus on culture of health, I mean, it seems like this is a potential fu...so there's there could be public and private funding of this convening...this convene function. And we'd have to be careful to make sure it has a life beyond that one meaning. How much is that resonating with folks? Okay, so we have to just find the words to say that?

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

Paul, I have just a question given your role at IOM, could you comment a little bit on Neal's suggestion, which I'm also intrigued by, by having that either as a starting po...probably as a starting point to inform this?

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

I mean that's a really great qu...so, you probably know the IOM...most of the IOM's work is funded, one, by external organization and two by the public sector and usually from a charge from Congress. Check my work...okay. And they've ruled on things, everything from end-of-life to nursing work for...I mean, to a number of things where policy implications can be derived. So I think that's not a bad idea; and of course, they would assemble this multidisciplinary group that would look at it in detail, see what's there and make recommendations. That's...and it can receive public, as I say, public and...typically, or a lot of times there's the public funding and then there's some matching private sector grants because there's a lot of involved, interested parties. Kevin?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

I'm just going to comment that they also fall under the Federal Advisory Committee Act. So for the same kind of rules and procedures that you guys follow here, as part of Health IT Policy Committee are the kinds of rules and procedures that the IOM follows and their recommendations are similar in how they function to the government.

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

What if...so...

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

...convening, can it be for the federal government to fund and support and ultimately endorse either RWJ or IOM to do this? Or charge them with doing it? Or...

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

Okay, so do we want to make this either/or, or both?

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

...lumper is, but it sounds like a solid recommendation.

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

That's not a lumper, that's a cake and eat it too. At any rate...

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

Do we say fund and forward or fund and, you know?

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

No, I think...I mean, we all again, on our previous call were very enthusiastic. It feels like the Holy Grail, it's a dire need and it's something that they don't have the wherewithal in one meeting or one group to put together and it really requires a lot of thought. This is great, no, let's...so we've got to construct the...what our intent is around this and then lead it, sort of like an IOM recommendation, the rationale for suggesting "convening function" and potential for an IOM study.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Just a quick caveat on names, they just changed their name from Institute of Medicine to...

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

No, that's right.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

...the National Academy of Medicine, so it's...

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

...want this to be the federal government that's doing it, we want them to charge like a group like RWJ or IO...because if we...

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

Yeah, yeah, yeah.

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

...I guess we need to be careful how we write this...

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

Yeah, yeah.

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

...because they might read it as...

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

So just write our notes, you know, like there's a capital A, you know, convening function public and private.

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

Right.

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

And B, there's an IOM...

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

Right. Okay.

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

And we may want to reorder what...with dynamic care plan because reading it in this, it...this doesn't seem to be quite right order of approaching things.

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

What would you put?

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

I'd, you know, I'd put Interoperability, sort of getting the things that need to be in place, so privacy, interoperability, you know, priorities...

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

So I think I would say that's a horse...cart before the horse and the reason is, if we don't know what the problem is to solve and what we're doing about it, then...you see what I'm saying? Share wha...interoperate, share what?

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

Well then, maybe it's not...it's to facilitate interoperability rather than define what the interoperability...it's. I don't know what I'm trying to say. I think we have to get the preconditions for the plan fixed before the plan's going to take life. So what are the interoperability issues around exchanging a plan among this vast continuum? So let's address some of the interoperability issues across people at different levels with health literacy and clinical sophistication and social sophistication, because it goes both ways. So that would be one, interoperability piece, the privacy issues around exchanging data across...so, I mean, these are sort of preconditions to a plan and if they're not in place...

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

I mean, we could do it both ways; I mean, as Jen was talking about, if we don't have a reason for going through all that work, it sort of hardly seems...

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

Right.

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

Okay, so value proposition.

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

It's a value proposition that's pretty hard to get...yeah.

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

...well that's at the bottom.

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

Okay, how are we doing? I think we...so we now have four meaty recommenda...well, Cheryl, do you have your words?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

I have some words, I don't...I can read them.

