



HIT Policy Committee Consumer Workgroup Final Transcript November 14, 2014

Presentation

Operator

All lines are bridged with the public.

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

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is the first meeting of the Health IT Policy Committee's Consumer Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I will now take roll. Christine Bechtel?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I'm here.

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

Hi, Christine. It sounds like somebody has their computer speakers on, if you could please mute your speakers that would be wonderful. Neil Calman?

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

Here, thank you.

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

Hi, Neil. Amy Berman? Bradford Hesse? Clarke Ross?

Clarke Ross, DPA – Consortium for Citizens with Disabilities Workgroup, The National Quality Forum

I'm here.

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

Hi, Clarke.

Clarke Ross, MA, DPA – Public Policy Director – American Association on Health and Disability

Hello.

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

Cynthia Baur? Dana Alexander? Danielle Tarino? Erin Mackay?

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Here.

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

Hi, Erin. Ivor Horn?

Ivor Horn, MD, MPH – Medical Director, Center for Health Equity – Seattle Children’s Hospital

Here.

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

Hi, Ivor. Kim Schofield?

Kim J. Schofield – Advocacy Chair – Lupus Foundation of America

Here.

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

Hi, Kim. Leslie Kelly Hall?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Here.

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

Hi, Leslie. Luis Belen? MaryAnne Sterling?

MaryAnne Sterling, CEA – Co-Founder – Connected Health Resources; Principal – Sterling Health IT Consulting, LLC

Here.

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

Hi, MaryAnne.

MaryAnne Sterling, CEA – Co-Founder – Connected Health Resources; Principal – Sterling Health IT Consulting, LLC

Good morning.

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

Nicholas Terry?

Nicolas P. Terry, LL.M. – Co-Director, Hall Center for Law and Health - Indiana University Robert H. McKinney School of Law

Good morning, everyone.

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

Good morning. Philip Marshall?

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

Here.

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

Good morning. Teresa Zayas Caban, I'm sorry, I totally butchered her name, I think.

Teresa Zayas Caban, MS, PhD – Agency for Healthcare Research and Quality

That's fine.

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

Thank you.

Teresa Zayas Caban, MS, PhD – Agency for Healthcare Research and Quality

I'm here.

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

Can you pronounce it correctly for me?

Teresa Zayas Caban, MS, PhD – Agency for Healthcare Research and Quality

Zayas Caban.

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

Thank you. Theresa Hancock? Tripp Bradd? Wally Patawaran?

Wally Patawaran, MPH – Program Officer – The John A. Hartford Foundation

Hi, this is Wally Patawaran.

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

Patawaran, thank you. Wendy Nilsen? And Will Rice? From ONC do we have Chitra Mohla?

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Here.

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

Hi, Chitra. And Michelle Murray?

Michelle Murray, MS, MBA – Office of Policy and Planning – Office of the National Coordinator for Health Information Technology

I'm here.

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

Hi, Michelle. Is there anyone else from ONC on the line?

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

No, but this is Cynthia Baur from CDC.

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

Thanks, Cynthia. Okay, with that I will turn it over to you Christine and Neil.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Awesome. Well thank you everybody and welcome; this is Christine Bechtel. We're really excited to be kicking off this new iteration of the Health IT Policy Committee's Consumer Workgroup. As a lot of you...some of you were actually members of the original workgroup that we formed last year of the Policy Committee where we focused on patient-generated health data and this is a newly reconstituted workgroup, so we have a number of new members and we're going to do some introductions here shortly.

But first I'm really excited to be sharing the leadership of this workgroup with an awesome person who I have spent...I think Neil Calman and I probably spent 4 or 5 years on the Policy Committee together and he is a terrific advocate for consumers and has a lot of wonderful expertise in health disparities and many other areas. So I just wanted to give Neil a chance to introduce himself to the group and share a little bit about his areas of expertise.

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

Good morning everybody. First let me say, it's really exciting to be doing this. When I was asked to Co-Chair this I said, who's the Chair, they said Christine, I didn't hesitate for a second because on the 5 years we were on the HIT Policy Committee together, I learned so much from her and I think it's...I'm really looking forward to working with all of you.

I run an organization called the Institute for Family Health, which is a network of 30 federally qualified health centers all under one organization, an organization I started 30 years ago that's built on a Family Medicine model of care, but really an interdisciplinary team model. Increasingly we actually have more social workers on our staff than we have primary care providers. And so we've been incredibly involved in sort of expanding what it means to be doing primary care and as the rest of the world has woken up to understand how important it was that...to see patients as the center of the care delivery system, not just when we're talking about technology, but overall.

This has been a major focus of our work. It's involved, as Christine said, a lot of work on health disparities because we work almost exclusively in medically...traditionally medically underserved communities with lots of ethnic minority groups and also have centers in sort of more remote rural areas and I think have come to appreciate the incredible differences in health outcomes that those populations experience.

We've been...our entire network has been totally electronic since 2002 and early on, a very early adopter of patient portal, which we've been tweaking and working on through lots of patient focus groups. We actually translated our patient portal into Spanish a number of years ago, and have been working a lot on trying to understand how to connect people who speak different languages with the increasing use of patient portals in a way that at least won't have that be a factor in increasing disparities.

We have also, and I think most important work that we probably have done is in connecting the patient portal that we had and now making that open access with the National Library of Medicine's MedlinePlus database and so every term that somebody sees in our patient portal, whether it's a lab result or something listed on their problem list or a diagnosis, are all of those terms are hyperlinked to the National Library of Medicine MedlinePlus. And people can drill down in multiple languages to gain an understanding of what they're actually seeing on their patient portal.

