



Collaboration of the Health IT Policy and Standards Committees

Consumer Task Force

Final Transcript

June 13, 2016

Presentation

Operator

All lines are now bridged.

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

Thank you, good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a Joint meeting of the Health IT Policy and Health IT Standards Committee's Consumer Task Force. This is a public call and there will be time for public comment at the end of today's call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Patty Sengstack?

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

I'm here.

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

Hi, Patty.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Hi.

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

Donna is not able to join us today. Allie Foti?

Alisa Foti – Health IT Policy and Outreach Coordinator – National Partnership for Women & Families

Here.

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

Hi, Allie.

Alisa Foti – Health IT Policy and Outreach Coordinator – National Partnership for Women & Families

Hi.

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

Angela Kennedy?

Angela Kennedy, EdD, MBA, RHIA – Head of Department & Professor of Health information Management – Louisiana Tech University

Hi, Michelle.

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

Hi, Angela. Brian Ahier?

Brian Ahier – Director of Standards & Government Affairs – Medicity

Yes, I'm here.

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

Hi, Brian. Carolyn Kerrigan? George Mathew, he wasn't able to join. Kevin Fowler is not able to join. Leslie Kelly Hall?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes, I'm here.

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

Hi, Leslie. Susan Brown I think is on vacation as well as Susan Hull. So, we have a small group.

Susan Hull, MSN, RN – Chief Nursing Informatics Officer – Cincinnati Children's Hospital Medical Center

This is Susan Hull, I'm here for just the introductory part of the call, thank you.

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

I'm sorry who was that?

John F. Derr, RPH – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative

And...

Susan Hull, MSN, RN – Chief Nursing Informatics Officer – Cincinnati Children's Hospital Medical Center

This is Susan Hull I just wanted to let you know I'm here for the intro...

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

Oh, you are here, okay, thank you, Susan.

John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative

And Michelle it's John Derr.

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

And John, did I skip you?

John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative

You skipped me, yes.

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

I'm sorry, John.

John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative

That's okay.

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

Because you actually are here, sorry about that. Okay, with that I'm going to turn it over to you Patty.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

All right, thank you, Michelle and to our small but mighty group that's here today and I imagine as we get into the summer months we're going to have some meetings that are kind of like this. So, I really appreciate those of you that are here with us today, being here.

So, today a couple of exciting things, we're just going to...if you're looking at the web-ex you can see the agenda there. We're going to walk through the feedback, the Blue Button Connector feedback that we provided. Then we're going to talk about some of the next steps for that. Then we're going to dive into something new, the ONC patient engagement playbook and have a demo and discuss that, and then we'll start to provide feedback on that and we'll continue that into the next meeting, and then we'll just review our work plan and discuss our next steps.

So, that's the agenda and what we'll be doing over the next hour or so, maybe hour and a half depending, with this small group maybe we'll finish up a little early, we'll see. So, next slide.

So, I wonder...I think that everybody on the call has had an opportunity to introduce themselves, Michelle, I don't think there's anybody new to the group today is there?

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

No, not today.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Okay, well then let's go ahead to the next slide then. So, just a quick reminder what we have been tasked to do by ONC, that we've been asked to convene, as needed, to come together to provide feedback and insight on some of the projects that ONC is doing that have a consumer focus and we know we've already done some...we've already provided some feedback on the Blue Button Connector site and we'll review that today and then also the second task we've been assigned is to provide some feedback on ONC's patient engagement playbook so I'm looking forward to seeing information on that today. So, all right, next slide.

So, now we're going to move into...these first slides are just essentially going to be reviewing the summary of the information that was gathered two different ways, one is via the e-mail that ONC sent out some very specific and pointed questions to us and everybody was great about sending feedback in, as well as the discussion that we had in person on the phone and I think...I don't think Margeaux could join us but I think, is it Stephen that's going to take us through this?

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

The Blue Button Connector I'm a little less familiar with on the past work that's been done through there. I can certainly try to do my best...

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Okay.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Unless you might prefer to do it yourself or someone else, but...

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Oh, yeah, no problem I'm happy to do it, I just wanted to make sure. So, okay, so, we have a couple of slides that are from the homework, so the questions that we asked ONC to put together for us to provide answers to are summarized in these two slides and I'll just...I promise not to read them, what do they call it, death by PowerPoint, I promise not to do that.

It just is, if I look at these bullet points they essentially say things like, we are...most of us were aware of the Blue Button not a new concept to most of us, that we've encountered that Blue Button community through some of our various partners that we deal with in our daily lives through people like ONC, through our colleagues, the Blue Button pledge partners.

We also felt that the site targeted the consumer, which is a good thing, but not so much the developers. The question was asked of us if we thought that this was clear on the website that it was for developers as well and I think almost unanimously all of us said "no" you really couldn't find it on the website that it was for developers. You could find it somewhere in the FAQs and in a very small link and small font at the bottom of the page. So, we provided that feedback.

So, we weren't sure as to whether or not it met...we felt like it met consumer's needs more than developers in that it was hard to find for developers and I think we were all very honest in saying that we did not have the expertise as developers to answer that question and we thought maybe it would be a good value to have somebody who is a developer give some feedback on that for ONC.

We also felt that there could be value in other audiences using the site and we really wanted to know if anyone was using it now and they provided some statistics on that in our last meeting. And the next slide.

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

Hey, Patty, this is Michelle, can I just interrupt with one item, one little footnote?

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Absolutely.

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

So, I just want to remind folks, so we did...what happened is we had given homework out, we aggregated that and shared that at the last meeting and then the last meeting we gathered a little bit more information so these slides, we just want to make sure that we heard you all correctly, we got it right and so this summarizes both the feedback and what you all had shared at the last meeting. So, I just wanted to add that footnote and sorry to interrupt.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Very good, thank you, no, thank you for clarifying. And then after I finish going through the summary slides then what I'll do is I'll ask the group if we missed anything or if something needs to be tweaked or if we didn't represent it if it's not represented the way that we thought it should be.

So, on the second slide, again, this is just the summary, the compilation, we felt that it was easy to navigate, a couple of members noticed that there were a few links on the Apps page that didn't work, didn't connect to anything. We thought the site needed to be a little more clear in explaining what is the role of the Connector's site, you know, what is it supposed to be doing, you know, clarify the privacy information too, you know, why is this important should be somewhere in the front page.

And then all the members agreed that it was still really challenging for consumers to access their healthcare records online and a lot of different reasons, you know, some were just lack of time, some were training, some were promotion of tools that hindered consumers from accessing their health records and the other thing and I'm not sure it's reflected here or not was the fact that sometimes people see many different care providers and so the challenges having multiple patient portals and then pulling them together is sometimes a challenge, that might be reflected on another slide, but let's go onto the next one.

And in these next slides, if you remember for the homework assignment we had, ONC asked us these pointed questions, so how useful is the Blue Button Connector, it was just put out there just like that

and so, the answers you see listed here, the bullet points are just, as Michelle said, just a summary of what we told them. So, if we could just take a quick look at them for those who are in front of a computer to make sure that they've captured everything that we've told them.