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

Okay.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

All right. So I wrote the federal government working in partnership with local communities, i.e. public health departments, community providers, should work to define the goals of accountable care communities building off the recommendations of the IOM Vital Signs Report. Identify a set of standardized core measures that can be used to monitor progress towards meeting the goals of

accountable care communities and measure and publicly report performance on the measures. Does that get closer?

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

What do people think?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Still too fuzzy? Are you struggling with the role of the federal government here?

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

There's two things; the word should and is it coming from this committee or is that something that CMS is already working on?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

CMS feels to me like they're still working in silos. I was looking to Kevin, but...

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

That sounds good. I mean, I think it's an important statement to make that we think somebody should be doing it, or maybe it is being done.

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

No, I agree, I'm just triggering around should because that's one of the things that Jodi mentioned. I mean, there's a lot of should recommendations...

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

Right.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah.

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

...in things that come out of a lot of groups; so, it's a...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

I mean, I think the party that's coming closest to doing this are the Healthy People, folks who are based out of the Office of the Secretary. I don't think CD...CMS is anywhere close to doing this.

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

Then maybe it's just the role of the government to link this work to one of those, you know, link our efforts at interoper...you know, to one of these goals or groups or whatever it is. I think if they could just be more clear about...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah, I mean, I think the thing that's lacking out there are what I would call an overarching set of metrics at the community level to say whether you're tracking towards being a healthy community or not. I know that that's something that...

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

Um hmm.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

...the folks in San Diego are struggling with is trying to figure out what that dashboard looks like and how to, you know, given all the things they're throwing at this from social service, healthcare, are they making progress towards ensuring that San Diego is a healthy community? So I guess I still feel like there's a role for the federal government to help work with communities to define those metrics and get them in play. So...but I hear you on the "should."

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

It's probably outside this group, but maybe it's...

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

Sounds like it's outside the group but maybe what you're...let's see, so in some sense, it's trying to help crystalize and track the value propositions for communities, and we can refer to the Vital Signs, the IOM report. I'm not sure...what are...Charlene?

**Charlene Underwood, MBA – Independent Consultant**

And also just towards this topic, there are private sector efforts in this area; there's this concept of this well-being index that the Gallup poll does and they measure for communities. You know, they do surveys though, it's based on outcomes. But they survey people for their purpose, social, financial, community and physical aspects and then they rank the states. But they've got the data at the community level, too.

So there's other sources that could be brought to bear to start to ref...and I don't know if that data gets integrated into, you know, the broader Healthy People concepts or where that data goes. But there's people that are measuring communities and saying, okay, Alaska is the most healthy comm...you know, state to live in and those types of things or the most...the state with the highest well-being Index. And when you look at well-being, it encompasses those things that were discussed yesterday.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah, well I guess the question from me is do we think that this is going to happen on its own locally? Is there some opportunity for the feds to play a facilitating role in making sure that this happens; if we think this is an important thing? And so therefore, what is it that the feds could do to facilitate that? And, you know, I always think that local communities, they don't want to have to construct their own measures, you know, they look to the feds to help provide some guidance around what the measure should be. And then they usually need some support to help measure them; so sometimes that's financial support, you know provision of data if the feds control some of the data.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I personally believe there's so much positive motion in this space around population health and it's a lot of dynamics, most of them are negotiated measurements, I agree, I mean, from a payment point of view, but, I mean, it's so positive. There are so many numerators and denominators today that are actually being measured, you know, and compared down to the individual physician as opposed to 5 and 10 years ago. So, I mean I think this is happening and I know you don't agree with me, but I just don't think we need to do much here at this stage. The digitizing it made the numerators and denominators so much easier and then throwing social determinants in there is going to make it even more powerful. So, to create those dashb...I mean, I don't know how the federal government would do it.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Well, I agree that measurement has been drilling down say to the individual provider level. But I guess you know if we're talking about data sharing going on for the purposes of care management plans and helping the patient, I don't have this sense that there is data sharing going on to track progress within a community as to whether or not they've achieved their larger set of objectives. So, that's...

