

TRANSCRIPT

HIT Policy Committee

May 11, 2009

Participants

David Lansky, Pacific Business Group on Health
Scott White, Assistant Director of 1199s Training and Upgrading Fund
Latanya Sweeney, Associate Professor at Carnegie Mellon University, the Founder and Director of the Data Privacy Lab
Art Davidson, Denver Public Health Department
Jodi Daniel, Director of Policy and Research at the Office of the National Coordinator for Health Information Technology
Rick Chapman, Chief Administration Officer and Chief Information Officer for Kindred Healthcare
Dr. Neil Calman, President and CEO of the Institute for Family Health
Christine Beck, National Partnership of Women and Families
Paul Egerman, entrepreneur and retired businessman
Adam Clark, Director of Research and Policy at the Lance Armstrong Foundation
Gayle Harrell, former State Legislator from Florida
Marc Probst, Chief Information Officer of Intermountain Health Care
Devin McGraw, Director of the Health Privacy Project at the Center for Democracy and Technology
Dr. Paul Tang, internist and Chief Medical Information Officer at Palo Alto Medical Foundation
Judith Faulkner, CEO and Founder of Epic Systems Corporation
Dr. David Bates, Chief of the Division of General Internal Medicine at Brigham Women's Hospital and the Medical Director of Quality Analysis for Partners Healthcare
Dr. Frank Nemec, Past President of the Nevada State Medical Association, Past President of the College of Gastroenterology
Connie Delaney, Dean and Professor at the University of Minnesota School of Nursing
Dr. David Blumenthal, Chair, National Coordinator for Health Information Technology

Presentation

Judy Sparrow

Great, thanks, Chris, and good morning, everybody, and welcome to the first meeting of the Health Information Technology -- what did I say -- Health Information Technology Policy Committee. Just a reminder that we're operating under the auspices of the Federal Advisory Committee Act, which means this meeting is being conducted in the public. There will be an opportunity at the close of the meeting for the public to make comments. And a transcript and summary of the meeting will be available on the ONC website.

Just wanted to give a little bit of insight into how the committee operates. It will be giving recommendations to the National Coordinator for Health Information Technology, Dr. Blumenthal. The meeting will seek for consensus on their decision, full deliberations and considering all points of view.

We have quite a number of stakeholder groups represented and present. And you should make -- when we do the roll call, if you have any conflict of interest, please make full disclosure that you do, or if there are no conflicts of interest.

So with that, I think we'll go around the room, and if you could just say a few sentences of introduction, who you are and what organization you're with. And then I'll go to the people on the telephone. I'll begin with Scott White. Or David Landsky, I'm sorry.

David Landsky

Good morning, David Landsky from the Pacific Business Group on Health, PBGA, it is a coalition of large California-based employers. They have a very strong interest collectively on working on health IT adoption and use in California.

Scott White

Good morning, everyone. Scott White. I am Assistant Director of 1199s Training and Upgrading Fund. We are a Taft-Hartley fund that actually is training health care employees of New York State and two other states, as well. Thank you.

Latanya Sweeney

My name is Latanya Sweeney. I'm Associate Professor at Carnegie Mellon University, the Founder and Director of the Data Privacy Lab. We have a history of working with stakeholders on difficult technology policy conflicts and finding solutions where society can enjoy the benefits of the technology with guarantee of privacy protection.

Art Davidson

Good morning. I'm Art Davidson from Denver Public Health Department, Denver Health's Vertically Integrated Safety Net Institution in Colorado. I'm also part of the Colorado Regional Health Organization and as well represent the National Association of County and City Health Officials.

Jodi Daniel

Hi, I'm Jodi Daniel. I'm the Director of Policy and Research at the National Coordinator for Health Information Technology. And we'll be helping Judy and David.

Rick Chapman

Good morning. My name is Rick Chapman. I'm the Chief Administration Officer and Chief Information Officer for Kindred Healthcare. We're the largest post acute care provider.

Dr. Neil Calman

My name is Neil Calman. I'm a family physician, President and CEO of the Institute for Family Health, which is a 16-state health community network in New York State. Particular interest in using Health Information Technology with vulnerable populations.

Christine Beck

I'm Christine Beck with the National Partnership of Women and Families, consumer advocacy group based here in Washington DC. We lead the consumer partnership for e-health, which is a consumer coalition about 30 groups interested in health ID.

Paul Egerman

I'm Paul Egerman. I'm an entrepreneur and retired businessman. I founded two healthcare IT companies, one is IDX Systems Corporation, which is now part of GE, and the other one is E-scription, which is a speech recognition company.

Adam Clark

Good morning. I'm Adam Clark. I'm Director of Research and Policy at the Lance Armstrong Foundation, which is a nonprofit cancer advocacy organization.

Gayle Harrell

Good morning. I'm Gayle Harrell. I'm a former State Legislator from Florida, the sunshine state. We should use some here, we could. Also, I've been pleased to serve on the National Governor's Association, State Alliance on E-health and did major legislation on developing RIOs in the state of Florida as well as e-prescribing. I also am a -- I have some hands-on experience. My husband is a physician. I've run his practice for many, many years and also have had a great deal of hands-on experience with technology that doesn't always work.

Marc Probst

I'm Marc Probst; I'm the Chief Information Officer of Intermountain Health Care in Salt Lake City, Utah. We have 22 hospitals, about 600 employee positions for the state, a sizable health plan. I'm also on the Board of the Utah Health Information Network, which is the local growing Rio in the state.

Devin McGraw

Devin McGraw, I'm the Director of the Health Privacy Project at the Center for Democracy and Technology. We are a nonprofit 501(c) 3 research and advocacy organization here in D. C. that's dedicated to finding workable, privacy and security policies to advance the adoption of Health Information Technology.

Dr. Paul Tang

Hi, I'm Paul Tang. I'm an internist and Chief Medical Information Officer at Palo Alto Medical Foundation, which is a large specialty group practice in California and also past chair of the American Medical Informatics Association.

Judy Sparrow

And on the telephone, I believe we have Judith Faulkner.

Judith Faulkner

Hi, this is Judy Faulkner, can you hear me?

Judy Sparrow

Yes, we can.

Judith Faulkner

And I'm the CEO and Founder of Epic Systems Corporation, which is an E-mark Company. And I was a programmer.

Judy Sparrow

Charles Kennedy, are you on the telephone? David Bates?

David Bates

I'm David Bates. I'm the Chief of the Division of General Internal Medicine at Brigham Women's Hospital and the Medical Director of Quality Analysis for Partners Healthcare. I'm a current Board Chair for AMIA. I've been a Commissioner. I've been -- I'm on the board of and have been involved with the Mass E-health Collaborative. Done a lot of research on the impact of electronic records on safety and quality

Judy Sparrow

Great. Two members could not join us today, Dean Craig and Frank Nemec. Dr. Frank Nemec. And with that, I'll turn it over to Dr. Blumenthal

Dr. Frank Nemec

Excuse me, Hi, yeah. This is Dr. Frank Nemec. I am able to join by computer and telephone. I'm here in Las Vegas, Nevada. And I've been practicing here for 25 years. We've implemented an EMR package into our practice about two years ago. And I've been asked by Senator Harry Reid, the Majority Leader, to participate in this committee. I'm the Past President of the Nevada State Medical Association, past president of the College of gastroenterology and practiced here in Las Vegas in gastroenterology. And hope to participate.

Judy Sparrow

Thank you, Dr. Nemec.

Connie Delaney

And excuse me. This is Connie Delaney joining by phone. And I am a Dean and Professor at the University of Minnesota School of Nursing, a long-time experienced particularly in standards development and research related to informatics. I currently serve on the Board of the American Medical Informatics Association and the Board of the American Association of Colleges of Nursing. Thank you.

Judy Sparrow

Thank you. Is anyone else on the telephone? Committee members? All right. With that, Dr. Blumenthal?

Dr. David Blumenthal

I suppose I should say just a word about myself, as well. In addition to being the National Coordinator, I did have a life before that. [Laughter] or so I try to remind myself. I was, before I came here three weeks ago, the Director of the Institute for Health Policy at Massachusetts University Hospital and Health System and Professor of Medicine and Health Policy at Harvard Medical School. And with the help of some of the people on this call and around this table did a good deal of research on the adoption and use of Health Information Technology.

So first, let me welcome and thank everyone who is either on the phone or here in present, here in person. We did not give you a lot of time to arrange your schedules. And we deeply appreciate your willingness to be here on such short notice. And especially your willingness to serve in what I expect will be a more than usually demanding federal committee assignment. We have a lot of work to do in a very short period of time. And that's the reason why we convened as rapidly as we did. Later this week, we will be having the first session of the HIT Standards Committee. That had to take place this week by statute. And we had to have -- I felt we needed to have a meeting of this committee before we had a meeting of that committee. Because at least in statute, we are charged with instructing them concerning what standards we'd like them to focus on. So if there's one deliverable for this meeting, it will be some kind of direction to the HIT Standards Committee about where they should focus their attention going forward. One of the goals of today's meeting, in addition to that, will also be for us to have a chance to get to know each other and to exchange views, get a sense of who each of us is. And then to begin setting priorities for our own work. And as I will explain to you a little bit later, that work, I think, will be informed by -- in many, many ways by the charge that the Congress has given us and deadlines that the Congress has set.

This is a challenging but I think very exciting time. Personally, I come to this with a deep and abiding interest in healthcare reform generally and I encourage you all to think of ourselves not as people

focusing primarily on health care technology, but people focusing on how to make our health system better. There are two critical components to the presidents' overall agenda, and I think increasingly we see the Congress's agenda, as well, regarding the healthcare system. One focuses on coverage but the other focuses on improving health system performance. And those two are completely and intimately interrelated. Because we cannot achieve our coverage goals unless we achieve our system performance goals. As a matter of fact, the president is hosting a meeting today at the White House talking about how to make our system more efficient in order to uncover resources that can be used to extend coverage. And I would expect that the topic that we are dealing with here today will be frequently mentioned in those discussions.

So that's also the focus of the -- was the focus of the Congress in the health information high tech provisions of the American Recovery and Reinvestment Act of 2009, which authorizes this committee, authorizes the office of the National Coordinator, and sets aside resources for our use to achieve the goals of the high tech legislation.

It is very much about improving population health, improving individual health and improving health system efficiency that is the reason for the focus that we will be beginning to talk a little bit about on meaningful use of Health Information Technology rather than explicitly on the adoption of Health Information Technology. This is really historic legislation and constitutes an order of magnitude more difficult and more challenging set of public policy considerations and policy design considerations, and we will very much look forward to your advice on those issues.