So, running through it just quickly that the consumer's level of involvement and use of the Connector will vary as getting sick is really pretty episodic for some people so they may just look at it one time and then not again for a year, whereas others use it really very, very regularly.

We need to make clear, and I think we mentioned this earlier in one of the previous bullets, to make it clear what exactly it is and the expectations that you really can't access your medical record from the Blue Button Connector but it's the site where you can help to find your records and where they are located. So, I think a lot of us didn't think that was clearly stated on the site itself.

And again, it doesn't give enough context as to what the Blue Button Initiative is, why getting your...what's in it for me kind of needed to be more right in the front of the website there.

And that the Connector should also serve as a resource for education and health literacy. And then the providers need to be able to update information on the Connector, it's happening in individual portals but patients still have to crossmatch, as I mentioned earlier here it is, from multiple portals and that's a real challenge.

Then, you know, is the Connector actually a resource for developers. Should we do a formal survey of the developer community to see how the developers are actually using the site and the APIs. So, that was kind of a follow-up we asked ONC to do. Then the next slide.

And then the question that ONC asked us was, what else is missing, what did we forget here and some of the responses we gave, here's the summary four bullet points, missing newly updated documents on the Connector such as an example was given the model privacy notice.

Also one of the videos listed is outdated, could provide a little bit more history about the Blue Button and how to get involved that was recommended to be added and then authentication ability, access information in one place without having to log in separately.

Yeah, so there was a big discussion again about the various portals. I think this concept that sounds like it's coming up multiple times so I think you get it the multiple portals issue and what a challenge that is and then how do you make it easier for someone to take the action to get their place of care added on the Connector and we talked about you can add your location but it was a little bit cumbersome so we thought, how could it be easier for places to get their location added to the Connector.

And I think, is that the next...one more, please, I think. And so then we had a discussion and just kind of talked about it, the Blue Button Initiative...we had said that it has not really reached the tipping point for consumers, it's not yet known widely, you know, if you went out to a cocktail party tonight and you asked 10 people there if they knew what the Blue Button was we didn't think that the majority would have a clue, so it's just not quite there yet.

And we need data from the Blue Button pledge members to figure out how many consumers have actually logged in or are actually engaged with accessing and using their health data and wondered if we could get some data from them about that.

And then the Blue Button Plus Initiative, we were sort of curious as to what's happened with that. And then looking five years from now what is the end result of this? What will the Blue Button provide to us as a consumer, you know, kind of thinking to the future will there be some trending information to get to a preventative stage rather than episodic stage such as the ability to set some kind of alert to engage consumers?

So, a lot of great discussion about it and I'm hoping that ONC is getting what they want from us. So, I think before we go to the next slide I'll ask two questions, one from the, you know, members of the committee and one from the members of ONC.

So, the members of ONC have we given you what you need, what you're asking for? Is this what you were looking for when you asked us to provide this information? Is there something else you need from us I'll start with that?

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

Patty, this is Michelle, I think I'm the only one on the phone and I'm probably not the most appropriate person to answer your question.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Okay.

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

But I will say that the feedback was awesome that we received especially given the amount of time we gave everyone. A few folks have sent additional feedback which we'll also integrate but I think this is exactly what we were looking for.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Okay.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

And...

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

I do want note there is additional work coming up and so we'll be tapping into you all again and Stephen did you have something else to say?

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Okay.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Yeah, this is Stephen and so I work in the Office of the Standards Technology on the Innovation Team under Steve Posnack but we obviously collaborate frequently with all the other divisions and certainly with the Consumer eHealth division like we did on the patient engagement playbook which we'll demo here in a second.

I can tell you that there is this broader goal to expand the level of working collaboratively with the communities that are going to benefit from these tools and represent those subject matter experts so not doing it in a vacuum thinking we have all the answers and we just put out guidance documentation or roll out a new program, or initiative. We really want to validate release things almost in a beta version or validate and get constructive feedback and continue to improve and iterate things in future resources that we develop on a continual ongoing basis and you're going to hear that again with the patient engagement playbook.

So, although I wasn't part of this specific task obviously I'm very familiar with the Blue Button Initiative but although I wasn't specifically involved in this task I can tell you that the initial feedback you are providing is certainly valuable and I'd be very surprised if that's not what they were looking for, I'm sure that this is something that Lana and her team truly appreciate and I'm sure they're going to come back for a second round at some point or try to drill in a little further.

Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology

Hi, Stephen...

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Yeah?

Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology

Sorry, hi, this is Margeaux from the Consumer Team, I'm very sorry for being so late a lot of technical difficulties on my end, but thank you so much for jumping in on this and starting us out.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Yeah, no worries, so Patty has actually gone through the Blue Button Initiative slides, she was I think coming towards the end of those. She just asked a question of the ONC team members and myself and Michelle were answering so far on whether or not what they've provided in their initial feedback was what we are looking for.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

And Margeaux, hey, it's Patty Sengstack, I'm sure you could have gone through them much more eloquently than I just did, but I was just making sure that what we provided was what ONC was looking for, so we got some feedback on that.

And then I was going to ask the members of the committee after taking a look at how ONC has summarized what we provided are you in agreement? I mean, are there things that have maybe needed to be worded a little differently or did they capture really well you think the essence of what we said?

And I know this...

Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology

Patty...

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

I know this isn't a shy group.

Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology

Yes and just echo, this is Margeaux again from the Consumer Team, this is exactly the feedback that we were looking for not only to provide, you know, really that technical feedback on sort of, you know, the layout of the website that it wasn't clear, who the audience was, you know, where things were, but in addition to that you, you know, all of you provided some really great feedback on sort of Blue Button in general, the Blue Button Connector sort of the role of that and the larger picture of consumer access to their health records that we are really looking forward as well as we continue to improve the Blue Button Connector website.

So, with that again, we would love to hear in addition just to echo you Patty, would love to hear from the Task Force members if there's anything else that they would like to add, any other feedback that's not represented here that after thinking about it after the last Task Force meeting if there's anything that they would like to additionally add to this list of feedback as we go forward with the Connector?

Susan Hull, MSN, RN – Chief Nursing Informatics Officer – Cincinnati Children's Hospital Medical Center

This is Susy Hull and I do have one point to suggest. I think Blue Button as a movement and Blue Button as a ubiquitous symbol that looks just like the recycling symbol or other symbols that have been well socialized across our country, I think that needs to be emphasized and to determine how you want to approach that as sort of a branding or spread campaign, or if we want all people who are providing healthcare data to patients and families to use their own, you know, internal symbols and language whether it's through MyChart or other community efforts. I just think that's a decision point that the ONC needs to make with other, you know, partners who've initiated Blue Button and, you know, how we want to spread the actual symbol.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Thanks, Susy. Others? Other thoughts as you take a look at this summary? Are there things that need to be clarified or added? Okay. So, then I think the next slide Margeaux maybe is back to you about some of the next steps for the Blue Button Connector?

Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology

That's correct, so, thank you all again for all of your feedback on the Connector not only with the pre-homework assignment that we had a few weeks ago but also during the call and this call, we are always open for feedback so please feel free to e-mail us with any additional thoughts that you have.