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

But you would be out of things to do at RAND if it was all working the way you're describing it. I mean, there would be no more studies.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah, I'm not following...

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

You'd just be looking at the dashboards; I'm kidding.

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

So I...I mean, first of all I'm very sympathetic to what you're trying to do and I'm trying to just apply the filters of what the federal government can do. Or...and the verb, instead of facilitate, the verb I'm trying to look towards is enable. So if there's something...if the government did something, then so many other things would be possible, rather than we could serve lunch, we could, I mean there's just so many things that facilitation that's not necessarily the best way to spend the public funds and efforts. If there was something very enabling, like clearing up privacy things, I mean, that's where...that's wher...and then a lot of things ha...it's the leverage, I think. So if there's a way you can phrase that or maybe, you know it's either not necessarily this group or there's something more concrete that the government can do, that has such great leverage by private sector, really.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So I thought I heard Cheryl describe some providing guidance. Isn't that something that the federal government can do?

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

It's one of those weak verbs, so about what?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

About...

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

...trusting us to do it, I mean, she was not...didn't trust CMS to do it. I don't know then this is the group to do it.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Well I...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

It's not that CMS couldn't do part of this, but they only control part of the data. It's, I mean, the data's really controlled at the local level. And to be able to measure all of this locally, I...CMS doesn't feel to me like the right entity to do that.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

And we are?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

No, I think the local health departments and state health departments are probably better suited to do this than the feds, but we need some guidance about how to do that. It's the same thing about...

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

About what?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

About how to take these population-based outcomes measures, and make them real for a learning community in each accountable environment.

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

So what would the federal government back you on?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Well, so currently you have CDC that does Healthy People, you have CMS that does all the measures in the healthcare service environment. But there needs to be something that brings...that glues all of that together to create something more than just the health view that is inclusive of what we've been meeting about for the last day and a half. There's so many other things that are not included in the CMS measure or measures or focus.

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

So who has the knowledge to provide that guidance? I almost thought we were saying there's lots of stake...we need to dev...almost we have to develop the knowledge from a broad...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Set of stakeholders.

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

...set of stakeholders. And so...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Right, because it's not just healthcare...

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

Correct.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

...because to me that's the challenge with just CMS...

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Right.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

...is, you know, this is going beyond, you know, to other social service kinds of activities in the community, healthcare, education. You know, what does it mean to be a healthy community?

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

Okay, so what you just said is...and I think you're right. If the single stakeholder, let's say the federal government which has multiple dimensions, doesn't have all the knowledge then is that the group...is that the entity that would provide guidance that we're looking for?

To Cheryl's point, actually you just talked about; you actually just described the core metrics for it. Because if you look at it, they looked with a broad perspective.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Um hmm.

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

It wasn't related to...limited to healthcare by any means, in fact, it was more the opposite, more health community, individual focused.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Right.

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

So in a sense, maybe what you're looking for is there and you are looking for it to be fleshed out, like you said. Who should do that? Is it the federal government?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

The National Academy.

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

Already had that go-around and it recommended essentially a public-private effort to do this? So, I think you're calling out a clear need, the challenge is, is this the right party?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

(Indiscernible)

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

Well no, is this the right part...is your clear need best addressed by the federal government?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Well, I don't think it's the federal government alone and the question is how do you facilitate a partnership? I mean, that's essentially what Healthy People is.

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

Right.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

So the federal government has certain roles that the private sector has a lot of role to play in helping achieve those objectives. So...

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

Right, you want a definition of what it means to be a healthy community, broad right? Because you want all of the communities to know what it is and what measures to look at? But I do think, yeah, is that the federal government who would sit down and do that? We probably don't want them to do that, but we probably want them to identify a group to do that and then, I think it's similar to the other...the care planning, you know it just seems like RWJ or an IOM thing.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah, because I guess I'm thinking about the measurement and reporting of this as an incentive to drive communities...

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

Right.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

...to take actions, to have these collaborations and data sharing and develop care management plans. So the question is I think there is a role for the feds to play there, to help stimulate that kind of collaboration through measurement and reporting, so...