These committees, as Judy mentioned, are held in public. They have the goal of getting the public access to deliberations that are important for the public and that are in the public's interest and functioned according to very specific legislative statutory rules around transparency and around process I think this is in keeping with spirit with the current administration's openness in transparency and hearing the views of all the stakeholders that may be affected by what we do.

The committee makes recommendations to the administration, specifically to me. This creates a certain awkwardness or ambiguity. I serve both as the chair of the committee but also the recipient of its advice. But I think Jodi later on may give us some history of how that particular ambiguity has been handled according to precedent. And there are ways to do that.

So I want to again thank you all for being here. We will draw on your time and on your wisdom and on your generous commitment of time to this process. And at this point, I'd like to just stop for a moment and ask if anyone would like to add any comments at this point? Say anything about the traffic this morning or --

Unidentified Speaker

Dr. Blumenthal.

Dr. David Blumenthal

Sure.

Unidentified Speaker

I have a question. I am sure you are later, but you're going to speak to why there's this Policy Committee and its charter we're going to discuss today, you referenced the Standards Committee. Is there not a third group to deal with meaningful use definitions?

Dr. David Blumenthal

There's no formal third group. There are only two what we call FACAs committees, federal advisory committee act committees. And the definition of meaningful use is really going to be developed with your assistance but then will be posted through rule making, through process. Jodi do you want to answer anything to that?

Jodi Daniel

I'm wondering if you're asking about the hearings that were held with the NCVHS.

Unidentified Speaker

Yes.

Jodi Daniel

That is another federal advisory committee that is created by statute that has some interest in this area. And it's one of the things that we will need to do is work closely with NCVHS to clarify what are the issues that this Policy Committee will be taking on and where NCVHS might also have a role to provide advice to HHS on related activities. So it's a very good question. There is some intersection there. The statute specifically calls for this committee to consider any recommendations from NCVHS that are related to our scope. So whatever comes out of that committee, they're supposed to be producing a summary, and we'll bring that to this Policy Committee for discussion.

Unidentified Speaker

Thank you.

Dr. David Blumenthal

Yes, Marc.

Marc Probst

Is there an inherent sequence to like standards? If one of the outcomes of this meeting is to provide guidance as to what standards they should be working on, is there some basic sequence that those standards should be in so that as we focus on them, we get them in the proper sequence?

Dr. David Blumenthal

Well, that's actually something that we are supposed to advise that committee about. So in some sense, the standards follow the policies that we recommend. And we're going to have to give them some preliminary advice. It may not be as well-considered as we'd like it to be. But we will have ample chance to come back and consider our priorities going forward. But I do think we should think about today where we would like them to start. Yes.

David Bates

Strategic planning a year or so ago. I think you are now charged again in the statute of another updated strategic plan? This issue Marc raised about the sequencing, how do you see the overall strategy and architecture that you may promote fitting into the guidance we get, which in turn drives the rest of the process?

Dr. David Blumenthal

Well, you're going to hear something of a broken record on this. We would of course welcome your advice on that. And we are very much aware that a strategic plan is important. And in a perfectly rational world, we would start with a plan and roll it out in a very orderly fashion. The difficulty we face is, number one, the Congress chose to put some statutory requirements and deadlines upon us, one of which the meeting of the standards committee later this week. Number two, we actually, on May 18th, by statute,

have to post in the Federal Register the description of an extension center program, which is a critical component of any strategic plan that we have for working forward to achieve meaningful use.

Number three, the meaningful use requirement is attached to a 2011 time frame, and that time frame, if you work back from it, gives us very little -- very little pause for the purpose of designing policy to support the implementation of the 2011 meaningful use criteria. So we have to kind of parallel process the strategic plan along with getting started. And any wisdom about how to do that is welcome.

Okay. I think -- let's turn now to Jodi. And Jodi's going to give you a more thorough review of the era statute and the mandate of this committee.

Jodi Daniel

Thank you very much. Some of the issues I was going to talk about have already been introduced, so this will be sort of putting some of the pieces together, I think, just to have a more thorough discussion about priorities and what this committee is charged with carrying out.

So generally, the Recovery Act creates two federal advisory committees. Earlier we had one federal advisory committee, so this is going to pose an interesting challenge for us to make sure that these are well-coordinated. We have this committee the policy committee and then we have a health IT standards committee, which is supposed to advise on specific standards implementation specifications and certification criteria for electronic health records for qualified electronic health records.

So the recommendations from this committee will be forwarded to the National Coordinator in his role as National Coordinator, we will likely have a vice chair of this committee are so that the vice chair can make those recommendations to the National Coordinator without -- conflict. And then the National Coordinator will have to consider those recommendations to NHS those recommendations through our own process. So obviously, the recommendations from this committee will have a very strong bearing on our work, and we will be taking those recommendations very seriously. But there will be a separate process for accessing them within the department and considering those with respect to our other priorities and other activities.

The recommendations, once they are endorsed by the National Coordinator, any recommendations that are endorsed by the National Coordinator we would then bring to the standards committee for their consideration. So we expect that this -- as David had said, we expect that this committee will help sort of set some of the priorities for the standards committee to work within. And what we see as the national coordinator's role and the office of the national coordinator's role is to sort of be the glue between the two committee. We will be supporting those committees and make sure that the work that's coming out of policy committee is influencing and having the appropriate scoping for the standards committee and to the extent that the standards committee has any input to bring back to the policy committee, we can serve in that role, as well.

We'd also, the National Coordinator's office will also serve to provide input to this committee on other work that we're doing that might be related to the discussions and considerations that are going on in this group so that the work that you're doing, the discussions you're having, are consistent and connected with the work that we're doing so that we can hopefully take the good recommendations that come out of this group and bring them directly into our programs and our policies.

The statute itself called for two specific areas for -- or two basic areas for this committee to focus on. One is the setting of priorities for standards, which I've already mentioned, which will then influence the standards committee's work.

The goal of this group is not to actually set the standards, but really to identify where there is a need for standards and to set priorities, the types of information, the areas where standards are needed for the standards committee to consider.

The second is a much broader charge, which is to recommend a policy framework for the development and adoption of a nationwide Health Information Technology infrastructure that permits electronic exchange of health information. And so this provides a lot of flexibility for this committee to work within.

There were eight specific areas that the Recovery Act set forth for this committee to consider. And I'll walk through those. And then there are a whole set of optional ones, as well. I'll walk through them very quickly. The first is in the area of technologies to protect the privacy and security of information as well as to consider segmentation to sensitive information.

The second is on the infrastructure for the nationwide Health Information Technology for electronic use and exchange of information.

The third is utilization of certified electronic health records.

The fourth is accounting for disclosure. There was a specific provision for this committee to consider technologies to tie to the new provisions and statutes for accounting for disclosures, which we would then consider for regulatory activities down the road.

The fifth is using certified electronic health records to improve quality of healthcare, including in the areas of continuity of care and reduction of medical errors.

The sixth is consider technologies to render information unreadable or unusable. And this is tied to the new breach notification provisions that are in the statute. Recently, HHS actually has passed some guidance in this area, so I think this is an area where we'd be happy to inform you about what HHS has already put out, and we would expect that the committee might consider this because we will be doing annual guidance in this area.

The seventh is collection of demographic data, including race, ethnicity and gender information.

And the seventh is technologies that address the technologies of vulnerable populations including children. So those are the eight areas that Congress specifically identified for this committee to consider within those two general scopes. There is also some other areas that they suggested that the committee might consider. And just to name a couple of those, they were telemedicine, public health, which has already been discussed, individual access to their information, and technologies to improve home healthcare. So there's sort of a wide range of issues that this committee may want to consider as it relates to sort of the overall mission that's been discussed but also specifically to help inform the work of the standards committee to make sure that we have the standards and the criteria we need to have qualified electronic health records that can serve for meaningful use.

And that's basically the scope of what this committee was set out to do, how we see it connecting with the standards committee and how we hope to support this committee and connect those two efforts and how they can help support our efforts in the office of National Coordinator.

Dr. David Blumenthal

Any questions of Jodi? Wonderful. It's also clear. The Congress would be proud.

Jodi Daniel

I'm sure we'll have a lot of discussion about the scope of this and what some of those details, thoughts from Congress meant and how we can use those in our other work.

Dr. David Blumenthal

This is, like every one of these committees, clearly a work in progress. And we're going to have to feel our way and develop our ways of approaching these issues. I have some, in the next quarter, have some ideas on where to start and how to begin our work, which I'd be glad to get into in a moment if there are no other questions around our statutory requirement. Okay. Well, we're running ahead of schedule, which I hope is a precedent that we will be able to follow for many of our meetings.

Let me share some thoughts about prioritizing issues that we have to deal with. We have an enormous mandate that extends from privacy and security all the way to if you want to think about it how to do post marketing surveillance for drug side effects using exchangeable health information, how to monitor public health threats and prepare to alert the public and providers about epidemic disease and also how to get doctors and hospitals to adopt certified, qualified electronic health records. And it's faced with that vast array of issues, it's hard, even in a group as capable as this, to do everything at once. So setting priorities is essential.

Fortunately or unfortunately, the Congress has given us some help with that, and they've given us that help not only by setting certain statutory requirements, like the extension center deadline that I mentioned earlier, but also by putting on the table somewhere between 30 and \$45 billion in payments that are available to physicians and hospitals and certain other qualified providers who demonstrate starting in 2011 and extending through 2018 that they are meaningful users of certified qualified electronic health records that amount of money certainly focuses the attention and it creates some very, very important benefits and risks. This is the first time in the history of this set of technologies and in the history of the healthcare system that Congress has actually set about to correct some of the market failures that have inhibited, in this country, the adoption of technologies that have been widely viewed as essential to improving the function of the healthcare system. Technologies that of course have been widely adopted by most other western countries with modern healthcare systems.

At the same time, the fact that those monies become available in such a short period of time creates the challenge that if we don't properly prepare, both through regulation and through policy development but also through on-the-ground support for providers who, in good faith, want to take advantage of those technologies and thereby have access to the funds that are promised them, if we don't meet that responsibility, not only is there the possibility that we'll waste a lot of money, but that policymakers, the Congress in particular, will be deeply disappointed with the investment that they made, may not be willing to support that investment going forward.

And a lot of doctors and hospitals and patients will be justly disappointed with the Federal Government for not fulfilling a very, very major responsibility that it's taken on.