But, we're going to be reviewing this feedback that you've provided us with our ONC strategic communication leads and then we're going to review a proposed research plan on how to deliver a better experience to consumers that are accessing their health information on line.

In addition to that we're going to determine suggestions that we plan to incorporate into the next version of the Connector site and then also prioritize Connector work plans for the site updates and build out. We'll discuss that work plan with our contractors and developers.

And then the deadline for the next version of the site that we're hoping to achieve is the end of FY16 and we hope to report back around July or September of that to the Task Force meeting on where we are with that. Those are the next steps with the Blue Button Connector. So, stay tuned.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Thank you, very much. Okay, so I think now is when we transition to the playbook. So, if we could go to the next slide. Okay, sorry for the background noise I've got something wrong with the fan in my office going on here. Are we going to go straight to the demo?

Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology

I think so, Stephen...

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Sorry, yeah, I was stuck on mute, I apologize. Actually if we could start off...there are still a couple of slides we should probably get through those slides before we do the actual live demo.

Great, so, hopefully many of you by now have heard of the Patient Engagement Playbook. This was something that ONC has, again, you know, decided that when we release future resources we want to make them a little easier to comprehend and understand by the masses so that way we're not, you know, picking and choosing the exact audience always but trying to develop something that speaks to a wider audience, especially with projects like patient engagement because we know there are certainly many members of a healthcare team that can take an active role in getting the patients of that practice involved in managing their healthcare and access of their data.

So, with the patient playbook, you know, the idea of a playbook in general, well why a playbook, well first off we recognize that there are real challenges out there and that implementing health IT and putting it into practice isn't always easy, certainly for some of those smaller and medium sized healthcare settings and that they don't always have the resources, especially when it comes to say patient engagement, to hire a consultant or hire staff to run an entire patient engagement program and they need kind of a how-to guide, a quick easy, something to pick up, disseminate amongst their staff, a how-to guide of how to get started with rolling out a patient engagement program.

The day-to-day considerations in treating patients are complex. We know technology can and should be leveraged to make that interaction between the patient and provider more streamlined and well-informed and over the course of the last year or two we engaged in a broader dialogue with physicians in finding out what are the challenges that they have directly from the field so we did a lot of personal interviews throughout the country.

Maya Uppaluru who used to work on our Innovation Team, she is now at the US Digital Services, and Erin Siminerio who used to work on the Consumer eHealth Team were part of the crew that went out, and also had some consultations with the White House, where they wanted to hear directly from physicians and members of the care team about what were the biggest problems they are facing in implementing their health IT and getting patients engaged, and this way they can understand those first hand real challenges, specifically around patient engagement.

So, we've decided on a playbook idea because they're not static instruction manuals but they constantly evolve with new strategies, new approaches and we know the field of health IT and especially the practice of patient engagement is something that is continuing to evolve at a rapid pace as well so in order to keep up with that we needed to have a simplified guide that can easily be adaptable with the latest content and have real-world best practices that we can showcase through it. Next slide, please.

So, one of the things we wanted to do was make sure that this was a very interactive engaging, no pun intended, patient engagement playbook, that it was something that was going to demystify patient portals and you're going to see when we get to the demo that it is largely focused on the patient portal as kind of this first iteration, we think that that's a good strong foundation to start with and rolling out a patient engagement program, many providers have a patient portal as part of their package so to speak and haven't really either even rolled it out or have rolled out only some basic aspects of it and haven't activated all the features that they're unaware of.

And so again, they want to make it work for both the practice to help reduce administrative burden, help them understand what are some of the myths versus realities about utilizing some of those enhanced features and then also maybe more importantly as well is to make it work for the patients so they have a positive experience and continue to use it once they get engaged.

So, again, the second bullet here is very clear we realize that the patient portal does not equal patient engagement but it is a very powerful tool and we think it's a good starting place. The first four key elements that we're going to focus on with this and they're done in chapters, the playbook is almost an eBook, a web eBook type of format so it's very easy to navigate and it's adaptable for any size of either a desktop, laptop or mobile device.

But the first four chapters are focused in these key areas. One is outlining best practices to enroll patients in provider patient portals, so getting them enrolled.

The second is offering tips on streamlining functionality of patient portals and indicates top features which should be adopted including making appointments online, secure information sharing and then also sharing notes.

The third chapter is explaining the importance of granting caregivers proxy access to patient portals. We realize patients aren't the only ones who need access to this data but their caregivers often need to have and their proxy's need to have access to this data as well or certain elements of it.

And the fourth being the importance of tracking patient generated health data and we think that this is going to be a nice transition chapter to future chapters in content where it gets outside of the patient portal and shows what we would call patient engagement beyond the portal so to speak. And we know that there's certainly a number of ways to engage with your patients outside of the portal. Next slide, please.

So, again, there were 25 or 30 interviews conducted over close to a year throughout the country and they're really trying to learn what are the provider's needs and realizing the full potential of health IT and getting their EHRs fully implemented and utilized to the best of their abilities.

And here is some of the key points that rose to the top that were consistent throughout all the interviews and you'll notice the third bullet point is very specific on more effective patient engagement and empowerment. In other words they need a better way to roll out some of these programs within their practice. Next slide.

So, again, who is this for, if you didn't get it from the last slide, it's very specific that we built this in mind for physicians, nurses, other clinicians, but it's also really meant to be shared and easily understood by all team members in a care setting whether they be receptionists, front office staff, you know, anyone that has an interaction or an access point with a physician or an opportunity in the built environment, and the practice also, to promote the portal and get people engaged in their own healthcare. Next slide.

So, we started off by collaborating with clinicians and physicians, and others in identifying the needs and then as we started to develop it both the content and the technical side of it we began also sharing it with a few different groups that we value their opinion, kind of giving them a little bit of a preview, collecting some more insight very early on and then this group is what we like to consider one of the more formal mechanisms that we want to continue to vet through and make sure that it's the strongest resource that it can be.

So, this is post launch although we launched kind of in a beta format or what we would call like a phase 1 and we're planning to update on a quarterly basis I think I'll probably have another slide coming up, but these are just some of the groups that we plan to reach out to on a consistent basis and we're going to collect feedback and collaborate on the future development of this on a continual basis.

We want this to evolve over time, that's why it's a playbook it's not static, and we're going to do this both in structured and unstructured ways. So, there are a few mechanisms in the site that you'll see where anybody whether it's, you know, Grandma Davies or whether it's an educator, or it's a student

who is coming up in the field of healthcare or those clinicians and others, anybody can pick up the book and then provide some feedback on how to make it better and whether that's technical enhancements, whether it's content that needs to be corrected, updated, added or whether it's just, you know, the usability of the site, etcetera. Next slide.

When we developed it we looked at it really kind of in two buckets, one is the content principles, again, we need to make sure that it addresses the needs of physicians and their staff, and patients, that it's easy to understand, anyone can pick this up and be able to clearly understand what we're talking about, it's not overly technical.

It provides real-world examples of success. This is something that we had to convince some lawyers and other about that we can showcase some best practices that are going on out there and not have it seem like it's a commercial for those companies and practices that are doing these things.