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

Um hmm.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Anyway, so do you want me to just keep tinkering with language and circulate it after meeting or is it sort of timeout and...

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

How do people feel about this as...le...

**Cheryl Damberg, MPH, PhD –Senior Policy Researcher – Rand Corporation**

Do you just want to drop this?

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

Well, let's go through and see what we have so far...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Okay.

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

...and review our work; if you could scroll up please? So we have four candidate recommendations. One is for; I'm trying to struggle with how to word the first one on standards. What's the government's role? The government doesn't write standards, the government calls for standards to be used in social determinants, human services, identification of individuals and risk assessment? I'm not sure what the verb is here.

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

Identifies the standards or endorses standards?

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

Um, I don't know that those exist yet.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Help to define them?

**M**

(Indiscernible)

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

Sorry?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

Evolve them, I mean...

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

Test?

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

Maybe calls for standards? Yeah. Okay, well...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

The language is challenging here.

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

...the language is challenging, okay. Are we still committed to this one then? It certainly reflects a lot of what we heard; actually, all four of those do.

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

Paul...could help; I'm quickly pulling up the interoperability roadmap to see what language was used there because in many instances of standards...

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

Right, right. Okay, two, we have...our recommendation is that the federal government, so we explain our rationale, it doesn't exist, we...it's not naturally...it's not a naturally occurring thing and that we recommend two potential actions. One is to convene the multiple stakeholders, and we'd name them, just to start and/or charge an IOM committee to look...to flesh this out. Okay?

Three was...that may be the most straightforward to do, which is to clarify the policy...the privacy policies related to federal, state, territory, consumer health and HIPAA and watch out for the protections of the individual. And fourth, we're looking for the kinds of wording that would say, what would...would identify what would the federal government's role in enabling the creation and use of population-based outcome measures for accountable communities. So if we can come up with that ask that would be...meet the enabling test, rather than the facilitation test, that would be good. How do people feel about that? And...report back to Cheryl, sort of a lukewarm.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah.

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

So, it would have to be a compelling, unique enabling step I think.

**Charlene Underwood, MBA – Independent Consultant**

There's exist...there's got to be existence of some of this...these measures, right, at some level, right? Is there an inventory of those measures, those kinds of measures? Because I know the Healthy People, when you look at some of their work...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah, I think the closest thing is Healthy People right now. But again that's to some extent confined to healthcare system type measures. And I sensed from the last day and half's discussion that we're trying

to think more broadly. And as you note, there are some that have been attempting to do this, you know like the Gallup piece.

**Charlene Underwood, MBA – Independent Consultant**

Yeah.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

But, you know, it's not like this is a standardized process that's implemented in every community across the United States. And so the question is, given resources is this a high priority thing? And I guess I'm hearing some, you know...

**Charlene Underwood, MBA – Independent Consultant**

So is CMMI doing some of this work? Is CMMI doing...could CMMI be a source for some of this work?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Umm, I think it's really, if it's going to be done it's going to come out of the Office of the Secretary, because it has to cut across all the federal agencies. So, it can't just be housed within CMS, I don't think.

**Charlene Underwood, MBA – Independent Consultant**

All right, it just seemed like it would be another...to do some of their projects, it would seem like some of this measurement would be important.

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

Maybe a concrete suggestion Cheryl is, if you re-look at the IOM report, because this same discussion actually happened there and they have an expansive appendix of all the things that were looked at. And yet, there was...we couldn't find a lot of measures that would line up with the health community related things. So if there's that we could contribute beyond that, which is a little hard, I mean they spend a lot of time doing that, is there something that can be...that contributes to move it forward in an enabling way, then maybe that's something you bring back at our call?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Okay.

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

Okay. Anything else? Any other suggestion on the...particularly the wor...the action verb for number one; what's the role with standards? Right now, the default right now is call for.