There are lots of other activity going on in our organization around patient engagement and around really viewing what people are calling population health but which I call really panel health, the idea of taking care of people who are all in the same health plan or whatever, really viewing that as a first step, but having the real step be, being out in the community. And so we have a network of 60 churches and faith organizations that we work with out in the community, we work with the community schools, we work with lots of community agencies, networks of over 100 community agencies where we work collaboratively with them to be able to do a lot of engagement of people in health, people who we may never, ever see in our centers.

So, the HI...I am a latecomer to, in some ways, to the IT piece of this and the part that I hope to be able to contribute is more around the implementation of how the systems and things that we are developing are used in real life to improve the quality of healthcare in communities.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thank you Neil, although I would totally object to you describing yourself as a latecomer to the IT world since we've been on the Policy Committee for 5 years and I know about your work and I think everybody just heard it's totally forward thinking and really patient and family centered. So, thank you very much and you're check is in the mail for all those nice things you said about me.

So I'm going to do a quick review of the agenda, which you can see on your screen. We're going to start with asking you guys to introduce yourself, and I'll give you an early heads up now that what I'd like to do in terms of structuring that is to ask each of you to obviously say your name and your organization and to give us one brief thing, just one or two sentences, around something that you or your organization is doing with respect to consumer engagement.

So, we'll do welcome and introductions so we can start to get to know each other. We're then going to turn, oops, let's go back one slide, please. We're then going to turn...thank you, to Michelle Consolazio, who is going to do an overview of the Health IT Policy Committee, so that we understand how we as a workgroup fit into that structure and our operating procedures and things like that. We're then going to talk a bit about the workgroup itself, the charge to the group that's been provided to us and some of the context and some resources that support that. But we're also going to really get into a discussion around shaping our work plan. So Neil and I both really wanted this to be a discussion and so we all have such diverse areas of expertise that we could really think about how to be most impactful in the area of engaging consumers. So, we're looking forward to that and then we'll do next steps and some public comment.

So with that, we'll go to our introductions, and if we can get to the slide that has the member list on it; we know that there a couple of folks who were unable to make our kickoff meeting, but hopefully you all have cleared your calendar going forward and you have a ton of meeting invites from ONC staff. So, I'll just go through the list that you see on the screen kind of alphabetically and I know some folks aren't here, but in case they've joined late, we'll just go through everyone. So again, we want to just ask you name, title, organization and one thing about your work in consumer engagement. So let's see if Dana Alexander has joined. Okay, do we have Dr. Bradd?

Tripp Bradd, MD, FAAFP – Skyline Family Practice, VA

Tripp's here, Tripp Bradd, yes. I have been in practice 30 years in Front Royal, 70 miles due West of you guys and I have been engaged very heavily with patients ever since. In fact, I just finished developing an App for our practice as far as engagement goes, very involved with that.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great. Thank you. Perfect. Leslie Kelly Hall?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Hi, I'm Leslie Kelly Hall. I'm the Senior Vice President of Policy at Healthwise. We're a non-profit committed to helping people make better health decisions and we're involve in making sure the health information technology ecosystem support patient education, shared decision making and collaborative care for everybody.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks, Leslie. Ivor Horn?

Ivor Horn, MD, MPH – Medical Director, Center for Health Equity – Seattle Children's Hospital

Hi, I'm Ivor Horn. I'm a general pediatrician and director of the Center for Health Equity at Seattle Children's and I'm a researcher that does research in health communication and child health disparities and really recently have focused on looking at how we can use technology to address health disparities and improve parents' ability to communicate with their child's provider in the healthcare setting.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Very cool, thank you. And Erin Mackay?

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Hi guys; my name is Erin Mackay. I'm the Associate Director of Health IT Programs at the National Partnership for Women & Families. The National Partnership is a non-profit consumer organization located in DC and we manage a consumer coalition of just over 50 groups that are working to make sure that health IT policies and practices are patient and family centered. So, looking forward to working with you all.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks Erin. Phil Marshall?

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

Hi, good morning everybody. I am Phil Marshall and I am a physician turned technologist many years ago. I led Products & Strategy at WebMD and then Press Ganey and now run Conversa Health, which helps doctors and care teams stay connected with their patients between visits. And we integrate patient-generated health data for the care teams into the electronic health record and the clinical workflow.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Very good; thanks, Phil. I don't know if Amy joined or maybe we have Wally in her place.

Wally Patawaran, MPH – Program Officer – The John A. Hartford Foundation

Good morning, this is Wally Patawaran. I'm a Program Officer at The John A. Hartford Foundation. We're a private foundation the mission of which is to improve healthcare for older Americans. I oversee a portfolio of grants in quality measures and health IT tools, the purpose of which is to drive improvement in clinical practice and patient outcomes and of course, through consumer engagement as well.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, thanks for joining Wally.

Wally Patawaran, MPH – Program Officer – The John A. Hartford Foundation

Thank you.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Do we have Will Rice, oh no, we don't, I think Will was unable to make it today, but I know we have the illustrious Clarke Ross.

Clarke Ross, DPA – Public Policy Director – American Association on Health and Disability

Hello, this is Clarke. I work for the American Association on Health and Disability as the Public Policy Director and I represent the Consortium for Citizens with Disabilities on three committees of the National Quality Forum. CCD is a coalition of 113 cross-national disability organizations. I've worked for 6 national disability groups, all in public policy and management. Over the last four decades, 24 of those years with family organizations, 3 family organizations. I'm the father of a 24-year-old son with co-occurring developmental disabilities. And I guess my number one issue is how to fully integrate the medical/clinical electronic record with the community-based social supports, LTSS records. So we have a long way to go, but in order to deal with the whole health of people with multiple disabilities, this is a major interest and objective. Thank you.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks, Clarke. And I know that Luis Belen was not able to join us because he had a family emergency unfortunately, so we'll follow up with him, but we do have Kim, who is my partner in crime, one of my partners in crime on the Health IT Policy Committee. So Kim, do you want to introduce yourself?