It builds on previous and future ONC work including work that's come out of the Consumer eHealth Team and other advisory groups and committee like this one. It evolves over time with fresh content and that it has those embedded feedback loop mechanisms.

The first version you're going to see is the very lightweight basic feedback mechanism, I wouldn't call it quite a loop yet but that's one of the things we hope to evolve in the first 3-6 months is making it a little bit more dynamic on the loop mechanism. Next slide.

So, aside from content then there's the design elements, clean, simple layout I hope you feel that experience when you look at it. It is just very easy to have your eye go straight to the content not clunky, not complicated like government websites and tools and resources can often be.

That it is done in an eBook format so it's something that as a physician, you know, half the things we do are recommend ways to reduce administrative burden but we don't want this to be an administrative burden but we don't want this to be an administrative burden, they need to be able to pick it up scroll through a chapter, put it down, pick it up later and pick up where they left off and all they need is an Internet browser anywhere they're at.

That it has intuitive navigation, again, a child could pick it up and find their way through it. It's dynamic, engaging so you'll see a lot of visual elements, use of infographics and interactive graphics that hopefully will keep someone, again, engaged throughout the entire experience and that it's easy to discover and easy to share.

So, we want this to be well-disseminated, passed on, shared through social media, you're going to see some of the functionality embedded to make that very easy, print it out, pass it along, e-mail, you name it.

We wanted to make sure that it can be, you know, broken down and shared just one chapter with one member of a team in the practice to say "I really want you to focus on, you know, patient generated health data and here's this chapter, take a look at it." And something that is, again, easy to just make sure that it can be spread far and wide. Next slide.

So, this group is one those formal mechanisms that we're going to try to review suggested comments and feedback through in having vet and validate what we should be updating in the future. So, it's not going to be ONC making these decisions in a bubble. We plan to make improvements on a quarterly basis, right now that's the plan, we'll hopefully be able to keep up with that.

But the idea is that we're going to summarize for you all the feedback we're getting from different places and that not only are you going to review it yourself and I think the first five minutes is that over the course of this next month for all of you to review and provide your feedback unbiased without seeing other feedback but then at the end of the month you're going to see a summary of the key points from others that have submitted through the playbook or submitted in other forums, listening sessions that we've had, and then also be able to get the raw comments that have come too. So, you'll have both a summary as well as an overall...like if you wanted to drill down and see exactly what people are saying you're going to get that access as well.

And basically we'll work with you to develop recommendations, what should be prioritized and ultimately, you know, what should we be adding or enhancing the playbook with on a continual basis. Next.

Okay, I think we're actually going to...if we want to go ahead and just flip to the screen share. Do you need me to hit share on line as well?

Lonnie Moore – Meetings Coordinator – Altarum Institute

Yes, Sir it's all in your control.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Okay, so hopefully some of you have already seen this we did announce this at the annual meeting on consumer day. We did a live demo on stage there is an archived video recording of it, unfortunately it will be myself giving that presentation so if you haven't seen it yet and you are going to watch it you'll hear some of the same content.

But, again, you'll notice here, I'm using actually a Chrome browser but this will work with any Internet browser it doesn't matter if it is Safari, it doesn't matter if it's Internet Explorer, Mozilla it will work with any. I think it works best on Chrome but to the average user you wouldn't notice the difference between any of the browsers.

If you were to scroll down here...and then on a mobile device you obviously use your finger so it's a little bit more fluid and glides more, but again it's very clear, simple, you know, sleek content. It lets your eye draw right to the key content.

The people who helped us develop this actually is CommunicateHealth, they also developed a health literacy online tool that some of you may be familiar with which is all about making sure people can digest the information and they did a lot of research on how people, you know, read some of these websites and actually digest the content that they're reading.

But as you look at this you're going to see a couple of things here at the top of the page, one is you're going to see some social media buttons, these are going to be embedded throughout the entire

document where you can share and pre-generate posts from that section of the playbook with a, you know, text and a pick of that particular portion of the site that you're in.

The left-hand side is healthit.gov so they can go back to the broader ONC website as well. And it says right up front here that patient engagement can have big benefits for your practice and your patients and that it's an evolving resource for providers, practice staff, hospital staff and other innovators and it's a compilation of tips and best practices throughout the country.

So, once you go into the introduction is the first time that this left-hand navigation is going to pop up and where these hours are you can open and collapse the sub-chapters and so again here's the chapter one, facilitate easy enrollment, activating features that meet the patient's needs, allow caregiver proxy access and integrating patient generated health data and you can skip into like the sub-chapters that kind of break it down into a couple of pieces.

As you scroll through here, and again here's the social media, and there's an option to print as well, some people like to print it on paper and hand it out to their staff that way or work on it, make notes, etcetera.

But as you scroll through here again it explains more about the why, you know, why do we go down this path, why do we choose playbooks for the methodology of building it, a little bit about patient portals, this is an area that we know we need to update with MACRA and MIPS for instance, we're waiting on some of that content and resources that we can point to, to be developed by CMS and we're going to go ahead and feature those in here as well. So, once those come out that will be an area that we improve.

And then as you get down here some terms to note, basic ones, and then again the request, this is the first time you see it, saying "help us improve the playbook" and I'll click on here just to show you it's a very simple lightweight feedback form name, e-mail, comments and those go to a couple of different sources and we compile those right now. So, it's a little labor intensive for us at this point but we hope to make it something that's a little more automated and allows us to run analytics on the feedback that comes in.

And then down here is a chance to go to the next chapter at the end of every section whether it's an introduction, chapter one, etcetera there's always a big button that allows you to go onto the next portion of the journey so to speak and then below that, again, social media again just making it easy, a chance to print.

And then this is where you can sign up for updates, so whenever we push out new updates people can subscribe to or opt in to receive updates and that way they'd make sure they always have the latest content and the latest version of this, that they've looked at it. Of course they can always come back to it but it's a good way to notify them that they should go back to it because of the new content we can highlight that and that can help.

Once you advance onto chapter one, again, social media at the top and so on. And this search bar over here, just so you know, when you type in a search it will give you options, you search only within the patient engagement playbook or within all of healthit.gov. So, it gives you a chance, but it will always prioritize the first results that come up coming from the patient engagement playbook.

If you scroll down here, in chapter one, you're going to see this is where we first start to get into some of those interactive elements that we talked about designed to be more engaging. This is what we call an interactive graphic and it's a little story within a story. Underneath that chapter there are topics and you can either advance by clicking on these buttons here or you can advance through this next sign and I'm just going to focus on this one and then the last one.

There is another interactive element within the interactive graphic what we call hot spots and this one is trying to show that there are multiple access points and opportunities to promote the signing up of a patient portal within a hospital setting or a practice setting.

And so here we'll use one example, this is for receptionist, the can suggest patients use the portal to schedule appointments, refill prescriptions and ask questions and I can either advance to the next one or close and then come back out and pick which one I want to go to or the computer kiosks, patients can check their records on a computer kiosk in the waiting room and staff can use the kiosk to show patients how the portal works.

And then at the very end whenever you get to that last slide of these interactive graphics, there is one per chapter, and at the end there's always a chance to share it through social media and when you click on these links, again, I'll just pop to it, this is what pops up, it gives you the graphic that came from that section, a little bit of text, kind of a teaser to get somebody interested and then it has a link back to that section and that exact chapter for the patient engagement playbook.