So the meaningful use, 2011 deadline, has our attention in a very, very important way. That, by no means, suggests that the other issues that are important to creating a highly functioning healthcare system are unimportant or shouldn't be dealt with. It merely speaks to the need for us to do some very significant policy development focused on the meaningful use 2011 deadline first so we can then address the middle and long-term issues that ultimately may be much more important but are dependent on adoption by providers and hospitals to create the basic fabric for data collection that can be used for many other purposes.

So there are a series of particular tasks that we have to accomplish -- that the office of the National Coordinator has to accomplish in order to fulfill its responsibilities under the law and make meaningful use, a meaningful idea. One of those is, as was noted earlier, we have to define meaningful use. That is, in many ways, a revolutionary concept. Some day someone will write a history of how those two words got into the legislation, and I will buy the book. But it is a very, very important, and in my view, well-chosen set of words and a framework for thinking about how we're going to go forward.

So this group, I think, needs to pick up where the NCVHS left off and think about the concept of meaningful use. And we have an internal group in the office of the National Coordinator that is working with other representatives of other agencies in the Federal Government trying very hard to think about the topic and it awaits your advice.

The second important issue that we have to deal with is certification. We can only compensate providers if they're using certified records in a meaningful way. Certification has become a very complicated process, and we could use -- and we need to think about -- we could use your advice and we need to think about how the certification process fits with the agenda that has been created by the Congress.

We then have a third set of issues that relate to what we in the office have been calling infrastructure support. High tech allocates \$2 billion to the office of National Coordinator to help the nation's health care providers and its public health and public agencies and other interested parties prepare for the adoption and use and meaningful use of Health Information Technology.

The extension center project that I mentioned earlier is part of that. There is monies specifically appropriated to support health information exchange. And there are a number of other suggested uses of these funds, one of which is to train workers to help with adoption and use and with exchange, another of which is to help with the training of health professionals who will be using -- in the future using these technologies. And there are funds made available to states, both for exchange support but also to cover groups of providers who may not be eligible for Medicare and Medicaid incentives under the law. So that there's a bucket of infrastructure support.

There's the area of privacy and security. We actually are required by statute to appoint a chief privacy officer. And the office of -- and the agency, the department of health and human services is also instructed to place in every regional office a privacy officer whose responsibility it will be to keep track of privacy-related issues.

And as you noted from the charge to this committee, privacy is a major concern and should be a major concern of this committee, so privacy and security are very much on our agenda. We -- you can't have lived throughout the last several weeks without becoming aware of the importance of public health and these surveillance. So that issue has risen up on the list of priorities. For this committee and for the Federal Government as a whole in terms of the role of Health Information Technology

And then finally, though there is an infrastructure support for exchange, exchange it in self health information exchange at the local and national level in our view constitute a separate and important issue to address, both short-term and long-term. It has its own set of challenges, in some ways draws together and encapsulates all the other problems, all the other issues that we've been talking about.

So those are some of the issues that in the -- within our own discussions have sort of become attached, in our view, to our statutory requirement to prepare the provider and the patient community and consumer community for the meaningful use requirement.

You are all, in your own ways, very experienced in this IT sector or in the policy related to it, so I'd like to pause at this point and ask for your thoughts, suggestions, comments on these -- on this set of priorities that I've just elaborated for you and see if there are some things you think we've missed or some different directions you think we ought to be taking or some things that we've highlighted that don't belong on the list.

So, yes?

Richard Chapman

Dr. Blumenthal, given the ambitious schedule and the 2011 time frame, it would seem to me that one of the early things we should set our sights on is how we might take advantage and to what extent of the work that's already been done in this area by the previous groups, obviously, and maybe the clarification in connecting the dots between that work and then to which group maybe would opine on that work. And I would suggest that we have to start, at least as a base for some of that work, to consider it in order to get our work a jump-start. If not, I'm just afraid we're not going to have enough time. I wonder if you would comment on some of that.

Dr. David Blumenthal

Well, certainly the NCVHS hearings are important initial work for the meaningful use discussion. And some of the -- I think there certainly is a certification process. There's an experience associated with that that we need to process. I'm not aware of those. Some of you may be aware of any sort of systematic review of that process or assessment of its strengths and weaknesses, if that existed it would certainly be something that we would want to take advantage of.

I would welcome any thoughts that people have on work that's been done on how to support the adoption and use of Health Information Technology. Some of the people around this room have participated and have led efforts to secure adoption and use within particular health care systems, both public systems and private systems, community health centers. There is very modest literature on that topic. Its applicability, generalizability remains to be determined. But as we've surveilled this field internally, we can't help get somewhat the feeling that we're flying a little bit blind in that area.

With respect to privacy and security, there's certainly been an enormous amount of work done, and we can really be informed by that. And there are people around this table who are much more expert than I am in that area. And we have -- we surely should take advantage of that.

The area of health information exchange is another area that we have been up to our ears in. Again, looking at precedent, looking at the history of Rios. There is a very modest literature on the experience of Rios. There's a lot of also personal experience. But some of you around this table have a role in information exchange at the local level. And we welcome that input.

But certainly Dr. Calman, the general -- Chapman, I'm sorry -- the general point is a valid one. So if you have some additional thoughts about where we could go, we'd welcome them. Yes, Paul?

Paul Egerman

Sort of picking up on the last question, I sense that there is some urgency around the issue of certification mainly because 2011 may seem like a long ways away, but if you are a vendor and you have to develop software and get it certified and installed at customer sites, that's actually a short cycle, especially since there's a lot of unknowns there.

To me, there's the sense of urgency that we clarify what is going to be required to be certified. There's a lot of questions, for example, the system was certified under the old rules, does that automatically mean it's newly certified? There's an assumption there will be new certification requirements. And to clarify all of that soon I think would be very helpful.

Dr. David Blumenthal

Yes?

Gayle Harrell

Thank you. I'd also like to really go back to the point on exchange. I think we have got a whole lot of work to do in order to make sure that we do have meaningful use by the statutory definition, the minimal definition given us must exclude -- include exchange of data. I know from personal experience that that does not happen easily, and that we have a very long way to go. I would like to push that up to the top of the list, as well. If we're going to do exchange, if we're going to make this happen in the time frame in which we have to do it by, there's a whole lot of work that needs to be done at the state level. Many of our states are not prepared to do this. I've been personally involved in developing of Rios. And we have a very, very long way to go. So I would really like us to focus, to make sure that we have that on our agenda to focus on that, as well.

Dr. David Blumenthal

Paul?

Paul Tang

I second your notion that whoever came up with the phrase meaningful use did so thoughtfully but also emphasize your point that really what we're looking for is meaningful outcome, in that outcome is reformative of the health system and how can we make meaningful use of this HIT technology to achieve that outcome?

Two things we might have a bifurcation in approaches. We can either, for the meaningful use of HIT, look towards the goal and work backwards and really talk about specifying how to reach the goal and who has reached that goal.

Or we can work bottoms up. So bottoms up might say let's talk about certification criteria for EHRs. Let's talk about certifications for HIE, and so on and so forth. A forward look, a top down might say well let's focus on the measurable outcomes and let's say in the HIT use, you'd be looking for the measurable change in the care delivered or the health status achieved. And if we specify it at that level, then we can let a lot of the work on how to get there be left more to -- more to the innovative approaches and be less worried about the granular specification in the way. And then also I think it would drive people's attention more towards the goals that you're talking about, the original goals about reforming the way we achieve health outcomes and deliver care. So that might be one different -- something we talk about in terms of an approach to getting to, quote, meaningful use of achieving a meaningful outcome.

Dr. David Blumenthal

Yes, Christine.

Christine Beck

I would like to second that, Dr. Tang. I think that's absolutely the right approach. And I think if we can begin to look at things like care coordination, the reduction of disparities, better medication reconciliation, then it points us to a particular pathway that is around: All right, what are the data elements that are needed to, in fact, achieve those outcomes?

My question is what will happen with the standards committee once they receive our recommendations, let's say they come up with a set of standards, what happens? I guess that gets to timeline is really sort of my question into the use, HIPSP and CCHIT and all the sort of acronyms, too, what's really the role there?

Dr. David Blumenthal

Well, this is something we're working on as we go forward. They are charged with making recommendations to the Secretary about which standards to accept and which not to. The Secretary, or the Department of Health and Human Services, has to post by interim rule making a set of standards necessary to achieve meaningful use by the end of this calendar year. And any of you familiar with the rulemaking process will understand that we are already behind in creating those standards. So, fortunately they're not final standards, they're interim standards.

But next week, I'm sure that your question will be asked with much more force by the standards committee, especially if they've looked at that December 31st deadline and realized what it implies.

Now, what we are going to be doing here is essentially saying to them: These are the issues that we think either based on statute or based on our ideas of how we can achieve our collective goals, these are the areas where you should focus first. It's not our charge here -- and I think it would be a duplication of effort -- for us to get into telling them precisely what standards we'd like them to develop.

But areas where standards are needed are very much under our purview, and perhaps a general approach to standards of the type that Paul mentioned, a philosophy, a choice about specificity versus direction, minimalism versus explicitness is another thing we could communicate to them.

It will be too much to ask of you to be very specific today, but we do have some ideas about forming working groups of this committee in which -- which could meet between times, just in case you had any other plans. [Laughter].

And could meet as often as necessary to accomplish what we need to accomplish and then report back to this group.

I should point out in that, we have the opportunity, just to relieve your anxiety a little bit, we have the opportunity to add non-committee members to that group, to those subgroups to provide additional person power to get the results we want, though it's not always clear that adding people makes it faster.

So that, I think, is more response than you perhaps were asking for, but it's an excellent question. Yes, Dr. Calman?

Dr. Neil Calman

I'd like to complicate the issue of the certification a little bit, maybe before we get started on it. But one of the things that occurs to me, especially if we're pushing the notion of successful adoption, is that vendors have to be responsible beyond the production of a product, just a software in offices. And there is responsibilities need to extend to the successful implementation of products.

I think the analogy for me would be we can produce medications, but if nobody takes them right and we don't instruct people how to use them, then we really haven't done our job and we can't sort of blame the patient.

And I think the same thing holds true with a lot of the sort of problems with successful implementations. People can have great products, but if the folks that they sell them to aren't supportive and led through the process appropriately, then we could end up with lots of unsuccessful adoptions and not teaching people how to use the products meaningfully, even though they might have the capabilities of being meaningfully used. So I think that there needs to be an extension there which would mean that certification might need to include something like some post-implementation assessment of the sites where products were implemented to make sure that they're meaningfully used.