Kim J. Schofield – Advocacy Chair – Lupus Foundation of America

Sure, good morning. My name is Kim Schofield, I am a patient advocate of the Georgia...the Lupus Foundation of America. I am also the advocacy Chair and Policymaker of the Georgia Chapter of the Lupus Foundation. And I am a lupus researcher with Emory University and we focus on patient-centered research and health disparities in lupus. I also am a person living with lupus, so I am very vested in the work that we're about to do.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, thanks Kim. Welcome. MaryAnne Sterling?

MaryAnne Sterling, CEA – Co-Founder – Connected Health Resources; Principal - Sterling Health IT Consulting, LLC

Good morning, I'm MaryAnne Sterling a Co-Founder of Connected Health Resources and longtime family caregiver for my aging parents. My husband and I actually have three out of four of our parents who have either dementia or Alzheimer's disease. We engage patients and family caregivers by using plain language and multi-lingual medication regimens and hospital discharge instructions and an easy to understand and navigate community resource finder.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

That's so great, thank you MaryAnne. Nick Terry?

Nicolas P. Terry, LL.M. – Co-Director, Hall Center for Law and Health - Indiana University Robert H. McKinney School of Law

Hello, I'm Nick Terry. I'm the Director of the Hall Center for Law and Health at Indiana University and I teach and write about health quality, health safety, HIT and health privacy. And my particular interest at the moment is patient-facing technologies such as mHealth and wearables and the legal issues that they raise.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, great. Thanks Nick and welcome. So we also have a number of ex-officio members. I think I heard Cynthia, did I?

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

Yes. Yes, I'm here.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Hi.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

Hi. I'm Cynthia Baur, I lead the health literacy and clear communication work at the Centers for Disease Control and Prevention. And I guess the thing that I focus on every day is just trying to explain why clear communication is so important and all forms of health communication and really showing people the ways to do that in a way that makes it feasible for them in whatever organizational setting they work in.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, thanks, Cynthia. Teresa Zayas Caban?

Teresa Zayas Caban, MS, PhD – Chief of Health IT Research – Agency for Healthcare Research and Quality

Hi, good morning Christine. I am Chief of Health IT Research at the Agency for Healthcare Research and Quality. And among many of the activities we...regarding patient-centered care more broadly, we had a funding opportunity specifically designed to fund projects that would look at the personal health information management practices of consumers, patients, individuals and their families to see how uncovering those practices could lead to better consumer health IT design. Thank you.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, thank you. Did we have Danielle join?

Danielle Tarino – Lead for Consumer Education, Health Information Technology Team – SAMHSA

I'm here.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great.

Danielle Tarino – Lead for Consumer Education, Health Information Technology Team – SAMHSA

Hi, my name is Danielle Tarino. I'm with the Substance Abuse and Mental Health Services Administration, funder for substance abuse treatment. I'm a member of our Health Information Technology Team. Around consumers, we are building a consumer messaging library this year for health literacy and education for people with substance use disorders and mental health or mental illness, I should say. And I am also our youth subject matter expert on recovery issues and I am also a person in long-term recovery from alcohol and other drugs. So I feel particularly grateful to be a part of this group. Thank you.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks Danielle, it's great work and great personal accomplishment.

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

Great.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Theresa Hancock?

Marcia Berg – Deputy Director, Veterans/Consumers Health Informatics Office – Department of Veterans Affairs

Hi, this is Marcia Berg, Theresa had another meeting at this time. I'm the Deputy Director of the Veterans/Consumers Health Informatics Office, which is the business arm of My HealtheVet. My HealtheVet is the VA's personal health record for veterans and patients. We've been online since...well, for the past 11 years. We allow the veterans to download their electronic medical record from the VA, they collaborate and communicate with their providers through secure messaging. We offer a health risk appraisal tool and they can order their prescriptions online and do a number of other activities through the portal.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

That's great, great overview. Thank you. Do we have Bradford Hesse on the phone?

Bradford W. Hesse, PhD – Chief, Health Communication & Informatics Research Branch (HCIRB), National Cancer Institute - National Institute of Health

Yeah, I'm here. So, yeah, I'm Brad Hesse and I am Chief of the Health Communication & Informatics Research Branch here at the National Cancer Institute, it's part of the NIH. Our program since about 2000, 2001 has done two things, it's invested pretty heavily in patient engagement technologies including a lot more recently, mobile and wearable and that kind of thing. We've also done a lot into primary care and informatics and invested in that side. The other thing that we do is that I direct a survey called the Health Information National Trend Survey that's been in the field since about 2003 and has been one of the best records, along with Pew, of how people have been using these kinds of tools in the management of their own health, and we've worked with ONC on that.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, it's a great survey. Thanks, Brad. Wendy Nilsen?

Wendy J. Nilsen, PhD – Health Scientist Administrator, Office of Behavioral and Social Sciences Research – National Institute of Health

Yeah, hi. I'm Wendy Nilsen. I'm in the Office of Behavioral and Social Sciences Research at the National Institute of Health. I work with people like Brad all the time, but I lead NIH in their efforts around mobile health. I run our trainings; we do a lot of outreach around that. And the goal is really to bring health to the people wherever they are in a way that's accessible, building on many of the things other people have said.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, thank you. And we have, of course, our awesome ONC staff. Chitra, do you want to introduce yourself? Chitra, are you on mute?

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

I am, sorry. I'm Chitra Mohla and I'm in the Office of Policy. I've been with ONC since 2007 and I'm really excited to be working on this workgroup with Christine and Neil because in 2007 when I first joined ONC, we had a Consumer Empowerment Workgroup that we had from 2007 to 2009, and I was the workgroup lead for that at that time. So I'm really excited that we are launching this and looking forward to working with all of you.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks Chitra and Chitra is doing the hard work of collaborating very closely with Neil and I, she's our liaison, so we really appreciate you in the same way I also wanted to recognize the hard work of Michelle Consolazio, who is on every workgroup call, like every day for her whole entire life, so thanks to you both. So we've...did we miss anybody? Did anybody join...