Here's a Facebook post, this is done from the front page, the main page and then here's a Twitter feed. Now here it doesn't look like there is a graphic but once you tweet it, it actually shows a graphic or a picture with it as well. So, those are all pre-generated and unique depending on where you're clicking on the social media within the site. So, if you do it from here it's only going to share that interactive graphic and promote that aspect, driving them back to the playbook at that point and again if you do it up here it will just take you to the chapter.

As you scroll down you're going to start to see another feature pop up, again, easy to navigate, you should always know where you're at within the playbook. So, as you scroll down you're going to see what we call a sticky header start to pop up and it changes as you scroll through each sub-chapter, so one, two and when you hit one, three it becomes one, three. And then that would align with this at all times.

And then you're also going to see these examples of what we call "from the field" here is one. These are those real world use cases of successful stories, here's another and then I'm going to go chapter two actually to showcase one of those in a little more detail in another feature and then you'll see these statistics and infographics trying to stick out a little bit more bold and draw people to those numbers.

At the end of every chapter is a recap and you'll see here a couple of check marks, when you print this page up they actually turn into boxes so that way somebody can check them off and use it as a mini-check list. And one of the things we're looking at is incorporating or making it even more useful as a check list for people when they use it.

And then from chapter one through chapter four this is the feedback mechanism here where you just click on it and it takes you back to the same lightweight form. Skipping to chapter two, I'm going to go to

another example and I'm going to pick this one down here, sorry, this is from the field, an evaluation of OpenNotes and in here you're going to see a call out box that has what we call myth versus realities, there's a few of these in the playbook and we hope to include more of these in the future.

And in this case relative to this topic of OpenNotes and sharing notes it says, you know, there's a myth that providers fear that patients may misinterpret or misunderstand their notes causing more worry for patients and more work for providers when in reality, and I'm sure most of you know on the phone, for most providers that sharing notes doesn't affect their workload and using OpenNotes actually improves patient engagement and sense of ownership over their care. So, it's a chance for them to toggle back and forth in a very simplified way, helps demystify some of those myths that are out there.

Here's another one here that's under the setting of secure information sharing and this is all about activating e-mail and physician's concerns about it creating extra work for them, that they are going to get flooded with e-mails when in reality when it's integrated into the workflow providers often find that the communication has improved both for patients and their staff and overall become less time consuming and reduces administrative burden.

Chapter three is allowing a proxy access and you can see here the interactive graphic, in this case, I want to show you the patient's point of view, we tried to use personas a lot. I'm going to actually show you a little bit of that in the next interactive graphic in this case, here's another element within an element so it shows both the patient's view and the caregiver's view.

And then in chapter four under patient generated health data as we go through this interactive graphic, actually, I think maybe it was in chapter two, sorry. The other one I was going to show you is that...yeah, so for instance in chapter two when you're talking about activating features that meet the patient's need, I want to show you this one as well, it focuses on, you know, some of the key features that portals offer such as online booking and prescriptions refills if you are information sharing and sharing notes and then it asks you to see how they benefit both your staff and your patients. And then as you go through it tells you how it benefits the staff, your staff will gain valuable time by not having to deal with booking and refills on the phone, potentially hours every week, some statistics in there.

And then here it gives you a chance to hear what patients say and it gives their perspective. So, again, it's another opportunity to hear what patients say versus your staff and the use of the personas. This is something that we hope to enhance in the future with actual video testimony and an embedded actual, you know, live video. So, again, you're using a personal story, a specific case to get the message across and see that, you know, these have real world impacts and benefits for people.

And then at the bottom here we've got a reference, it's hyperlinked, we have reference points throughout the document so anywhere you see a number like here for instance when you click it, it takes you right to that chapter and that section where that reference is. So, these are all the online articles and public documentation, and resources that we pulled the statistics and content from for the time being.

And then at the very end it closes with one more last opportunity to share your feedback. So, the idea is that it's consistent throughout the entire document, whenever somebody feels like "hey, I've got a great idea for chapter two, I want to provide some feedback, it nudges them and gives them an encouraging kind of opportunity for them to do that and at the very end if they have, you know, feedback on the

entire playbook or they haven't already thought to do it, it asks them one last time to enter their feedback.

So, I was going to try to show you how this looks on a mobile device, I did that on stage last week at the annual meeting, I can try here a little bit, I apologize if it's hard to see, I'm going to try to expand it but it is fully adaptive to any size screen and when you see it on a mobile device it actually moves this menu button up here and it pops it out to the side and the other features will look a little different like for instance, if we go to the very beginning of the playbook you'll notice that all those chapters are now vertically stacked instead of being stretched out wide like this and that's how the experience would look on a mobile device.

And then within some of the interactive graphics they are also going to change a little bit on the mobile device, I apologize again, you may want to expand your window to make it bigger if this is hard to see, but the one that I showed earlier with the hot spots, I'm on the wrong chapter, I apologize, when we come into the hot spots you'll notice that those little plus signs or hot spots aren't there anymore because they're too small for your finger to touch on a mobile device. So, what we ended up doing is it shrinks and instead this "see examples" pops up and when you click on that then you can scroll through each of those different hot spots that we mentioned before close and then still come back to this final, did you find it useful, share it with others place.

So, this is in a nutshell the Patient Engagement Playbook. I highly suggest, you know, this is a live resource, it's a healthit.gov/playbook/patientengagement. You may see additional playbooks come out in the future for new topics and we'll probably have a similar thread for the URL and feel free to share with others, get others feedback, you know, promote it through your social media networks, etcetera. We really want to try to collect as much user feedback as possible to continue to improve this over time.

We've already gotten several submittals through the playbook and it's only been, you know, public now for a little over a week, but, yeah, I hope that you...we're very proud of this, we're excited about it. So, far the initial reaction has been very positive and we've gotten some really interesting comments in from not just the US but Ireland and other places, so it is getting disseminated, which is good.

But we know that there's a lot of work to be done and we know there are additional chapters and content that is going to be necessary to add to it and therefore we really look to your expertise to help us in that vein. So, if you have any questions, you know, I'm certainly willing to answer them now or otherwise, you know, you have a month to really kind of play with it and digest it.

Again, I highly recommend checking it out on a mobile device, I think it has the best slick experience there, but, so, yeah, any other questions at this point?

George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna
Stephen?

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology
Yes?

George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna

Hello, hi, it's George Mathew, sorry, everyone I joined a little late and was having some problems getting on the wrong dial in but I have been on for most of the time. I want to say, thank you, it was a very good presentation, I'm sorry I missed it at the consumer day the previous week, but I had three questions I hope they're not too broad.

The first one is, in terms of measurement of success for the playbook what metrics are you using? Will you be using just web-based analytics, uploads, downloads?

I know you'd mentioned some structured and unstructured ways you'd be getting feedback but some type of quantifiable metric, I'm just curious, that that's somehow going to link to outcomes for a lot of these providers or is it just going to be use of the site? So, that's one.