I guess I just wanted to throw that on the table for consideration.

Dr. David Blumenthal

Yes, Marc.

Marc Probst

Is certification about a product, or can certification imply an action? Versus going out and certifying a specific product, like I won't name a vendor but a vendor product; or could it be that we've certified a way of communicating a lab result between two organizations? That we certified a standard, I guess, for lack of a better term.

Dr. David Blumenthal

I'm not going to try to answer all your questions. I'm going to try to get you all to answer each other's questions, to some degree. Are there any thoughts about that? Yes.

Unidentified Speaker

I think Dr. Tang, starting at the top down, we should go back to maybe that for just a minute, because while I think there's good amount of consensus that outcomes are eventually meaningful use, what Dr. Calman has suggested I think is a very important step along the way. And I think we're going to end up what we might consider is timing.

Because certification will have to deal with functional certification that are present in the systems. Then the implementation process is where those functions are actually applied in use. And there's some time, while not all will be used by all providers that it takes for those functions to be used in a successful implementation to begin to effect what might be outcomes.

So I think one of the things we should consider as we talk, that all these are -- especially the worthy top down goals, we should be mindful of the timing between critical steps going along.

And so for implementation or successful implementation of these types of systems and exchanges, one must at least start with functional definition of what makes up the set of things from which we could be -- that could be implemented.

Dr. David Blumenthal

Did he have in?

Unidentified Speaker

I think this is more related to Marc's point. I think we tend to sometimes put a little too much weight on what certification can and cannot do. And I think of it more in terms of functionality. Does the system have the basic functionality to be able to do what we're asking it to do? And ideally that should be tied to how we're defining meaningful use. For example, if we want for one piece of meaningful use to be the exchange of data for one purpose or another, then the systems have to be certified to actually be able to

exchange the data. And it needs to sort of be minimally -- it needs to be achievable. So you don't want to set the certification criteria so high that you can't get there.

At the same time, I personally think certification is a lousy way to measure sort of ongoing implementation. Because it tends to sort of be a one-shot thing, at least for the particular phase for certification, it's certified for a year, certified for two. So that's why I think it works better on the functionality piece, and then we have other mechanisms in place to monitor whether that implementation is actually happening.

Dr. David Blumenthal

Carol?

Gayle Harrell

I think given our time frames being so short, we need to look at incremental steps and perhaps set a ladder. And you go step by step by step so that your certification process may be one, two, three, four. And as we move forward, we increase the levels at which the standards that they have to meet.

I don't know how vendors are going to be able to do a full-blown EHR ready to be interoperable and develop the connectivity and exchange that's necessary by 2011. I have no idea how hospitals or physicians are going to be able to implement that in their offices and in their hospitals. We just are under such a tight time frame. I don't believe we can do everything we want to do by 2011. I think we need to look at this in incremental steps and set a ladder and go up the ladder step by step by step so that we can make sure at the end of this we have achieved our goal. But to try and do the whole thing in one -- to eat the apple in one gulp just is not going to happen.

Dr. David Blumenthal

Yes, David.

David Bates

I like the direction of the discussion. I think as we start to tease apart these processes into components we can talk about discreetly with the certification process, we have a validation process, they may be handled differently. Validation happen in multiple time stamps subsequent to the implementation to address Neil's concerns. But I think we also should be willing to tease apart certification into functional bundles that are in turn tied to the statute or to other outcome goals that we might articulate. The statute says we need to think about connectivity, we need to think about medication management, where you're prescribing, we need to think about quality reporting and measurements. There may be certifiable functions associated with each of those critical areas, which doesn't mean that a single product has to have everything built into that product. I think we want to be cautious both about the heavy hand of federal definition setting for an industry and about the opportunity for innovation in the market that says different types of healthcare contexts and practices and settings can achieve meaningful use and have it certified if we are elegant in the way we define what it is that's being certified.

So to me there's a challenge between integration that is finding some very powerful drivers of public attention, industry attention like prescribing and connectivity and flexibility that allows a very diverse and complex industry to find various ways to solve a problem.

Dr. David Blumenthal

Yes, please, phone? Okay. Paul?

Paul Egerman

So maybe I can give some concrete examples to try to get from both the top down and the bottoms up. So the top down I think Christine mentioned the coordination of care. Clearly, a national priority from NQIA, but that would automatically prescribe the ability to exchange information. Yet we've set the goal, the end goal that we wanted, which is coordination of care.

From the bottoms up, in order to help, as you talked about, sort of a minimalist way to help increment, give people incremental steps, but pave the road, in more than one way, so if you look at the interstate, it created the public utility, yet at the same time it described the width of the car or the transport vehicle. And over time, there became other guardrails, both literally and figuratively. And the specifications then had to fit within those constraints of this public utility, in a sense. So likewise, I think you wouldn't want every provider to have to worry about how wide is the interstate and where does it go, you'd like the government to specify some of those things and require some other things in terms of weight and width and et cetera and where the steering wheel is. But maybe we can have a little bit of both ways, particularly under the constraint of time.

Dr. David Blumenthal

Any comments on other aspects of the agenda that we set out for you? Infrastructure support or public health, workforce?

Unidentified Speaker

I'd just like to ask a question of the group. Since we are under this time crunch and there are eight bullets that have been defined, can we even prioritize which of the eight bullets we would like to think about first? Since this does need to be incremental. And there may be parts of this that might be easier for us to work on initially with regard to meaningful use, not saying that we're going to leave the others forever, but just con temporize that and figure out what might be the best incremental steps that we could do at this moment to move forward? Because it seems like an enormous task to do all eight effectively by 2011.

Dr. David Blumenthal

Yes, did he have in.

Unidentified Speaker

It seems as though, if you're taking a top down approach to this with the top being what's meaningful use and you have your definition be staged over time and that drives a lot of the incremental decisions that you have to make about what standards might be needed, for example, to make sure that medication management programs are implemented or formularies are being checked before medications are prescribed? What needs to be in place to drive the outcomes that we have decided are the first set of outcomes that we want to achieve and are built into the definition of meaningful use? And then I think you can actually take some of those requirements that Congress laid out for us and slot them in. Not all of them will be capable of being slotted in that way, but I think based on Jodi's readings, I should have brought my statute with me, there is a number of them that you can sort of check off because they fall within that general area.

Dr. David Blumenthal

Yes, Dave.

David Bates

Something we might consider early on is seeing if we can come to agreement about a set of principles that are fairly broad that answer the priorities or direct us toward the priorities questions because these areas, and many others, are all going to happen with or without us. And they'll happen more or less simultaneously, just part of the nature of the larger undertaking everyone is about right now.

So to the extent we can say there are some principles that guide all of that work and that we can look for opportunities to leverage various activities, one against the other. For example, in my area of interest, the quality measurement work that comes through various processes, NQS, CMS and others, creates a strong incentive in support of the other HIT adoption work that we're about. And having, if we settle on medication management, IT standards, it would be nice if there were medication management quality measures reinforcing those and that, in turn, but those are tied to the long-term health outcomes that Paul described.

So if we can articulate some of these common principles and have them be pretty bright in the spotlight, that'll give us kind of a litmus test against which to test many of the individual priorities we need to settle on the way and then look for places to get synergy of the choices we make.

Dr. David Blumenthal

Yes, Marc.

Marc Probst

There's also some potentially limiting activities of what we do around things like infrastructure, the things you talked about. Those are very real. They have to be in place.

Privacy and security clearly has to be focused on -- but it can also be somewhat limiting as to what you can do relative to meaningful use. And then obviously would have implications into certification and the other pieces we're looking at.

So I do think, as we look top down, we need to understand some of these broader categories. And what's the box we're working in? Because it will limit some of the things we can do.

Dr. David Blumenthal

Yes, Dr. Calman?

Dr. Neil Calman

I'd like to support what David Lansky said. I think it really, in a sense it's almost too bad that you can't back up a step and kind of re-engage with a sort of fundamental principles that we're trying to achieve. Because if it really is part of a health reform agenda and we are really looking to use technology as transformational, then I think we real do I have to step back and say: So what are the big things we sort of believe? And I think the privacy and security stuff is clearly one of the things we believe in. But there are other beliefs that we have about what the uses of the system are in terms of quality improvement, in terms of what do we believe about patient-centeredness and access to their care?

One of the things that I'm most concerned about, in sort of the direction that we take, even though this sounded like this was one of our optional items, I think if you engage in a process of exchanging everything but you don't think about whether or not a fundamental principle is the patient's sort of ownership and control over their own information, you move in directions that might not enable you in the future to sort of come back to that fundamental principle. So I'm wondering if there's an opportunity to sort of examine some of those things and sort of engage in a dialogue of some of those principles before we sort of move on.

Dr. David Blumenthal

Yes, Carol.

Gayle Harrell

I totally agree with what you're saying. We cannot forget that these are patient records and the patient ownership, the patient involvement. And we can't allow whether or not we move into quality measurements and things of that sort, we can't forget that we are primarily dealing with the patient. Privacy and security issues are paramount. And we haven't had much of a discussion on that. And I think that really needs to be absolutely considered as we move forward and needs to be one of -- that cannot be incremental. That has to be foundational. That has to be at the basis of everything we do.

A breach we had last week with 8 million records in Virginia being basically sold on the Internet, we have to be very, very careful we don't allow things of that sort to -- we can't develop a system where that continues to happen.

And from a public perspective -- and I know the call to my office when I talk about electronic health records is: Who's going to get my record? People are very concerned about this. So we have a public out there. We have patients out there. And this needs to be foundational when we talk about privacy and security and when we talk about patient ownership of their records.

Dr. David Blumenthal

Jodi, to what extent does the law provide that framework and to what extent is this committee free to develop the framework?

Jodi Daniel

That's a very good question. And this is my read of it. Is that the law actually it focuses on the HIPAA framework and provides some modifications to the current HIPAA requirements that existed before the Recovery Act. There are clearly a lot of areas that either will be outside of the HIPAA framework or where we can have conversations about where we sort of can advance what has been adopted in the statute.

So if you look at some of those eight categories I mentioned, they're talking about what are the technologies that may be available to provide a better accounting of disclosures to patients? Or what are some of the technologies that are available to segment sensitive information?

And so I think there can be a rich discussion of this group about how we can better either protect information through technologies or what some of the ways are for thinking about privacy for health information exchange more broadly in light of meaningful use, in light of greater adoption of electronic health records, in light of exchange. So I think there are a lot of areas where this committee can take an important role, bring in folks to talk about how we can use the technology to better protect information, how we can use technology to better provide access to individuals of their information.