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

Christine, before we move on, actually I did want to introduce Lana Moriarty, who I think she joined late, but actually today, she was named the Director of the Office of Consumer eHealth, so Lana, if you're on, can you introduce yourself?

Lana Moriarty, MPH – Director for Consumer e-Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology

Yes, of course. Hi everybody, can you hear me?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes, thanks and welcome Lana.

Lana Moriarty, MPH – Director for Consumer e-Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology

Thank you, thank you. I'm so excited to be officially with ONC. I've been serving as the Acting Director for two months now, coming from HRSA, so really focused at HRSA on the National Health Service Corps and Nurse Corps and making sure that our underserved communities have primary care. At ONC I really look forward to not only working with this workgroup but really looking at entry points across the agency of where we can keep the consumer voice front and center. So, I look forward to hearing more and am very excited to be part of this group and seeing so much being done in the field on patient engagement.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks for being able to join us today, congratulations and I know I speak for everybody when I say that we all look forward to working with you.

Lana Moriarty, MPH – Director for Consumer e-Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology

Thank you, the same here.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So I think you guys can see that we have a really fabulous mix of patients and family members and caregivers along with providers and technology experts, people who have expertise in health disparities and health literacy. I mean, we really span the essential and important issues that consumers are facing I think in healthcare at large, but certainly with respect to health IT. So, I feel confident that we have a really great group that can do some awesome work.

So, next slide. So now I'm going to turn it to Michelle Consolazio, who is going to do a little bit of context setting for you guys. And I want to say that as we go through these discussions, the next several slides, Michelle will hand it back to me after that, we're kind of talking a lot at you, but we also know that you're all sitting in front of your computers and very likely to be doing email if we're not careful. So, if you have questions, thoughts, concerns, absolutely feel free to interrupt us as we're talking, we really do want this to be a dialogue and we're going to get to the dialogue part pretty quickly, but that should not stop you from interrupting and asking any questions that you may have. So right now I'll turn it over to Michelle and we'll go from there.

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

Thanks, Christine. So I just want to reiterate and thank you all for volunteering to be a part of this workgroup. It takes up a bit of your time, but your feedback and the work that you do is extremely valuable to ONC. We are very proud of our Federal Advisory Committees and the work that has come out of them and we listen to you all and take this work...this work is very important to us, so thank you all for the time that you're dedicating to this group.

I just want to set a few expectations. As Christine mentioned, we just went through a restructuring of our workgroups to better align the workgroups with ONC's strategic priorities and in doing that, we also wanted to make sure that we're having a good, diverse perspective on all of our workgroups and making sure that we have engaged folks participating. There are a lot of people who applied to be a part of these groups and we just want to make sure that we have a good group of active participants that are helping us and providing guidance to us in the way that we had originally expected.

So to do that, we do kindly ask that you try not to miss more than 5 meetings within a year. We understand that there can certainly be extenuating circumstances that arise, but we do want to maintain an active group of participants. When people miss meetings, we often have to go back and it does slow down the process of coming to recommendations.

We also understand that we have our own responsibilities. We need to try really hard to get you materials in advance of meetings so that you can be prepared for meetings. So we are hoping to send materials out no later than 24 hours in advance. Those of you who have participated in the past know that that sometimes is very difficult, but we will do our best so that you can review materials before meetings and be an engaged participant. But again, thank you all for agreeing to participate and I hope that we can all work together to come to some great consensus and recommendations moving forward. Next slide.

So as I mentioned, this is the newly restructured workgroups on the Policy Committee side. We also restructured on the Standards Committee side. You can read, but I will just read the groups to you; so there's the Health IT Strategy and Innovation Workgroup, the Advanced Health Models and Meaningful Use, Health IT Implementation, Usability and Safety, Interoperability and Health Information Exchange and Privacy and Security, in addition to this group. We're still working on the name of this group, so you might see a name change there as well.

So there may be times when we need to work together with some of these other groups and based upon the work that we could potentially foresee this group taking on, there likely will be a case when we may need to form a Task Force or may need to work collaboratively with some of these other groups. Next slide.

So I just want to explain the process for coming up with recommendations and how information flows through ONC and how the advisory groups come into play. So let me first explain, so we have two Federal Advisory Committees, which we refer to as our FACAs, for those of you who haven't participated in the past. What essentially the FACAs are is they follow the Federal Advisory Committee Act, which says that all of these calls that we hold will be open and transparent and there will be opportunity for the public to participate. Technically we only need to have these calls be open for the Committee meetings themselves, but ONC decided early on that the workgroups should also be open and transparent and there should be time for public comment during these workgroup calls. It's really during the workgroup calls where all of the work gets done. So typically what will happen is there might be a charge from ONC or identification of work that the workgroup will be taking on. Once the workgroup starts to take on a charge, for example, you all will deliberate and work through and provide recommendations. And then typically the chairs of the workgroup, so Neil and Christine, will present to the Policy Committee and they typically will present a draft set of recommendations, get feedback from the Policy Committee and then revise recommendations at the workgroup level and then come back the next month with final recommendations.

Once recommendations are approved by the Policy Committee, they then are sent to the National Coordinator through a transmittal letter. And the National Coordinator will then decide if it's something that the Standards Committee needs to take on and identify standards for. The Standards Committee will then be assigned that task and it will then go down to their workgroup. Their workgroup will then provide recommendations which are sent to the National Coordinator and then potentially sent to the Secretary of Health and Human Services.