Second, is the intended audience, I understand you've got a lot of stakeholders that are using this, but in looking at this, I practice too, so I guess my main question would be, would this be targeted towards me as a provider, my office manager, somebody at a higher administrative level that would try to implement some of these strategies? So that's number two.

And then number three is, is there a way to link some of the benefits for using the patient engagement playbook to honestly ways that I get paid as a doctor?

If you're looking at value-based care a lot of the ACOs and whatnot, some of these recommendations say pharmaceutical adherence that would definitely play into at least three or four of the, I want an ACO 20...sorry, yeah, ACO 34 and may help me with my reimbursement. So, it looks like you're getting to that so that would be great but those are my three. Thank you.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Okay, I didn't write them down but I think I got them in my head so it shouldn't be too challenging, but, so the first question was how are we going to measure success right? And I think that there's going to be some quantifiable but then there's also going to be other things that we're not going to be measure that it's not going to be a direct relationship but we're going assume in some sense that the playbook maybe had a role, right.

And so one success measure is looking at...it's not something you download or upload it is just a live microsite on healthit.gov, so again all somebody needs is an Internet browser and access to the Internet and it doesn't take up any, you know, space on their devices or whatever it may be.

Now you can, through the print function, save it as a PDF and some people like to share and keep it that way for off line use for instance but it's not something that we're really going to be able to measure the number of downloads, right, but other web analytics absolutely we're going to be looking at, you know, how many hits is it getting, what sections are the most popular, which ones are not getting a lot of play and hopefully we can then turn those analytics and insights into what areas do we need to either kind of, you know, bring more attention to or figure out how to get people more engaged, you know, we can look at how much time are spending in certain sections, etcetera. So, that's one measure.

I think there are some metrics about the level of feedback that's coming in and evaluating that feedback. So, a metric, you know, it can be that, you know, "x" is something that's very popular and people are, you know, consistently across the board saying they love this feature, well that can be a successful measure, you know, we intended this to be something that people enjoy, you know, reading and going through, and find it interactive and want to talk about and pass along and so on.

And if we're getting that kind of feedback then I think that we can, you know, quantify that to some degree saying that, you know, "x" percent of comments say that they love "x" or certain, you know, functions of it. So, there's that.

Then also we look at, you know, when it comes to portal adoption and other aspects of patient engagement as we get into some of the more cutting edge or, you know, non-common practices that, you know, few people are...when we start to see that disseminate and diffuse throughout the health IT market faster that's something that is hard to take complete credit for but we can survey people and see if this has had an impact on that or a role in it, you know, and we can look at some of those smaller and medium-sized providers and ask them, was this useful and is this something that helped you expand and roll out your patient engagement program and then we can try to quantify that.

So, we're looking for...if you have any recommendations of other ways to quantify and track the success of this, you know, we're always interested in that through our performance management programs, we're always trying to figure out, you know, are we getting the most bang for our buck and putting our resources really where they are needed.

So, the other thing that...the second question that you asked was I believe about who is this intended for and I think we tried to be very clear and we tried to say it in a number of places, for one thing the title is the Patient Engagement Playbook, it's a playbook for those looking to engage with their patients so there is an implied audience of being caregivers and with the providers being kind of, you know, the primary audience that we're targeting.

But like you said, you know, you named several others and then the slides show that we had before, you know, we listed a number of other stakeholders, especially those amongst the care coordinating team, we know that patient engagement doesn't only happen with the provider or the physician it's a team effort and it takes every member of that practice that has a chance to interact with the patient and the built environment that the patient experiences.

You know there are multiple opportunities and we realize that in different settings the champion of the patient engagement program, the one who is kind of pushing and coordinating it is often going to be a different person, you know, if it's a private practice, a small private practice it may be the physician, right, who is practice it is in and he or she wants to make sure that they have an affective patient engagement program and they're leveraging their health IT platforms, their EHRs to its full utility and they're going to be the one pushing it and demanding that their staff roll this out but they're going to need to be able to break some of these pieces out because the physician is not going to have the time to do all these things.

So, they're going to be able to say, you know, chapter two, I can just print out that section and hand it off to my IT team or people that are doing that work for me or raise it with my EHR vendor and say, I want to...help me understand how I can activate these features, getting people to sign up, you know,

it's, you know, the receptionist and nurses and other members of their staff that are having these interactions with their patients, they're going to have to say "hey, here's what you can do, here's your role" and they can point to several places within this book and it allows them to have a chance to go back and see how they see it within the big picture to understand that it's me signing up a patient as a nurse or a receptionist plays into this bigger role of patient engagement and it goes well beyond just getting them to, you know, look at their lab results it, you know, has a bigger utility and benefit there.

So, we know in large hospital systems, you know, it may be a patient engagement program they have and they have somebody that that's their job and they're going to be the one who is the champion. So, we tried to design it that it can, you know, whoever the champion is they're going to be able to pick it up and then divvy out the work from there to share either the whole thing or certain aspects of it with different people based on their role and their interest level. So, that's the intended audience.

Now, anybody can pick this up, a patient can pick this up and read through it and maybe we get some feedback from them that, look, this chapter is way off, I'm not going to sign up if you do these things, the best place for me to sign up is in this place, you know, and then we want to be able to capture that information as well on the patient's side.

So, we tried to make it as open as possible for anybody but there is that initial target audience of the providers and clinician team.

And then third question, sorry, the third question you had was on, remind me again, I'm sorry?

George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna

Linked to value-based programs, how people get paid.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Yes, so we touched on that lightly in here, when you go to the introduction we tried to put that upfront. I think we can do a better job and certainly we can expand this out a little bit more and this was some early feedback we also received in our workshop at the annual meeting, we did a live demo on the stage and then we had a workshop afterwards that was very interactive.

And some of the feedback we received was business case. I believe in this, you know, I'm the IT guy in my practice though and I need to...somebody else is going to have to take it to the leadership maybe it's the hospital administrators and whoever else to say like, here's why we need to invest in this, here's why we need to, you know, spend resources with time and effort on this because there is a business case to it and what are those incentives that they can...and rewards that they can reap by leveraging a patient portal and having a more effective patient engagement program.

So, right now it is focused heavily on Meaningful Use, it's a little dated I think, and we're waiting...we're working with CMS and we're letting them obviously take the lead on developing some of the reference tools and resources and guidance documentation on MACRA and MIPS.

George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna

Yeah.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

And we plan to integrate that in this section and maybe even expand it a little bit more. So, any other...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Stephen?

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Yes, go ahead?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

This is Leslie and I just want to build upon that, on the MACRA and the MIPS, I think that this is a great opportunity to provide people a visual example as to the interpretation of the intent of any regulation.

So, in MACRA/MIPS they talk about an advanced practice portal that includes education and maybe 24-hour services access and so forth and I think that beyond that, just often times there's an idea in regulatory action that because it's never been done before it's hard for people to envision what that idea actually looks like in practice. I think you guys have done a great job with this to start to give that vision but I think that is a really important audience and an important useful service that the playbook can provide.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Absolutely, and we want to continue to try to figure out more interactive ways to get content out there and like I said, you know, we plan to work with CMS, I know that the White House USDS is working with CMS on that MACRA/MIPS resources that they plan to put out and I know they're planning to make those interactive as well in some sense and actually they looked at this patient engagement playbook and they liked a lot of aspects of this as well for some of it.