**M**

Paul, if this helps, in the interoperability roadmap they talk about Secretary Burwell's vision, which requires work in three critical pathways. One, requiring standards, two, motivating the use of those standards through appropriate incentives and three creating a trusted environment, blah, blah, blah, for the collecting. So then in other places, there is reference to a coordinated governance entity and a call to action for people to come up with the standards that are needed. So, those are active verbs.

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

Okay, so maybe we are piggybacking on their roadmap and we are identifying things that were not, I think they were called out, but potentially emphasizing the notion of social determinants and other human services that are available. So I'm not sure that was part of the roadmap. Do you know...?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

I think it was...

**M**

...other community providers...

**W**

Yeah.

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

So we could there be a little bit more explicit...

**W**

I mean, there's reference to supporting care across the continuum in long-term care services and support and human services is included; it's more high-level.

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

Yeah.

**W**

It's a little less granular. But the roadmap does focus on a common clinical data set. And so a question would be is this group identifying the need for kind of a common social determinants type data set that would be standards-based?

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

I think we can fit into their, what did you call it, require?

**M**

Require sounds like a good verb.

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

Now it can only be required if it exists, so that's one point. But so the whole call for...so we piggyback on their language, but want to emphasize, based on our hearing, the social determinants and human services. And my guess is UHI is somewhere in there, but we can...

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Paul, you know it strikes me that we're...we've waded into really several huge, undefined territories, but they have some similarities. So the fact that the care plan is such a vague and new entity, we need

outcome measures for the care plan and some of those are going to be population level outcomes, they're going to be community level outcomes and not just individual outcomes. And they're going to involve measuring how the system itself works and how the integration of all the parts work, I mean, there's going to be layers of measure that ultimately reflect on the health of the population and the outcomes. So I think they're linked in that they're so new and they're so broad, but they share a common...they probably share a common set of elements that need to be A, part of measures and B, part of providing service.

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

I think that might be a link that Cheryl can use, too because I think that's sort of where she was coming from. So once we have a pop...you almost, at the local level, the city councils of the country need to be concerned about an aging population, for example. There's all kinds of things and so I think that's where Cheryl's going.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yeah so maybe in the fourth bullet where we say population-based, I think Neal was referring maybe more to the population of those served by a hospital or were you referring to the broader jurisdictional view as well?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

Um, in between.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So I'm totally at the jurisdictional level and I think your last point is about that.

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

Um hmm.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So maybe that's part of the problem is that the definition of that term at the beginning of 4 is confusing.

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

Yeah, and maybe jurisdiction also invokes the actionability, because you cannot chan..., you know, it's like the local communities can change their school district and change their zoning, can change a lo...do so much for health, really.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Um hmm.

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

Okay. I think...what do you think? We have three and a half right now, do you think we...do you think we have some very enabling steps based on what we heard and what we learned?

**Multiple speakers**

Yes.

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

Was that after good thinking or was that after...okay. So...

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

I think you're doing a very good job of...you're very impressive, so...I don't know how you do it.

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

So we will make the...we'll make the words appear. They will be vetted with you before our next call, but certainly at the call, I believe on June 16. What we take away from there, and Cheryl will be working in between, what we take from there will be what we present. It looks like we're going to...is that now our rescheduled plan is the end of June?

Okay, so we're...instead of having our meeting next week, it gives us a little time to get our act together. We'll be presenting our recommendations to the Policy Committee in a call that's going to be later this month. But we're trying to get it, let's say before July; because we do...HHS does want to hear from us. So this...we're going to finish this work by...and get it approved by that end call at the end of this month.

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

We think it's going to be June 30.

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

Okay. So at any rate, so we will finish our work by June 16, it'll be put together and presented to the Policy Committee and get feedback tweets and then it will make its way to HHS. And all of a sudden we'll have a care plan within months. Okay. At any rate, any other final words? How are...I hope we used your day and a half wisely.

**M**

I want to just echo Neal about the amazing Chair that we have for this committee.

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

Very kind, but thank you so much for helping us prepare for this hearing. Thanks to Alex and Sam and Kim and Michelle and Jodi for making it happen. I think it's really important work. And thank you all for taking this extra time and coming up with the recommendations; appreciate it. Happy travels.