That was a very quick overview of what happens, and I'm sure there are lots of questions. Also to clarify, so typically the workgroup will provide recommendations to ONC, but the recommendations don't necessarily have to be related to a Rule, but they do need to be related to something that ONC can help inform. In the past the Privacy & Security Tiger Team, for example, had made recommendations that the Security Risk Assessment needed tools for providers to make it easier on them. And so ONC actually helped and created tools based upon the recommendations from the Privacy & Security Tiger Team. But it's typically recommendations that come out of the workgroup and then are approved by the Policy Committee.

So let me just take a breath...and I should also say and throughout this process, we have time for public comment in all of the meetings, to make sure that the public is engaged, knows what's happening and is able to inform any recommendations that are coming out of the Policy Committee or Standards Committee. So let me pause there and see if there are any questions about the process.

Tripp Bradd, MD, FAAFP – Skyline Family Practice, VA

Hey Michelle, this is Tripp Bradd. One of the things I was thinking about, and of course it's hard for me as a full time clinician to get ti...I had to carve a lot of time out of this morning in order to have this meeting, but for patients and other people in the public, I'm wondering if we could have a rolling, and I realize the constraints you all have to deal with, but having maybe a rolling lunch hour kind of meeting time versus...Eastern, Central, Mountain and Pacific so that there might be more interaction and availability of the members? I can't speak for anyone else, but I know in the past when we've tried to coordinate with other groups, it's been hard to have it right in the middle of a half day, sometimes. Thank you.

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

Thanks, Tripp. So unfortunately we're scheduling...I mean, we do do the best that we can, we often times the timing isn't great, especially for people in the Pacific Time zone. The problem is, we have to schedule around all of the FACA Workgroups, so it's really hard to keep to a consistent time, just because there are so many workgroups meeting and we need to allow time for everyone to have the opportunity. But we can certainly do our best to try and find a better time going forward.

Christine, is there anything I forgot reviewing the recommendations that you would like to add? Actually, one thing I would like to add is, since Karen DeSalvo has been the Chair of the Policy Committee, she has reminded us that it's not all about Meaningful Use that we're starting to think beyond it and if you noticed in the workgroup restructure, there no longer is just a Meaningful Use Workgroup but there's...we're thinking outside of Meaningful Use what other levers can we use for health IT and it's not just limiting things to Meaningful Use.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Umm, so, and we're going to actually...we are going to talk about some other policy levers a little bit in a second, Michelle. But I do think it might be helpful for folks to just remind you guys that we are a workgroup of the Policy Committee, so we're not a workgroup, for example, of the Standards Committee. But we do have representation and expertise in health IT standards; I know Leslie Kelly Hall and Phil Marshall and others on the group have some expertise in this area.

In fact, Leslie used to Chair the Consumer Technology Workgroup, which was under the Standards Committee, but I say that because it helps us focus on policy issues and that's really where we need to focus. So we do need to understand the standards environment and we structured the workgroup in a way that we would have some of that expertise available to us. Ultimately, I think, we want to have focus areas and recommendations that really have a practical application that are capable of getting some traction.

So we're going to...at the same time we're going to be very strategic, but we're also going to be very strategic about making sure we're useful to ONC and to the Health IT Policy Committee and staying within the scope not only of our charge, but of the sphere of policy as opposed to standards, etcetera, as we move forward.

Neil S. Calman, MD – The Institute for Family Health – President and Co-founder

This is Neil, let me just throw in one comment, too. Having been on the Policy Committee, I just want to assure people that the Policy Committee really is a coordinating entity, but all of the work gets done in the workgroups. In most of the Policy Committee meetings that people have not been involved in them involve workgroup reports and discussions about those so that people shouldn't feel like this is something that's sort of out on the fringes, it really is...the Policy Committee really is 90% a conglomeration of the work that comes from the workgroups and the 6 workgroups will clearly be setting the content for the Policy Committee going forward.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yup, absolutely; great point, Neil.

Clarke Ross, MA, DPA – Public Policy Director – American Association on Health and Disability

This is Clarke Ross, two questions. I notice that the Administration for Community Living is not one of our ex-officio federal partners and given my interest in disability and community based organizations that would be a suggestion. And then two, related to that, I suggest an agenda item being a SAMHSA presentation and an ACL presentation on what they're doing to financially stimulate and support the whole electronic record platform within their kinds of organizations that do not receive the Meaningful Use federal grants.

Neil S. Calman, MD – The Institute for Family Health – President and Co-founder

Those are great points, great points.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Michelle, if anybody from ONC wants to respond to that or just take it as a very important point.

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

I think we'll take it as an important item and as we talk about the work plan later on in today's discussion, we'll make sure that we keep that on the list.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great. Great.

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

Okay, I have one more slide to review, Christine, is that okay and then I'll turn it back to you?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, sure.

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

Okay, next slide. So, I just wanted to review some of the major milestone items that the Federal Advisory Committees are working on. So back in October we had a joint meeting between the Health IT Policy Committee and the Health IT Standards Committee where we reviewed a draft version of our Interoperability Roadmap. And we then assigned the Health IT Policy Interoperability and HIE Workgroup to help inform the roadmap based upon recommendations that came out of work that was done over the summer. We had formed a JASON Task Force and a Governance Task Force, so they were charged with taking those recommendations to inform the Interoperability Roadmap. And they'll be reviewing their final set of recommendations in December.

And then the ONC team will be taking those recommendations to inform a public version of the Interoperability Roadmap which will be posted in January. And come January, we will be asking a number of different workgroups across both the Policy Committee and the Standards Committee to provide comment on the Interoperability Roadmap, and the public as well. And we also, after today's meeting, have kicked off all of the Policy Committee workgroups. And another major milestone that we'll be presenting at the December meeting is the Federal Health IT Strategic Plan. Our workgroups will be helping to comment on that as well. And then early in...well, in Q1 of next year, at some point, the Meaningful Use Stage 3 NPRM will be published, as well as the Certification NPRM.