So, the thing is there's always going to be a balance and gray area of getting too technical and so what we want to do is keep it simple and clean, again, so the broader audience can pick this up and navigate it and understand it and for those who want to take a detour off the path, off the main path, and go a little deeper into a topic then link them to those other resources.

So, try to provide it in that high-level summary at a broader point just so at least they can understand how it fits in with the bigger picture, but then provide the links to the more technical resources that allows them to kind of, you know, dive a little deeper into that point.

So, if you have somebody who is more concerned about the business case for instance that they can see how it fits in with this whole big picture and then the links are there to be able to take them or an interactive graphic or for some kind of summarized infographic is able to kind of give them a quick

snapshot and then it takes them to a link with all the background details that you can dive into a little deeper.

Brian Ahier – Director of Standards & Government Affairs – Medicity

Yeah, and well, there's a lot in the references section on the playbook. This is Brian Ahier, I just have a couple of quick comments actually, one is the URL is actually simpler than that it's healthit.gov/playbook/pe so you don't have to type out "patient engagement." And then the other is, by the way great job on the presentation.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Thank you.

Brian Ahier – Director of Standards & Government Affairs – Medicity

I especially like...I really like the myth versus reality functionality to help us demystify some of the things that are going on unintended.

And, you know, then I just completely agree with the previous comments about the business case and about linking this to, you know, really value-based care but ultimately improving care and outcomes and lowering cost. Patient engagement I think is a key component of that. So, nicely done and I look forward to seeing future evolution of the playbook.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Thank you, Brian, I appreciate that and so again, we're asking for this group specifically to provide feedback within the next month here, I forget the exact date that they want that by, but, you know, we're looking for things like, you know, what are your first impressions, some of you have already shared those. What do you like best about the playbook, a certain feature or a section of the content?

Is the content engaging, you know, do you feel like you're getting bored or lost at any point?

Is it the tone, we spent a lot of time looking at the tone and I think there still maybe some areas where we can tweak it, but is the tone appropriate for the key audience and that being providers and members of their team, you know, that's it's not in some way going to turn them off or offend them or make them feel like, you know, it's casting blame or something like that, but we want to pay attention to the tone.

Does the content address key concerns for providers and health systems and if so, you know, how so, and how is it not if it isn't, you know, what is it missing?

Is there anything you'd change about the playbook in general period?

And then also, you know, what can we do to make it better?

And I would try to put in those two simple buckets technical enhancements versus, you know, content and just thinking at it from those two perspectives.

And we're going to try to collect and review this together and summarize what this group specifically did because I think that's an easy layup for you to have as kind of a work product, you know, as being part of this committee you can say, we, you know, did this activity and helped contribute to the quality of this playbook, but even outside of that feel free to submit your comments, you know, through the mechanisms that are in the playbook itself and encourage people in your networks or on your staff to do it as well.

So, although you maybe represent this committee and want to provide that but if you want to encourage other people to take a look at it and submit it through the feedback mechanism you'll get to review those as well later on.

So, Brian, I know you have an extensive social media network, an empire...and I encourage all the rest on this call, you know, feel free to share certain aspects of it, if there's something you like hit the button in the corner it creates a real, quick, easy, you can edit it, you know, it's not like it's locked in, it will pop up and then you...I think the only thing you might not be able to change is the picture that goes with it.

Brian Ahier – Director of Standards & Government Affairs – Medicity

I found that incredibly helpful because rather than having to try to link to the specific...figure out what the link is to the specific chapter or element within a chapter you just click the Tweet button or the Facebook button it creates a link and it also creates the image and images are always really good to capture people's attention and get them interested and clicking on your links. So, I really appreciate the social aspect of it.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Yeah, being from the Innovation Team that was something that I was very clear on very early that we needed to make it as simple as possible to disseminate and leveraging social media and it's best practices, you know, it needed to be embedded and it's something that we pushed for very early on. So, it's good to hear that it has been useful for you. Are there any other comments or questions or feedback at all at this point? I want to respect everyone's time as well.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Stephen, this is Patty, you know, you just spewed out a bunch of questions that you want us to respond to and I'm thinking about how we provided feedback for the Blue Button Connector and wondering if we wanted to do something similar for this.

So, what we did was ask ONC to provide a set of questions that you're interested in responses to related to the playbook and then send those out to us and allow us to respond specifically to those questions that way, you know, you get answers to the exact questions you're interested in and that can be, you know, something that we take back and look at.

I know your presentation was great and again it was wonderful because I was not able to attend the conference but kind of played around with it a little bit on my own, but seeing you go through it and your explanations it just brings forth the amount of work that went into it and it's wonderful, thank you for all your efforts.

But, I feel like I need to play around with it a little bit, you know, I have to click on the buttons and see what happens when I click on them and what the text says and digest it a little bit before I can really give you some good answers. So, I'm just interested in what other folks think? Is that a good way to give them the input they need to ask them to give us some pointed questions and let us respond?

John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative

This is John Derr I think that's the best way because then they're all sort of categorized rather than just going all over the place.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Okay.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Yeah and there's a couple of different ways on how you can provide feedback. I mean, because we have this, I don't know if it's still sharing the screen here, but because we have this tree on the left here or even from the main page, because we have this kind of, you know, table of contents, if you will here, it's really easy for you to identify where you're at if you see something you like or don't like, or want, you know, we need to expand or add, you can just look to your left and see you're in 1.1 and just say "in Section 1.1 we should add this" or in you know "Section 2.3 I think you got this wrong" or you know "there's a better use case out there." We plan to replace and update with the latest best practices.

So, you know, although this is a note from the field and looking at Beth Israel Deaconess Medical Center on OpenNotes and our utilization of it came from one of their reports. If there is a better report out there with a better use case and real world success story let us know, you know, we're not partial to these. They were just ones that came up through some of research and interviews and so on, but we really want to share the best and the brightest that's out there. So, feel free to recommend some of that as well or if there is another area out there where you think a lot of people are getting it wrong there's a myth that people hide behind and helping where we can demystify we'll put more...in there.

So, I wasn't sure exactly how they did it on the Blue Button site, I think that's an easy, simple way, especially if you're comfortable and familiar with that process. The questions I asked really all are for you to drill them down and summarize and the one thing is how can we improve this, it's like the one question and have the freedom to do that. I can include those questions as kind of subsets to kind of get your mind thinking in different ways.

But really we just want your very simple, you know "hey, I spent a month with this, I reviewed it with my team, you know, I've reviewed it with others" and "here's what I think you can do to improve it." You know "here's what's working, here's what's not working, here's how you can enhance it going forward and evolve it."

So, it's pretty simple in that sense we'll certainly provide you with some of that, you know, in writing and try to break it down to kind of help kind of get the juices going. And I'll also include a link from the demo from the annual meeting just so you can kind of see it in full context, Lana did a presentation, we

kind of did it together because this was a collaboration between the Innovation Team and the Consumer eHealth Team, you know, being the subject matter experts obviously.