So I think there is a lot specified in the statute. But I think there is a lot of room for discussion in this committee to help advance that agenda to help inform the department in thinking through the policies where there is some discretion for the department in making those rule making changes, as well.

Gayle Harrell

Does the statute allow an individual patient to sort of opt out and say I don't want my data to be transmitted to anybody under any circumstance? Is it possible to say I don't want my data to be on the computer at all?

Jodi Daniel

It does not have a specific provision like that. So that's an area where this committee may want to have a discussion about the patient's choice with respect to health information exchange.

Gayle Harrell

It seems to me for some situations, you might want to do that, because otherwise patients might be afraid to get the care. It might be a barrier to obtaining care because they don't want -- there's some reason why they don't want whatever their issue is revealed.

Jodi Daniel

Right now they have the privacy rules. The federal law provides protections nationwide. And then state laws or health information exchange policies may be more protective or provide additional types of requirements for privacy.

So there isn't necessarily -- so the point is that since the HIPAA law's the floor and there are business practices and state laws that go above that, there can be a discussion here about some of the areas, either where HIPAA is silent or where there are questions about whether or not there should be different provisions for patient choice like you're suggesting, which are not directly addressed by the HIPAA process.

Gayle Harrell

So is that an appropriate issue for this group to be discussing?

Jodi Daniel

I think that would be an appropriate issue if that's an issue that the group wants to talk about.

Dr. David Blumenthal

Paul?

Paul Egerman

Perhaps the first recommendation from this committee to the national coordinator for health IT can be, to borrow from what Gayle said, that privacy, protecting privacy and having adequate security in the whole use of HIT be foundational. And that this committee work on policies that would support that.

Fortunately there's work from the NCVHS over the past couple years, they've developed a couple letters with a lot of information and options that no specific recommendations on policy, so maybe this committee can, one, use that and go forward with some policy recommendations to the National Coordinator, who can work within the department to figure out what to do. [Laughter]

Dr. David Blumenthal

I wasn't sure, Tom, whether you had other ideas related to a framework or that you had in mind or whether it was specifically on these issues of patient control or and access and security and privacy.

Unidentified Speaker

Well, I think I was trying to -- and Paul didn't mention this, but I think the other part of that charge was clearly around patient access. It wasn't just about privacy and security. It was around patients being able to access that.

I think there have been plentiful examples, some recently publicized, about people transferring information that was inaccurate because patients never had an opportunity to review the information for accuracy. And that's been a huge concern of mine.

But a second sort of basic principle that I think we get put on the table for discussion is access to -- and I guess we could say unidentified patient information by public health. In New York state, we have almost an open access by public health to aggregated information and for the purposes of disease surveillance. And I think that that's another area come to light recently but also where it's so important to have information from electronic health records from hospitals and from providers' offices and to figure out whether or not we believe, which I do, a fundamental principle should be that all of that information should be available to public health for not only for disease surveillance but also to try to capture information about the prevalence of various diseases. And I know that's a particular concern of mine for vulnerable populations.

Dr. David Blumenthal

One of the questions that I think you're asking, I hear being asked implicitly is among the things that we mentioned as priorities, do we need to prioritize the priorities? And you all are perhaps coming to understand why our sleep has been interrupted a little bit in recent weeks, because regardless of what we choose to make our priorities, many of the things we discuss today will be going forward in parallel process.

This committee does not have to pick up everything that's part of the statute or that is on the agenda of the National Coordinator. You can pick certain things that you think are really critical. That's not to say that some of the things we do won't willy-nilly affect what you're interested in in the real world, but as we pointed out we can't do everything at once. And you may want to pick a few things and do them really well.

What I'm hearing from this discussion as critical priorities are, first of all, privacy security perhaps construed more broadly as patients', the role of the patient in technology policy or HIT policy, there may be a more -- a better way to phrase that, but patient-centered view of Health Information Technology policy.

I also heard a focus on how to define meaningful use in the most effective way so as to inform other policy development.

And then I heard a focus on certification and designing a certification process that was useful but not obstructive of innovation and not overly burdensome on vendors or providers.

So those are among the priorities I laid out, those seem to have been the three that we have focused on. Are there others that you all want to surface at this point? Yes, Christine.

Christine Bechtel

I think for me I'd start by rolling it up even one more level and then drilling down.

So what I'm sort of hearing and thinking is, you know, a particular statement that the role of information technology is in fact to improve health outcomes in a way that puts patients at the center and protects their privacy and security. But I think meaningful use gets at the use of information for. And that's where I think the functions come into play for me. So care coordination, transitions of care, access to information, whether that's to correct my record or whether that's to manage my own chronic condition because I want to import data into my personal health record and shared decision-making I think I would put in that, as well. So I think that's sort of how I'm thinking about it.

Unidentified Speaker

I'd like to also comment. I think one of the things that's also critical is the research infrastructure. So how health IT is going to support 21st Century science, in that we need to make sure that we have that balance, particularly as we look at genomics-based medicine where we have, what, 23,000 genes, so all those different end points that we need to be able to collect this data, aggregate this data so we can start weeding out those populations who are going to respond to a drug versus others who might not.

Unidentified Speaker

I'd add quality measurement reporting and improvement to that list.

Dr. David Blumenthal

Yes, Paul?

Paul Egerman

Christine and I are clearly on the same bent of lumpers. And I can lump her one more. [Laughter] which really is driving towards the meaningful use of -- it's the primary goal and making privacy and security a sine qua non. In other words, it is part of the definition of meaningful use. And that can put it all together.

The other priority you have is the date you mentioned, the May 19th and the extension center. And something that I think that's probably been talked about less often than it deserves is the whole workforce training. And both the things you mentioned, the training of the people who actually will help all the physician practices and healthcare organizations to implement this stuff in ways that are -- that can be used effectively and the training of the professional workforce. Both of those, I think, have been underplayed yet are probably very critical to its effective use.

Dr. David Blumenthal

David?

David Lansky

Well, back to the timelines question. I think it would be a strength of our process if we identified opportunities for early success. And that among all these competing and simultaneous challenges, I think it was a frustration of the last few years that it was hard to point to a clear, compelling and pervasive success, that a huge segment of society or the healthcare industry had adopted any of the many things that were talked about in the last few years. And if we can pick smartly, we could achieve all the goals we just articulated and make it very palpable and visible to the public and to Congress and to the industry that this stuff makes a difference.

Jodi Daniel

My coffee just kicked in. I think that's absolutely right. And I think that actually gets to Gayle's point about the ladder.

I think that if we look at sort of what's underneath some of these priority areas that we've been talking about, what are the early opportunities for success? And, for example, care coordination or in reducing health disparities, then I think that really gets us on a road map that the standards committee can then look at. But it's driven by outcomes and improvements in the health system at large rather than the sort of bottom up. That again points to a step-wise approach. I think that would be one way folks who are clearly smarter than me can come in and talk about the really technical nature of the information and the standards and how the data moves around underneath each of those areas in a way that gets first at how do we make some big progress? If we just had the ability to take a minimum data set, would that -- and move it around the health system, would that help with transitions of care or care coordination or collecting information on race ethnicity language and gender.

Connie Delaney

This is Connie Delaney.

Dr. David Blumenthal

Please.

Connie Delaney

I would like to affirm the comments that have been made, particularly related to the research infrastructure support and workforce training. I fully support the comments made that both of these issues and opportunities are clearly a part of ultimately realizing the overall goal here of improving health and fully support those being part of or incorporated with perhaps the meaningful use definition. Thank you.

Dr. David Blumenthal

Any other comments on the line?

Unidentified Speaker

I have one other as we are talking. I'd like to echo what Christine said and also what Gayle said that the ladders and the incremental approach, given the complexity of what we're after, I think if there's been any marked failure of groups past that attempted these large, complex undertakings, they're so comprehensive they're not implementable. I think we, as a foundational approach, much like security and the others, that we have to approach this in an incremental way that's implementable in the time frame because this is all about getting these things implemented on a wide scale basis, these electronic health records, and then there's a lot of depth that we could go down in each of the functional areas. And then the ultimate goal of the outcomes, as Dr. Tang has talked about. I think a foundational message is these have to be -- we have an incrementalist approach. And that these have to be implementable in the short-term. And it satisfies the short-term wins that David was talking about, as well, if we can do that. Which means we need to consider phases, I think, as some of the depth that we go into.

Unidentified Speaker

I know that a lot of conversation has been about the privacy and security being foundational. I just want to make a comment about that, that when I look at the space of HIPAA and technology privacy conflicts, there's a definite need, a void for a fair data sharing practices. We have these concepts from the '74 privacy act about fair information practices that are individual-focused consent and so forth. But there is a total void about what should be the practices in sharing data? But it seems that that space, that kind of thinking, should there be some data sharing practices? Should that be a contribution we pick up? It certainly seems well within the scope of the things that we're allowed to do as something that's sorely missing, not just in healthcare, but just across-the-board in the United States.

Dr. David Blumenthal

Scott.

Scott White

I'd just like to tie in the concepts of workforce training adoption and meaningful use. If we don't engage the workforce on a very early level, all the macro conversations will almost be useless. The early on, we learned about computers, it was garbage in, garbage out, unless we have the workforce trained properly, understanding their role on the bigger picture, we will fail from the beginning. So I think I would support Dr. Tang's position that workforce training needs to be pushed up front.

Dr. David Blumenthal

Yes, Marc.

Marc Probst

I agree with the concept of ladders and that we need to build up and all the conversation that's gone on around that. But I also need to make sure that the ladders are going somewhere. Relative to what Paul started the conversation with, that it is going to be very top down, bottom up. But I do think that end goal could be so comprehensive we never do anything. We'll build a bunch of ladders.

But if we can get a little more specific on what meaningful use is, what we're trying to accomplish given the constraints that you've been given, I think we could build some tremendous ladders and make some early, early wins. But at least they'll be heading to where we want them to head. They're not fractured and going off in a lot of directions. I mean you have to address security as part of certification, as part of meaningful use. They're just not independent activities.

Judith Faulkner

This is Judy Faulkner. Can you hear me?

Dr. David Blumenthal

Yes, we can.

Judith Faulkner

the other thing we need to be careful of is to avoid a deadly embrace of having the software companies being required to do certain things and yet it's not necessarily doable for them to do it. For example, there may be certain privacy things that should be done but it has to be very crisp and clear what is it that can and can't be done and what is it that is required so that it doesn't lead them to great concerns about are we going to be in, what's the word, criminal or civil problems if we don't do certain things because we can't do certain things? So I want to make sure things are crisp, clear and doable.