So these are three major items that we will be asking our workgroups across both committees to inform. I share this with you because this likely means work for this workgroup. ONC will ask this workgroup to inform these items and we'll just need to figure out how to best plan the work of this workgroup so that we're not overburdening you with these items, but that we do get your input.

I will note that we have a change. We changed the date of the December Policy Committee meeting so that the Federal Health IT Strategic Plan could be reviewed then. We're hoping it will be posted for comment just before that meeting, so that they'll be able to present it to the committee on December 9, which likely means there will be work assigned out of that meeting for this group. So that's a change and we can talk about that in more detail, but I just wanted to share with the group some of these major things that are happening.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, thanks Michelle. We're going to talk about how some of these initiatives will feed into our work plan shortly, but does anybody have any further questions for Michelle? Neil, anything you'd like to add?

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

No.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, okay, thanks Michelle.

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

Thank you, Christine.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So we're going to talk about our particular scope and charge next. So...and one more slide, great. So the first bullet that you see on your screen is about what our charge actually is; so this is our scope. So we will provide input and make recommendations on policy issues or opportunities to use health IT to do three things, so these are all three very, very important.

The first is engage consumers and families in their own health and care, which could include patients or family members, family caregivers. This is also including, in other words, interactions with your health and your care that are not always inside the healthcare system. So this is the at large, big picture bullet, engaging in health and care. We always want to focus on health in the context of a consumer's whole life rather than trying to get them to jam health into their life, right? Or their life into health, we want health in the life; so how we can really focus on supporting consumers and families in managing and improving their own health and their own care?

The second area of focus is how we can enable consumers and providers to work in partnership together, supported by health IT. So that's probably more in the context of the healthcare system, whether you're a consumer or a family caregiver, how do we use health IT as a tool to support that genuine partnership with the care team?

And then the third is to elevate consumer voices so we're shaping health system transformation. And this is a really...this workgroup is a great example of that because we have a number of patients and family caregivers on the group who are specifically working in that field, in addition to, of course we all have experiences that we're bringing to bear. But we're really doing a good job to elevate consumer voices in a way that again, supports a partnership where we can co-create together the best healthcare system that we all envision through health IT policy.

So we are going to also, as Michelle mentioned, think about, she mentioned two areas. We're going to think about existing policies and programs that we can hook onto. So the big focus has been Meaningful Use for a long time, that's still going to be a focus, it is still around, but it's not as big as it used to be anymore, so we're going to think about, what other kind of policies and programs can we really support and advance and help evolve to be consumer centered and meet our charge around better engaging consumers and families in their own health and care, in the health IT system, in partnership with provider or in supporting health transformation. The second thing Michelle mentioned is that we will collaborate with other workgroups to address those consumer engagement concerns that are critical to deliberations. Next slide.

I'm going to do couple of slides and then ask you guys for questions or thoughts. So as I mentioned earlier, we're going to discuss today the key trends and issues that we think we need to consider, particularly over the next 12-18 months. You guys got an email invitation to do just that, to really come prepared having thought about what in consumer engagement as we've defined it that is in our scope, that we need to think about from a policy perspective in the next 12-18 months.

So some examples of things that we might need to do some work on might be regulatory gaps post the third stage of Meaningful Use, mHealth including things like remote monitoring, health disparities, there may be issues there that we really need to tackle, in fact, I know there are. What's the consumer role in advancing interoperability? So those are some examples. And then we are definitely on tap to collaborate with other workgroups in some important areas.

And this is, I think, an essential function that this workgroup has; it reminds me of when, and Neil will remember this, when we first started the Policy Committee we said, we don't want to have like a Privacy & Security Workgroup because we don't want the issues to be siloed, we want them to be connected across all the groups. We ultimately went and realized that we needed a Privacy & Security Workgroup, it just needed to be connected, so that's what we're trying to do here which is, serve as a connection point to other groups so as they're thinking about big data and predictive analytics or genomics or care planning, that's a big issue that we're able to connect in as a consumer voice and shape their work. Next slide.

So I want to...we're going to discuss the scope in a second, I just want to do two slides here on some resources that I think can help, that we can draw from to shape our thinking and to support our work going forward. So one is the Federal Health IT Strategic Plan and that's...and the Interoperability Roadmap. So those are coming and they will also not only shape our thinking, but be something that we will want to shape as well.

On the next slide, there are some existing resources we can draw from which is ONC's Person at the Center Vision. So this is some work that ONC has already completed and they had set a goal that by 2020 technology will help to support increased self-management and prevention, seamless interaction with the healthcare system and shared management of healthcare. And then of course, and we know Lana's on the phone and we're glad she is, ONC has also previously articulated some consumer eHealth program goals, and you can see them listed on the slide, but it's increasing access to health information, enabling consumers to take action using tools and services, helping to shift attitudes of...and particularly, and this is a big culture change element, how we shift attitudes to help consumers and providers partner together in care and in system transformation. So there's a link if you want to have more.

So with that, let me just turn back to the group. So what we're going to do going forward is we're going to talk now about any questions you have about our scope and then we're going to ask Neil to take over and he's going to talk more about what kind of issues that we want to focus on in the next 12-18 months; so before we get to the future stuff, any questions about the scope that I reviewed, and maybe let's go back two slides so people just have that in front of them on the screen.

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

So Christine, this is Amy Berman and I do have one question and that's about...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Oh hi, Amy.

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

...hi. I was there for the roll call, sorry I was muted.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

I wondered about transparency about price. I don't see anything...I see about the ability to mutually agree upon decisions in healthcare, but I don't see anything about the ability for a larger set of transparency. Is that within what ONC is hoping for or is that kind of outside of the...I love everything that I see, by the way.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Can we go back one more slide, please? Okay, so the top bullet on this slide is, I think, broad enough that if we felt like there were some policy work related to consumers and health IT around price transparency that we needed to talk about, I think that's one specific strategy for how we might both engage consumers and families in their own health and care, but also enable system transformation. So, I think that's a strategy within this broad scope and we're going to talk next about the strategies that we think are really important to focus on in the next 12-18 months.