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

No, not yet.

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

Sorry.

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

If you're in the room and you'd like to make a public comment, please come up to the table. As a reminder, public comment is limited to 3 minutes. Alan, can you please open the lines?

**Alan Merritt – Interactive Specialist – Altarum Institute**

If you'd like to make a public comment, and you're listening via your computer speakers, please dial 1-877-705-6006 and press \*1. Or if you're listening via your telephone, you may press \*1 at this time to be entered into the queue.

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

Go ahead Carol.

**Carol Bickford, PhD, RN-BC, CPHIMS – American Nurses Association**

Carol Bickford, American Nurses Association. As you were compiling your list of items that you heard about, noticeably absent from your list in item number two is the community. You have provider responsibilities and you have individual responsibilities but you had a whole day yesterday of what the community is doing; community from a smaller space to an entire state. So I would invite you to incorporate that thinking; you've talked about it around the ballpark but you have not attended to the comments that you heard in the discussion.

The role of the government in that space could be taking a look at the lessons learned from the multiple demonstration projects that have survived or gone...sunsetting because of funding constraints, but they had good ideas and good thoughts, from CMS, from Office of the National Coordinator in the past. So the government could be a registrar of lessons learned. And the government could also be important in the diffusion space for innovation; those lessons learned how could that be modeled? Dr. Lang talked about all these concepts and so on that were generated; could there be a model formulated from the lessons learned or a model that is getting good traction? So build on what was talked about in the community space. It's missing in your conversation.

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

Thank you, Carol. We also had a comment from a commenter through the web portal, Thompson Boyd. He says that we need to have a section in longitudinal care plan containing the patient's story. What are the patient's goals and wishes? What are the patient's expectations? The patient's care team needs to be conscious of the patient's wishes and goals when they interact with the patient and with the family. And it looks like we have no comments on the phone.

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

All right, thank you Michelle; thanks for catching me on that. All right, thank you, everyone and see you...talk to you next time. Appreciate it.

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

Thank you, everyone.

## Public Comment Received During the Meeting

1. Need to have a section in the longitudinal Care Plan containing the Patient's Story. What are the patient's goals and wishes? What are the patient's expectations? The patient's care team needs to be conscious of the patient's wishes and goals when they interact with the patient and with the family. Thank you.

Meeting Attendance								
Name	06/03/15	06/02/15	05/19/15	05/07/15	04/27/15	03/27/15	03/20/15	02/27/15
Alexander Baker		X	X	X	X	X	X	X
Amy Zimmerman				X	X			
Arthur Davidson	X	X	X	X	X	X	X	X
Charlene Underwood	X	X	X	X	X	X	X	X
Cheryl Damberg	X	X	X	X	X	X	X	X
Devin Mann		X	X	X		X		
Frederick Isasi								
Ginny Meadows	X	X	X	X	X	X	X	X
Jessica Kahn								
Joe Kimura			X	X	X	X	X	X
John Pilotte								
Lauren Wu		X		X				
Lisa Marsch			X	X		X	X	
Lisa Patton	X	X		X		X	X	X
Mark Savage	X	X	X	X	X	X	X	X
Marty Fattig	X	X	X	X	X		X	X
Michael H Zaroukian	X	X	X	X	X	X	X	X
Neal Patterson	X	X	X	X	X		X	X
Norma Lang	X	X	X	X	X	X	X	X
Patrice Holtz		X		X				
Paul Tang	X	X	X	X	X	X	X	X
Robert Flemming								

Samantha Mekir	X	X			X	X	X	X
Shaun Alfreds							X	X
Shawn Terrell		X						
Stephan Fihn					X	X		
Suma Nair	X	X		X	X			
Sumit Nagpal		X			X	X		
Terrence O'Malley	X	X	X	X		X	X	X
Terri Postma							X	
<b>Total Attendees</b>	<b>14</b>	<b>20</b>	<b>15</b>	<b>20</b>	<b>17</b>	<b>17</b>	<b>18</b>	<b>16</b>