Dr. David Blumenthal

Well, we were scheduled to take a break at 9:30, which seemed to me a little early. Why don't we take a 10-minute break now and then while you're wandering around, think about two things that I think we ought to address when we come back: First, what message do we want to send to the standards committee? However unformed that message may be. And, number two, which specific working groups would we like to set up? We had six. I think I outlined six areas. Then some folks said that's too many. Then the others said there are others we should add. So that's sort of predictable. But I'd like you all to think about which committees we absolutely want to or subgroup, working groups we absolutely want to convene at this point and when we would lick them to report back to us.

So why don't we take 10 minutes. Pardon me?

Unidentified Speaker

Will you give us your list of six?

Dr. David Blumenthal

The six I outlined, they were just mine, were meaningful use, certification, privacy and security, infrastructure, which included workforce in my definition, information exchange and public health.

And what I've heard added here was research as one and then perhaps under privacy and security, maybe added to it, a sort of patient-centric view of the patient -- of the business we're about. And I think

I'm missing one other, but I'm not sure. Quality, maybe. I mean quality's clearly part of -- it's actually defined in meaningful use in the statute. Quality reporting is one of the three critical under meaningful use.

Okay. 10 minutes and then we'll come back. We'll spend half an hour talking about that, and then we'll open for public comment.

Dr. David Blumenthal

So, I asked you -- we asked you to think about two things: Working groups and instructions for the standards committee. Let's take on the easier one first and that's working groups.

So, I think I heard that there were at least three areas where this group wanted to have -- to probe and do some intensive work. One is on defining meaningful use. Another was on improving certification or defining certification. A third is in the area of patient-centeredness, including protecting patients' privacy and security and assuring access to patient access to their health information. I think I heard a fourth also reflective of comments on workforce that relates to infrastructure development. I also heard comments about quality, but I think quality comes under meaningful use, since there is a definitional -- the statute defines quality reporting as an aspect of meaningful use.

One could also put exchange under meaningful use because the statute requires some level of exchange to define meaningful use. And my view on research is as a life long academic, there's nothing dearer to my heart than research, but I think that that is an issue that we could take on in three months or four months without having sacrificed the critical issues related to research. And I think that the same may be true with respect to the long-term quality improvement and quality measurement issues related to the Health Information Technology agenda.

So let me -- so that really comes out to four first-order groups. How does that sound to you all? Yes, did he have in. Did he have did he have this is going to sound slightly counter intuitive given where I work, but I'm a little reluctant to have a work group set off to the side to do the privacy and security issues.

Diving deeper into some discrete difficult questions -- I don't have an issue with creating a work group to do that as they come up -- but since the tenor of the conversation this morning was about privacy being foundational to each and every one of these aspects, what I worry about is if there's a work group created to resolve that, then what could happen, which has happened in the past, is "well that work group will take care of it." We'll tee that up to this work group, who then considers the issue out of the context in which it arises. And so it doesn't necessarily advance the ball since the privacy question -- I wish Latonya was here -- the privacy questions are inherently intermingled with the questions about how that data flows and how networks are structured. They're not separate. It's not sort of one decision you make and it applies to all.

So I guess I'm reluctant again to have it be created to resolve all the questions that will inevitably come up under each of these areas. I'd become more amenable to it is if there's a question on the table that has some complicated privacy and security implications and we want the work group to spend some time offline and report back to us about those issues. But not to have it be the sort of "the" privacy group that handles everything. Because I think that would be actually a shunting of responsibility all of us I think have accepted by being part of the group.

Unidentified Speaker

Well, one area that I think about a lot is the technical issues related to privacy and security. And whether our field takes full advantage of what -- of technologies that have been developed to protect privacy and

security in other domains, even within the Federal Government. So that's a pretty minimal charge, but one that I think is core by statute to this committee.

Maybe, did he have in, what might be helpful would be for you and Latonya, or others who want to participate, to think about how to define that working group's mandate in a way that doesn't create the impression that we've pushed all the privacy issues onto that working group. Did he have did he have I definitely would be -- that sounds like a good idea. And with Latanya, we have one of the nation's experts on using technology in ways to better protect privacy and security. So with more of a narrow focus than I think it could work and framed in that way.

Dr. David Blumenthal

Okay. Yes, Paul.

Paul Egerman

I think Devin is correct that the privacy issues do have like what I would call architectural implications. So, for example, do we have a system that is completely decentralized and data is only stored in one place at the provider's location? Or is there any level of aggregation or centralization, the state or regional basis, in which case there may be duplication of data? In those cases those are privacy implications. In that case, you might want some guidance on that early on in this entire process.

Dr. David Blumenthal

Paul?

Paul Egerman

I wonder if there's a way to move privacy -- to join privacy with, you called it infrastructure. Perhaps infrastructure is really health information or includes health information exchange. Because the biggest concern is the disclosure moving from one organization to another. I mean, you have a relationship with your organization. And probably that's where one of the most sensitive nexus of privacy and the technology come into play. So if privacy were front and center with exchange of information, in other words HIE, then that could be a work group that includes both, not the exclusion of any of the other work groups.

And even though HIE is part of meaningful use, it really is a big ball of wax and could incorporate privacy as a first-class issue.

Dr. David Blumenthal

Well, as long as we don't create the impression that we're neglecting privacy by not creating a working group for it.

Unidentified Speaker

Hard-pressed to say that after today. [Laughter]

Dr. David Blumenthal

David?

David Lansky

I'm going in the same direction Paul is. I think an information sharing work group, I'd be reluctant to call it infrastructure because the other buckets you initially threw in there. But the issues that -- including as Paul suggested, the architectural challenges of connectivity. I think months of the of the discussion are information sharing and connectivity bog down around these questions of what's centralized, what's

federated, how are various types of users given role-constrained access to the network, et cetera? So it's a very complex area, which if we only treat it under the meaningful use category, around the uses of shared information, that that's appropriate; but the actual privacy and technology underpinnings of it have to be addressed somewhere for us to make much headway.

Dr. David Blumenthal

Are you suggesting another working group on information exchange?

David Lansky

No, I think as Paul was trying to lump and take perhaps the patient access, privacy issues and the information sharing architecture issues into one.

Dr. David Blumenthal

Into the infrastructure working group?

David Lansky

Well, whether that still contains the other issues on workforce training, et cetera, I don't know.

Dr. David Blumenthal

We could call that our first committee?

Dr. Frank Nemec

This is Frank. I have a comment.

Dr. David Blumenthal

Yes, please, go ahead.

Dr. Frank Nemec

I think privacy issues have been vetted and I think addressed in a lot of electronic medical record packages. What I don't think has been vetted or discussed as much is direct patient access. Historically, doctors have analyzed the data and then presented it to the patient. Much of it is sensitive and nuanced. A lot of it can be catastrophic to the patient. And without a plan moving forward of how to address a suspicious biopsy or a disturbing laboratory report, direct access to medical care I don't think has been fully vetted. And I think that has to be a part of the working group regarding privacy in a patient-centric medical record.

Dr. David Blumenthal

I heard a suggestion earlier that we make patient-centeredness kind of a concern of every working group rather than segregating it off. And that maybe we should consider the technology questions as part of the infrastructure group. I worry a little bit about the infrastructure group having to carry too much weight. But, yes, Marc.

Marc Probst

Well we haven't come to a decision, but around HIE, I mean exchange itself, there are an awful lot of issues just practically implementing HIE that states are running into right now. And I would hope that at least wherever that is, if it's part of meaningful use or whatever, that there's enough focus on HIE, because it's going to be key to, I think, a lot of the meaningful use components. But practically implementing it, there's simply things about limitations of liability within the states and whether or not they're going to play within the HIE that I haven't seen addressed at any other level.

Dr. David Blumenthal

There was another, Art?

Art Davidson

I'm just going to maybe following up on what Devin was saying. Back to what David had suggested earlier is guiding principles. Maybe we should be thinking about these committees -- and you sort of reiterated this a little bit in the patient-centric view, that each committee would have this as a foundational piece. I was thinking maybe the foundational piece is really around policy and security that has to exist in all the working committees at some level if we believe that this is foundational to making some progress, so that we would empower the committees to deal with a particular product or whatever we're working on, but in the end, there must be something that addresses policy and security as that committee deliberates. And that would be maybe one of the guiding principles that David was speaking about earlier.

Unidentified Speaker

Can you remind us of the goal and purpose of the working group and its specific -- I think a broad question, but I also specifically want to think about it in the context of meaningful use. So if I could hear your answer and then possibly follow-up.

Dr. David Blumenthal

The committee is charged with making recommendations to the office of National Coordinator. These working groups, I think, would inform the committee's recommendations and enable the committee to do the detailed work that would be hard to do in the larger group.

So if the committee wants to advise me or the Department on how meaningful use should be defined, I think that the detailed work of formulating those recommendations would take place in a working group.

Or if the committee had an idea about how the certification process should be structured, to what extent the validation as opposed to the early screening of a record should be part of the presentation or it should not be and exactly who should be certifying records and what criteria should be applied and what they would like the standards committee to develop in the way of standards for certification, I think that's the kind of thing that would be more efficient to do offline in a working group.

Unidentified Speaker

My question on meaningful use is how time-limited that group is? In other words, how focused or general do you see its charge, particularly given the rulemaking that has to happen? If you're on meaningful use, I'm having a hard time sort of distinguishing in my mind between the goal of a work group on meaningful use and some of the larger goals of this group, writ large, around a framework for what I think really does sort of boil down to meaningful use, although it is a policy framework and not, for example, a standards framework. So do you envision that as sort of time-limited? Or what's the ongoing role?

Dr. David Blumenthal

Well, to some degree this is your choice as well as my choice. So I don't want to dictate a worldview. What I do agree that meaningful use is a time-limited exercise, but not exclusively time-limited for this reason, that if we followed, as the law actually suggests we do, a stepwise approach, we can specify -- we need to specify fairly specific set of meaningful use of criteria for 2011. But we can update those whenever we wish. We can be as prescriptive or as general as we wish to be for 2012, 2013, 2014, 15, 16, 17 and 18. So it's not -- I don't think the curtain comes down on meaningful use when we have our first set of definitions out there.

We are working very hard to arrive at a set of recommendations on meaningful use. And we're going to be doing that over the next month. Having a -- this group review that and make its recommendation would be very helpful to us, especially if we could present our thoughts to you when we're ready to go public with them.