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

Great.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Does that help?

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

It does, thank you.

Nicolas P. Terry, LL.M. – Co-Director, Hall Center for Law and Health - Indiana University Robert H. McKinney School of Law

Christine, it's Nick. I just had one brief question, I've got a funny feeling the answer is "yes" to both. Are we essentially reacting to the proposals of others or are we tending to generate proposals and ideas?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Both. You're absolutely right.

Neil S. Calman, MD – The Institute for Family Health – President and Co-founder

Um hmm.

Nicolas P. Terry, LL.M. – Co-Director, Hall Center for Law and Health - Indiana University Robert H. McKinney School of Law

Thank you.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Christine, this is Erin.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Hi, Erin.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Hi, thank you very much for that background and framing of what the workgroup will be focusing on; I think it looks great. I wanted to say I'm really glad interoperability is on the list, I feel like increasingly that's sort of what the public discord is focusing on and I don't want our issues, which I think are critical to advancing interoperability, you know, the patient and family engagement requirements to get overlooked in that discussion; so really happy to see interoperability on the list. And I also wanted to ask whether there's a role for the workgroup in, I know sometimes the Policy Committee holds hearings to get feedback from the field on how they're doing with current requirements. So I know that there were a lot of new patient and family facing requirements for Stage 2, is there a role for this workgroup, in terms of monitoring or providing feedback on how those requirements are doing?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Umm, so Erin and Amy both are bringing up what I think is really essential to talk about in our future kind of discussion area...

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

(Indiscernible)

Christine Bechtel, MA – President – Bechtel Health Advisory Group

...so, no don't be, I think that's right, but it's also telling me that you guys are probably ready for that. So if there are any technical questions, I'll take those now, otherwise I think we should really dive into talking about what we want to focus on or what we think is really important to focus on. And what we'll do is we'll take all that in and we'll work with ONC and we'll figure out is this in our scope, somebody else's scope, how do we address and handle this?

But before we go there, I think Erin's comment makes me realize that there are a number of folks who are new to the group who may not know the sort of tactics that we have available to us. So when we make recommendations that is one strategy and I'm going to tap Michelle Consolazio to help me here, but we can also do listening sessions. I think hearings are a little bit more like expensive and tend to be in-person, I think that's an option, but I'm not sure ONC loves that. But we can certainly do listening sessions where we're hearing from the field on whatever topic is...that we think is really important to monitor or advance some policy recommendations.

We can ask people, experts in the field, to answer specific sets of questions. We can leverage things like the...or we can ask ONC if we can leverage things like the Health IT Blog; so there are some things that we can do that fall short of always being a policy recommendation that if we feel like we need to move the field forward or nudge it forward or support ONC in some way, we could do. Michelle, did...are there any other kind of tactics or things that you wanted to mention?

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

I think you covered them all, but as you mentioned, it's not just limited to these calls. We try and think of other ways to hear other voices, so I think the listening sessions is probably the most successful way, but as Christine mentioned, we have the Blog...

Neil S. Calman, MD – The Institute for Family Health – President and Co-founder

And the Web.

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

Yes. Yes.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah. So why don't I turn it over to Neil, who can take us the rest of the way through thinking about our focus and we can talk about these awesome, meaty issues that are already bubbling up.

Neil S. Calman, MD – The Institute for Family Health – President and Co-founder

Yeah, as well we knew they would. So can we get to slide 16? Oh, there we are. So this...the top part of this slide really captures again that first bullet in our work scope, and I think to me this is something I think we should all be committing to memory, because these really are the three functions that we're going to be sort of working on and I think that this sort of summarizes better than anything sort of the scope of our work.

I want to talk for a minute about policy levers. The...at the beginning of the HIT Policy Committee there were two sort of general concepts that I think are really important to sort of bring to the workgroup as we start our work. The first is, we don't want to be talking...spending a lot of time talking about things that we can't do anything about or where the marketplace is sort of moving and there's no kind of place for government to really get involved or for there to be sort of new policies or where our work would sort of just be kind of like an intellectual discussion. It's really important that we focus on things where, because there are so many different topics we could be dealing with, focus on things where we can have some impact.

And one of the ways of doing that is around sort of thinking about what the policy levers are. And I think of policy levers in two directions. So all of us are involved in work of some sort, we're all being regulated by different agencies or are...interfacing with different government organizations. And in the process of that, we see evolving things like reporting requirements, certification requirements for that we do to be certified as providers, different kinds of regulatory things that are going on. And I think for those, as those things happen, we should be thinking about where there are important inputs and bringing them to this workgroup to say, you know, there's a new set of quality measures that are coming out right now for community health centers, should some of them be involved new requirements for how their electronic health records interface with consumers? And so there's that sort of direction.

The other direction is really to think from a technology forward point of view, so what do we see evolving in the technology and what are the things that...what are the levers that we know about that might be able to be used to bring some of those forward? So historically, you know, historically...recent history, you know, Meaningful Use and certification of electronic health records has kind of been the big tool that we've had to kind of move things forward. But as you heard Christine say before, I think that there are...that is starting, especially the Meaningful Use piece, though not completely in the background, it's starting to be seen as sort of just one of many, many policy levers.

So there are...can you go to the next slide? So there are all kinds of different things that can be done. There are grant programs that are being that are being released all the time for people to do their work. There is all kinds of guidance that comes out on best practices from...both from ONC and from CMS. And...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Hey Neil, I'm sorry, it's Christine. I think we just have to go back one slide, are you on policy levers?

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

Yeah, what happened? Yeah, sorry.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, good, you're good.