So, yeah, so, we'll certainly follow-up with that and have clear guidance on like finding it and how we want you to provide that feedback. I'll probably look to Lana and her team to decide upon how best to do that as she is kind of the lead for this committee.

Brian Ahier – Director of Standards & Government Affairs – Medicity

Anything...

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

Yeah, this is Michelle, so I just wanted to speak up in regards to Patty's question. So, we're working on identifying some additional meetings for July and we'll have to figure out how best to do it, but we will assign out homework to help guide people through this so that you know what you're responsible for and we'll aggregate the feedback that we receive and bring that here for discussion so that the feedback is aggregated and presented on behalf of the Task Force itself.

It may make sense to break it up by chapters I'm not sure, we'll figure that out and, you know, we'll assign different chapters at the meetings that we have scheduled, but we'll work with Lana and her team to also identify questions that you can answer as we go through it. So, be on the lookout for homework.

Brian Ahier – Director of Standards & Government Affairs – Medicity

This is Brian...

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

And I should...

Brian Ahier – Director of Standards & Government Affairs – Medicity

One of the things I wanted to...

Steven Keating – Patient Advocate/Consumer – Doctoral Candidate, Mechanical Engineering, MIT Media Labs

I'm sorry, go ahead?

Brian Ahier – Director of Standards & Government Affairs – Medicity

Well, I just wanted to point out that it is definitely very elegant on a tablet, so, you know, it's a great UI but it really looks sweet on a tablet and so I would encourage folks to give it a try on a tablet as well, especially if you're showing it to others in your office or, you know, other colleagues or whoever you might be trying to demonstrate this to, it looks sweet on a tablet.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Yeah and the cool thing about...so whether it's a tablet or it's a smart phone I demo'd it on stage with an iPhone 6 and did the desktop version on my laptop, it's going to have that same gliding, you know, very

slick feel to it, but the cool thing is when you have it on a mobile device whether it's a tablet or a cell phone, smart phone, that you can take screen shots if there's a section that you like and you can forward that e-mail on.

You can easily...if you're in a section you hit the e-mail button and forward it there to, you know, your SMS or you're chat features, or through e-mail you can easily just hit that button to share that way and it works on any device it doesn't matter if it is iOS or Android, etcetera, it really does kind of work, you know, in all platforms.

So, yeah, I highly encourage that and like I said I really like it on a cell phone or a tablet like Brian mentioned I think it's a really clean experience. And I can see, just like you said, you're sharing it on a tablet showing a staff member and they say "oh, that's cool can you send that to me" and you just hit the e-mail button at the bottom, you know, the forward it and share it and it will send it that section directly to them and once they're in that section they're in the whole microsite, they can scroll back, they've got the same search tree on the left and they're able to kind of bounce around and explore a little bit further.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Well, great, we'll all be sure and try it on a tablet, smart phone and in our laptops. So, Michelle, do we need to...so I'm looking at slide 19 with the proposed work plan and I think some of those meetings TBD I know you're waiting for me to give you some available dates and I know that I'm part of the problem.

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

Well, thanks for calling yourself out Patty.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

That's okay, I will take care of that right after this meeting, I've got to look in my calendar. So, is our next meeting, is that correct, on June 30th at 1:00 o'clock?

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

It is, I know that Lana had a conflict and was hoping that we could maybe alter that time but we'll figure that out and let folks know.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Okay.

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

But the end goal is that we're hoping to aggregate all of the feedback that we get from the Task Force regarding the playbook and we're hoping to present that to the committee on July 27th, committees I should say, both Policy and Standards Committees.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Okay, great, great, okay. So, then we...I guess the next steps will be we will hear from you regarding some specific feedback that you're looking for and our assignment is to start playing around with it and start to generate some thoughts and feedback for you. Right?

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

Yes, but we'll be in touch to help guide your review.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Excellent. Okay.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

And just also to put it in a broader context, so keep in mind although this is the first initial assignment on the Patient Engagement Playbook I think the goal is that after you've done your initial assessment then on the next meeting you review it in context with all the other feedback we've received through the site itself and other forums, and then you begin to actually help us prioritize on an ongoing basis, you know, in future meetings...it won't be on every agenda but it will be on agendas, you know, from time-to-time, because on a quarterly basis we want to make improvements and enhancements and those are going to be guided by decisions that you make to help us prioritize those and validate what really is important.

So, although right now it's the initial assessment after that it's going to be kind of helping us decide, you know, what we can actually do to enhance it going forward. What will we do I should say.

John F. Derr, RPH – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative

Patty, this is John Derr, are we then complete on the Blue Button Connector?

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

I believe for the moment but just like with the playbook we'll probably be coming back to you all for additional feedback.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Okay.

George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna

Patty, it's George Mathew, this goes out to also Michelle and Stephen, obviously it sounds like our initial assessment is just to play with it, get some feedback and then on the June 30th meeting, you know, give you our comments.

If we have any more detailed questions can we send it back to you all, possibly even set up a time for a one-on-one if we have other things? Because, Patty, to your point I don't want to derail the meeting, especially since we want to stay on schedule but it might take a little bit longer than 5 or 10 minutes, if that's okay?

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

So, George, this is Michelle, why don't you send your questions or concerns to me and we can figure out how best...if it's something that we think others will have a similar question to we can bring it to the next meeting, you know, we'll just figure out from...just let me know what your questions are and we'll figure it out from there.

George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna

That would be great, thank you.

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

Okay, thank you.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

And Michelle do we...unless anybody else has anything to bring up, are we ready to take it out to the public for questions?

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

I think so. So, Lonnie, can you please open the lines?

Public Comment

Lonnie Moore – Virtual Meetings Specialist – Altarum Institute

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

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

So, we did receive a comment through the public chat, we'll e-mail that out to the Task Force members following today's meeting. While we wait for public comment I just want to thank Stephen for joining us today, coming in and being ready to present on the fly, we really appreciate that. And it looks like we have no public comment. And also thank you Patty for stepping in for Donna as well.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Sure.

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

Thank you, all and we'll be in touch soon to let you know your future work assignments. So, thank you, all. Have a great rest of your day.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Okay, thank you, everyone.

Stephen J. Konya, III – Innovation Strategist – Office of the National Coordinator for Health Information Technology

Thanks, everyone.

W

Thank you.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Bye-bye.

John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative

Thank you.

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

Bye.

John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative

Bye.

Public Comment received during the meeting

1. Fatema Begum: Fatema Begum (MPH Candidate at Columbia Mailman School of Public Health '18) The Patient Engagement Playbook looks like a great resource! I really loved the interface and thought it was intuitive to use. Here are some thoughts of how I think it could be improved: 1) However, upon first looking at the name "Patient Playbook", one would assume it is for the consumers. Perhaps, it should include "For the Healthcare Team" under Patient Playbook so the team knows it's not for patients. 2) In Chapter 1 where it mentions which staff can help introduce patient portals, can you include a section on possible scripts on what staff can say to patients to introduce the idea of patient portals? 3) I would love to see another Playbook in the future for PATIENTS on how they can become more actively engaged outside a hospital visit. Is there something in the works geared specifically for consumers?