So I agree with you that time, from a time standpoint, meaningful use is going to march -- has to march very fast. But certification has to go very fast. And infrastructure also has to go very fast. So everything is moving fast. [Laughter] yes, Gayle.

Gayle Harrell

I had a question. Where are you putting HIE? Are you putting it in meaningful use? Or are you putting it in infrastructure? I've heard two thoughts on that, and I needed some definition as to where exactly are you going to put HIE?

Dr. David Blumenthal

I think HIE, there is an aspect to HIE which comes under infrastructure, because we're supposed to spend at least \$300 million on it. So quite apart from whatever theoretical definitions we would like to create for it, there's money that has to go out the door. And the question is for what? So that's an infrastructure issue.

There's also, though, a meaningful use component of that for HIE. And that is what are the requirements that we want to lay out as in the meaningful use definition for exchange? And there is a certification component. What is it that records have to be able to do in order to be certified as capable of supporting exchange?

Gayle Harrell

Perhaps, then, do you want a separate working group on HIE? You have it in three different components. You've got the same issue you have with the privacy. It's, again, essential to the overall structure we're building. But do you want it segregated off? Or do you want to put it in three different components?

Dr. David Blumenthal

Well, I think you could defend either point of view. Given the size of the group and amount of work we have to do, I'd rather not at this point have a separate group. I'd like privacy -- it would make sense to me to see each of these groups thinking about where exchange factors into their work. Yes, sir.

Unidentified Speaker

Your opening comments this morning you mentioned five tasks for this group to work on. All the ones we just talked about, plus the exchange. Meaningful use, certification, infrastructure support, including prep for adoption in your reference to the extension project, privacy security, then Health Information Technology exchange.

Dr. David Blumenthal

And there was also public health. There are actually six. I started out with a much -- with eyes much wider, larger than my stomach, I think.

Unidentified Speaker

But we come back, I guess what I would say is we're talking about shades here a little bit because each group, I think, is going to have in some respect take into consideration the context of the other groups because these are all pretty broad topics. But I guess given that we might want to talk about which group takes on health -- and I think I heard you say HIE was going to go -- you would recommend as part of

meaningful use. I think that's where we started. But the four groups as you outlined them as we recessed I think are probably the right four groups. And then I think we should, as we go forward in the groups, talk about what clarifies some of the boundaries a little more, maybe in the groups. Because I think we're going to find a lot of overlap.

Dr. David Blumenthal

David.

David Bates

Process question from your last comment, David. The meaningful use work that you're doing at ONC and the work that NCVHS just recently completed and the very aggressive time frame you have to meet, does that mean that our tasks in this arena of meaningful use are [Inaudible] rather than generating an approach or core ideas and we should essentially be in a position in a month or so to review with you to release publicly? (loud noise)

Dr. David Blumenthal

That's open to discussion. You could -- we could support some meetings before that in which you heard from outside groups or I guess I need some advice from our counsel on what your degrees of freedom are in terms of gathering information from these subgroups, stock of subgroups as opposed to the full committee. But it could include review. It could also, I think, go beyond review. The question is how to structure that.

The time frame does make it hard for you to do a lot of independent work, but it would task a subgroup with getting much more into this area than we can do as a full group.

So I heard what almost sounded like a recommendation for four groups. But I'm not sure I know what the fourth one is if we put privacy and security into everything else.

Unidentified Speaker

I think we have to make it either privacy and security stays alone, but everybody else has to take it in context and we merge health information exchange into one of the groups or we keep or vice versa. And I guess if we want four groups, I thought that privacy and security made sense and we put the health information exchange inside of meaningful use.

Dr. David Blumenthal

Paul?

Paul Tang

My reconciling motion again. So to preserve the four and to take into account the discussions, it seems like you clearly have meaningful use. One thought I heard was sort of a spreading -- dividing of infrastructure. And I sort of like what David Lansky said the concept is information exchange in which privacy is clearly and security is clearly embedded. So that might be a second group even though HIE per se is part of meaningful use.

Then there is the -- I forgot your third group -- certification. And one of the things that David did mention was -- and what happens when you bring privacy and security, you may divide the attention. And one of the things that didn't get much attention is the workforce, which is your May the 19th meeting. The whole how do we get it out there installed and effectively used? Which as a number of people said is pretty overwhelming and understated. So perhaps that is -- that takes the place of the fourth work group that privacy gave up, I mean just to preserve your four.

Dr. David Blumenthal

I'm not attached to four.

Paul Tang

Also a way of saying it's also a pretty important topic.

Unidentified Speaker

So, Latanya, the point that I made earlier before we gathered post-break was my concern about creating a special work group for privacy and security would be that the issues would be sort of shunted -- all issues would be divorced from what they naturally flow with. So information exchange has privacy and security issues. Infrastructure has privacy and security issues. So rather than having a separate work group to deal with all of those instead, it should come up and be dealt with as foundationally in every work group versus shunting it off to one. But then David raised a good point, and I don't disagree with this, that there might be some particular issues where there's a need for a group to drill down on in privacy and security. And then the overarching issue of technology and the intersection with privacy and security and the use of technology to better protect privacy and security which the health industry hasn't necessarily latched onto in ways that other industries have. So that's sort of the essence of the conversation. I don't know whether you agree, disagree.

Latanya Sweeney

Well, you just get different things. So I mean each of the subgroups that are mentioned, privacy and security issues are going to be paramount within them. I totally agree with Devin. If you take it out of those subgroups, you lose the context and therefore you lose something.

But at the same time we spent a lot of conversation Earlier "well there's although these overarching foundational issues, too" and those are separate and distinct. It might be the case that you say if we don't make an overarching committee at this time, subcommittee for privacy and security, we put it into the subgroups that we have, and then we come back later and think about what does it mean to be overarching. I mean, it could go either way. But I do agree that if you make it privacy and security, what you're asking is it overarching and it's sort of exactly what Paul is saying top down or bottom up. You're just doing the same thing in privacy and security. If they're in the groups and the issues that are related to them are within those groups, you'll get solutions that are specific to those issues. You pull it out separate and come top down, you'll get general principles, general concepts, general ideas which might be good for guiding and making decisions in the peripheral, but it might slightly miss some of the really important nuts and bolts.

Dr. David Blumenthal

Actually the comment, the discussion we had had to do with whether there was enough technical -- there were enough technical questions about enhancing security of health information, drawing on other fields that it was worth having a group that drilled down on the technology and taking advantage of the technology.

Latanya Sweeney

There's definitely a lot. So in some sense, security technology is one thing and privacy technology is another. And there are a lot of really exciting things happening in privacy technology. I think it's very easy to believe that a lot of the things that happened in security technology are operationalized enough that the subgroups themselves can engage in those with freedom. They would probably be absent knowledge of what could be done in privacy technology or understanding that identifiability of data or those kinds of risks or things like that. That's something that is not as commonly known.

Dr. David Blumenthal

Do you have any thoughts about whether it would be worth having a separate group working specifically on technology related to privacy and security?

Latanya Sweeney

Yeah, I think it could be quite powerful. You have to think about it, privacy technology doesn't exist in a vacuum.

Dr. David Blumenthal

I understand.

Latanya Sweeney

It has to exist where you say here's the use. Here's the privacy constraint. Now I'm going to have some technology that's going to satisfy these two. Not trade them off. Not tell us which one is better than another. But actually say how can I have the utility and also have the privacy? So it's hard to -- we can certainly start a conversation there with what is current state. But then we've got to marry it to meaningful uses.

Dr. David Blumenthal

Okay. Well, why don't we, for going forward as a sort of first step, have the three groups: Meaningful use, certification, infrastructure including workforce, and then make a decision about whether we need to add additional groups and how we're going to marry.

The other thing that I'm going to suggest is that we -- the staff here put together a set of principles that are guiding principles and circulate them all to you and get your comments and have that be the basis for a set of guide posts that inform the working of each of the specific groups.

Let's talk a little about what message we want to send to the standards committee. Yes, David.

David Lansky

Just to your last summary, can I add one wrinkle, which may or may not be useful? I'm a little reluctant for certification to be a committee. The discussion we had this morning talks about HIT adoption on a continuum. I would actually propose putting workforce and the extension centers with certification and validation and call it HIT adoption. Because the cycle several people have talked about, initiated it, we got the certified product, we can validate its use, we have workforce to support the implementation and adoption, we have the extension centers to wrap that all up. That seems to me as a policy question. We need a systematic thinking about that whole continuum, not just to say "oh, we're going to have a certification entity or multiple entities and let's solve that problem by itself."

Dr. David Blumenthal

Yeah, the only concern I have about that is we need some advice very soon about how to structure the process of certification. And I'm a little bit worried about we have meaningful use and a committee to do everything else. And I think that committee might get bogged down with having a mandate that's almost as large as the full committee's mandate. So dropping certification into that I'm worried we won't get the feedback that we need fast enough to act on it.

Unidentified Speaker

Maybe the rest of David's stuff could be our fourth group, though. Because I really do think that the rest of what he said with a dab of the certification stuff inserted, notwithstanding that there would be a

separate group doing that, but I think the way you described that continuum is critical. I think it does involve workforce and it does involve sort of the successful adoption issues which are really paramount to what we need to be concerned about.

Unidentified Speaker

I think that makes a lot of sense to me. I heard the same, meaningful use. If you want to do certification as a time-limited thing. But the other thing you could do is have this adoption strategy broader bucket where the first focus is certification. But there is a need to I think look at on an ongoing basis over time how is it -- what's going on out there? How is it working? I think there's a role for meaningful use as a separate group to say: How is our definition evolving? And how is technology being used to achieve our goal? But I think there is something that is separate, at least in my mind, around how is adoption itself happening? How are we helping providers adopt? And there's clearly an intersection with meaningful use. But I think it's separate to me. And if its first focus is certification, that makes a lot of sense. But I think even on an ongoing basis there's going to be a need to look at the certification process itself as part of an adoption strategy around is it working? Is it giving providers the confidence they need? How is it happening? Is it efficient? And I do want to just reinforce David's original comment which is that the infrastructure, I think, or the HIE piece, I heard it be more of an information sharing group. So I heard meaningful use, certification, I would say adoption strategies and information sharing.

Dr. David Blumenthal

Yes, Marc.

Marc Probst

Well, so the work group seemed to me to be pretty tactical in focus. You've got things that you need to get done around certification. I'm assuming we're not advocating that the whole group won't talk about meaningful use at some time. But that we're going to have someone really go out and drill into that. And the same thing to answer the question on certification and these smaller work groups. So we could always develop more work groups moving forward as we knock down a few of these initial.

Dr. David Blumenthal

So what I'm hearing now -- and I hope we can reach consensus on this -- is meaningful use, infrastructure and adoption, or meaningful use and adoption, two working groups? What's the third?

Unidentified Speaker

What I had meaningful use, information sharing, and adoption. No? Well, that was part of adoption. What David put on the table.

Unidentified Speaker

Certification/adoption. We're under such constraints to do the certification. You've got to address that first. Again, in the continuum of adoption, but you've got to say certification. You can do certification/adoption. But you've got to -- to me, I think you've got to have a working group that will address certification.

Unidentified Speaker

Not a separate work group on workforce? Make sure I got that, okay.

Unidentified Speaker

You need three groups. First you need meaningful use. If you're going to put HIE-- I'm hearing HIE becomes part of meaningful use. However, it is also addressed, because of the component of

the \$400 million, it's addressed separately again within infrastructure. So you've got meaningful use, infrastructure, certification/adoption.

Dr. David Blumenthal

Meaningful use, certification/adoption and workforce. Those are our three committees?

Unidentified Speaker

That's what I'm hearing.

Unidentified Speaker

Workforce was not.

Unidentified Speaker

Workforce is part of infrastructure.

Dr. David Blumenthal

So meaningful use, certification/adoption and information sharing.

Unidentified Speaker

Workforce is under adoption.

Dr. David Blumenthal

HIE.

Unidentified Speaker

Meaningful use, information sharing and adoption/certification.

Unidentified Speaker

Information sharing is the old infrastructure.

Unidentified Speaker

No.

Dr. David Blumenthal

Any other comments? So I'm going to suggest that we have this last thing, the formulation. I realize information exchange is everywhere. Adoption is everywhere. Meaningful use is everywhere. Privacy is everywhere. But we'd have to divide up the work somehow. And if we can get consensus around those three groups, I think that would be a fine place to start. Okay.

Now, we're going over. I apologize for that. It's not going to be my pattern. But my proposal at this point is that we tell the standards committee that we are working on these three areas, that the statute requires that they focus on meaningful use and that we will inform them as soon as we can on our recommendations concerning meaningful use. They can begin thinking about the process that would be required to get to standards regarding meaningful use and then wait for a fairly quick set of more defined criteria for meaningful use from us. Does that sound okay?

You know, usually groups like this are splitters. This is clearly a lumping group. Yeah, I'm figuring that. On the whole, I think that's more efficient.

All right. We now are going to open up for public comment. And there are a lot of people who have submitted questions online. And we are going to share those questions with the committee and for their information and for the record.

Also, anyone can submit comments for the record. And they will be incorporated into the record of the proceedings of this group. But we also can take comments and questions here among members -- from members of the audience. So at this point I will invite anyone who would like to make a comment or pose a question to use one of the microphones or use "the" microphone because there is only one.

Judy Sparrow

Or if anyone wants to dial in, the number to call is 1-877-705-6006. And press star 1 to ask a question via the telephone.

Dr. David Blumenthal

And could you please identify yourself when you ask your question or make your comment?

Allen Zuckerman

Thank you. I'm Allen Zuckerman. I've been a member of the Interoperability Workgroup at CCHIT Certification Commission and co chair the last two years and representing American Academy of Pediatrics with HITSP activities. Also do some contracting work here at HHS on personalized healthcare.

It's been a very exciting meeting, but I hope that within your group, you'll be willing to listen to some of the failures of our efforts at certifying interoperability and getting people to see the value and so of the pieces that have been missing. Most important will be your policy affirmation of meaningful use that will get people out there. Because the vendors have resisted doing things that their customers don't ask for. We need to multiply that. No information moves without four essential pieces. You have to have people willing to send the information and able to and those who receive it. And there's a lot of shortage on the public health side in sending data, such as vaccines. You need to have the privacy and security built into that connecting network. And you also have to have the affirmation of terminologies like snowmed for coding problems, they're important to make the data meaningful.

I also want to mention that children are vulnerable populations, not just in their health but also in being left out in health information technology. And among your meaningful use considerations -- and as mentioned in the chip re-authorization act, we can take a few limited targets in terms of vaccine administration, obesity prevention through tracking growth, both areas that apply also to adults, but in children we have the 4 million new Americans born each year who leave the hospital need to get their newborn screening data to move with them. We have this unique convergence of hospital, ambulatory, public health and private sector data for children. So I hope children, as one of your mandates, will not be neglected in sending a limited range of targets. Because the biggest problem we face in certification is picking a few important policies and saying we're actually going to do them and expect people to comply and participate.

Dr. David Blumenthal

Thank you. Sir?

Rick Blake

I am Rick Blake, I'm here with Dr. Calman, Institute of Family Health, but this question is my own. As you probably are aware of the House disparities bill is moving through its paces and that the Administration was, I think, hopeful of the fact that this process would have an impact on the introduction of health disparities particularly in minority and vulnerable populations. I hope that as you go through your

infrastructure work groups that you'll be mindful of the fact that it's very important in terms of data collection in terms of racial and ethnic minorities that this impact have a positive impact, hopefully, on the reduction of health disparities.

Dr. David Blumenthal

Thank you for that comment.

Tom Leary

Tom Leary, representing Healthcare Information and Management System Society. Just briefly congratulations on your selection and starting up of this committee. Long time coming for those of us who have been working with the agencies and with the Congress on this issue. I would like to remind you that a lot of the activities that have been moving forward these last several years have been volunteer-driven. And so as you move forward with your ideas and what industry and what healthcare community needs to do, certification commission, the health IT standards panel, there's thousands of hours of volunteer work behind that. So have that in your calculations.

And then finally that meaningful use is the common, binding question of concern amongst all of our constituencies so the sooner we can get clarification and help educate what meaningful use means, the better. Thank you, sir.

Dr. David Blumenthal

Thank you.

Judy Sparrow

Just an FYI, we have a number of questions on the phone, as well. So whenever you're ready, just let us know.

Dr. David Blumenthal

Let's take one from the phone now.

Operator

We have a question from the line of Joe Conn with Modern Healthcare Magazine.

Joe Conn

Could you go over -- there was a lot of bouncing around on the three groups and what they're named. Could you just go over them to be clear?

Dr. David Blumenthal

That's an excellent question. [Laughter] we have three groups. The first would deal with meaningful use. The second will deal with certification and adoption. First working on certification. And I think in that group we will also -- that group will also be tasked with reviewing infrastructure issues, including workforce-related issues. And then a third group will deal with information exchange. This is actually very helpful to have to do this. And all of them will concern themselves with privacy and with patient-centered perspectives on Health Information Technology.

Unidentified Speaker

Thank you.

Brian Wagner

Hi, I'm Brian Wagner with the E-health Initiative. First I will say congratulations on the first meeting. There's a long way to go, but this is a very interesting first step.

You know, I just want to echo miss Harold had mentioned, which is the importance of local level. There's a lot being done at the federal level, but there's going to be a lot of challenges both with the adoption and the exchange at the state and local levels. As the E-health Initiative, we've been surveying health information exchanges across the country this will be our sixth year. What we've seen as a challenge has been financial capital's important. The business case is a challenge. But also just the need for human social capital wherever you're going. We've recently been spending a lot of time talking to people trying to learn about what to do on the adoption side, like the primary care information project in New York City. Massachusetts e-health collaborative for bringing communities together to make sure the adoption exchange is take collaborative effort where everybody is on the same page. I'd just like to say that as we move forward at the federal level, it's very important to think about how to encourage and really push that sort of social and human capital and participation so that when you have projects either be adoption or a new health information exchange or Rio, that they have as much support at the local level as possible to really avoid any sort of catastrophic failure where we're going to look back and regret not doing all we could to push those efforts.

Dr. David Blumenthal

Thank you. Should we take another call from the phone? Another question from the phone?

Operator

Our next question comes from the line of Phil Barr with Thompson Reuters.

Phil Barr

Hi. Good morning. Phil Barr. I've got years of experience in this area in a variety of aspects both in the standards development and in efforts of individual health systems to make this move forward. And one of the things that strikes me is that the certification addresses software and vendors but doesn't necessarily recognize the complexity of the health systems and the decisions of the management of the health systems on whether they can and will participate in the exchanges. And I would think certification, if it could be done in some way to certify the health system that they will -- that they are covered and for a variety of very specific use cases can see our information and at least a minimum data set would be very important, that sort of echoing the previous -- the first question that was put forward by the first person.

Dr. David Blumenthal

Thank you. Let's take one last question from the phone.

Operator

Our next question comes from the line of Mike Dunny from Sumarian.

Mike Dunny

Yes, sir. Thank you. I was wondering. The bulk of the conversation today, there is no shortage of challenges. The bulk of the conversation was related to medical records and the transfer of medical records. I'm wondering if the committee, when I read through the bill, there was a section that talked about other technologies related to the health IT. And I'm specifically interested in will the committee look at in the certification process other technologies that are more preventative in nature that produce the records that we're talking about, privacy and transferring? I guess my main concern and my main thought is we're focused on long-term care. I haven't heard a whole lot about long-term care in this discussion. But clearly with the baby boomers marching on, that's going to be a major issue for health care in the coming years. I guess I'm just looking at how do you prevent a lot of this, a lot of the injury and health

issues? There are technologies that interface with long-term care records only, but are those technologies going to be considered in the \$20 billion initiative or not?

Dr. David Blumenthal

The law itself does not specify a focus on long-term care, as I recall. But, Jody, you may want to clarify my recollection. I think the certification process can, depending upon how it's designed, could certainly consider such technologies.

Jodi Daniel

I think that there is flexibility to take on the issue of long-term care if it's something that both the committee is interested in and the HHS is interested in. I don't think there is a specific line in the statute that's calling that out. But I think it's something that we, not having the statute in front of me, but it's something that's well within the committee's jurisdiction if it's something that they're interested in taking on.

Dr. David Blumenthal

I want to thank the commenters and questioners. And I want to thank the committee for already beginning our hard work. Just as a point of process, if you can remember the three groups, and if there's one you would like to serve on, please let Judy Sparrow know. We can't promise that you will be on your -- you might want to specify first, second and third choice. We expect that we will call on most of you. We reserve a little bit of wiggle room to try to balance the groups out to make sure they are neither too large or too small and have a right mix. Please do that. I suspect you'll be hearing from us pretty soon about at least a teleconference bringing together of each of those work groups.

So, thank you. Those of you that have to travel, travel safely. And we look forward to seeing you soon again.