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

The slide deck that I have varies slightly from this one. So, yeah, and so there's...there are educational materials that are being developed all of the time. You see...many of you are involved in the work of the Regional Extension Centers and then you see also other aspects of the work that we're involved in that involve Medicare and Medicaid and other federal agencies; there are things that have come out from the Veterans Administration. So, we need to be kind of aware of those and to think whether or not some of the things we'd like to see happen around consumer involvement, have some place in there so that we could work with those agencies in order to expand the potential impact of the work that we're going to be doing in these discussions. So now I think you could go...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Neil, it's Christine, if I could just jump in and recognize our federal partners who are on the phone. You guys are obviously, I mean we list you as ex-officio, but we consider you, of course, full members of the workgroup so...and you have functioned that way previously, so we really want to encourage you guys to help us understand. I think a lot of our workgroup members will have varying degrees of familiarity with the work of your agencies and others, so, you're in a really unique position to help us understand where there are opportunities for this...for any work that we're doing as a group to take hold and what these kind of policy levers might be. So I just wanted to give you guys a shout out and also really ask you to support the work in this way, I think it would be terrific.

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

Thanks, Christine. Now I think we can go to the next slide. So, I think we kind of covered this already, but basically we know that there are these upcoming developments, the Federal Health IT Strategic Plan and the Interoperability Roadmap, and Christine sort of covered this before, but places where our work will be critical. Can we get the next slide?

And I think what we really wanted to do now is open this up to the group. One of the things that I think was somewhat frustrating in the work of the Policy Committee, in the years that I was involved in it, was that the Policy Committee itself sort of receives the reports from the workgroups but a lot of the creative energy came at the workgroup level. And so we want to make sure that Christine and I have spent a lot of time talking about how it would be a shame to bring all kinds of people together who have incredible experience and knowledge in different fields and to bring them to the table in order to just be reactive to things that are brought to us.

So, it really is, as was asked by Nick before, it really is a two-way street here. Things will be brought to us for our input, but I think we also need to be able to generate an agenda for the things that we think are important. And so both Christine and I are frantically writing notes as we'll ask these questions, but for the rest of the time, we'd really like to open it up to the group to really share your ideas and thoughts about, what are the parts of this field that are most important to you and where you think there might be important policy inputs?

What are the immediate pressing issues that we have? Where do you think that there's opportunity for us to have input? And what is it that we might need to learn more about, and you mentioned the listening sessions, but there are often times where we think something is important, but the members of the workgroup themselves don't have expertise in these areas and so that's where we do reach out more broadly to the public to try to get more information. So with that we'll sort of open it up and hear your comments. Please just remember to identify yourself because we don't know your voices yet.

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

Sure. Neil, this is Amy Berman from The John A. Hartford Foundation and I should just say The Hartford Foundation is focused on improving the health and healthcare of older adults. I'm responsible for our investments in models of care, things like improving transitions of care, so we probably are the major investor in the development of person-centered, coordinated care models in the country. And personally, I live with Stage IV cancer and write and speak a lot on person-centered care and I'm at one of these conferences right now doing exactly that.

There are four areas that I think, these are general areas, but that might be of interest to this particular workgroup. The first is caregiving. I'm sure you know that the IOM has just embarked on a major study around family caregiving looking at policy as well as practice related to family caregiving, but the role of identifying that caregiver and then what are the opportunities across systems or providers to be able to know what to do with that family caregiver. An appropriate response is, technology could do a great deal to help better inform, prepare, guide and incorporate the needs of families in the care system. So generally speaking, that's one bucket.

Another would be the integration of medical care with social supports and services. It's already been mentioned on the call that perhaps having ACL as an ex-officio might be helpful in this matter, but I think what we're talking about is a proactive system of care. So how does the community receive that individual? Technology has a lot to do with the ability to both prevent an unnecessary hospitalization but also to receive back in the community with appropriate supports and services so that people don't just round-robin.

The third area is concordant care. I guess that's just a bucket that I would call it. At this point we don't have a way to identify a person's goal of care in the medical record, but how do we...if we are able to do that, and there certainly is a body of work developing in this area. If we know what the person is trying to achieve for themselves, can we do work to be able to make sure that the care is concordant with that goal? So that's a very big bucket, but this obviously is a great opportunity to get to value, better health, better care and significantly lower cost, the data would suggest.

And the last is around advanced care planning. I think national attention we've had a lot toward the transitions and care coordination because it...there are 17.1 billion dollars in avoidable readmissions per year, but the end of life cost are three times that much and unfortunately the care is not exactly what people are hoping for, all of the data would suggest. And we have some inappropriate policy and some real opportunity to be able to across systems better inform what a person would want. So, those four buckets I'll just put out there.

Neil S. Calman, MD – The Institute for Family Health – President and Co-founder

Great, that's really good stuff. And the whole integration with social supports is so much in keeping with all of the new sort of talk about health homes and how IT is going to support the interaction between the healthcare system and every other kind of system that supports people. Other comments?

Clarke Ross, MA, DPA – Public Policy Director – American Association on Health and Disability

Hi, this is Clarke Ross. So I'd like to reinforce Amy's four points and in my introduction I emphasized the number one priority in the disability world is this integration of medical/clinical with community based social supports. And offline Amy, I'd like to talk to you about some frustration the disability field has with your grant support for the National Committee on Quality Assurance on what person-centeredness is and how you determine it, but that's another topic. I just...opportunity just...

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

We're happy to get input and this is...we are very new to doing this work, so very, very happy to have conversation offline.

Clarke Ross, MA, DPA – Public Policy Director – American Association on Health and Disability

Thanks. So, the original point I'll make is, I represent the disability community on three National Quality Forum workgroups and Amy identified person-centered planning as a very important trend and we can debate what it is and how we know it when we see it. But using the electronic health record and HIT to integrate the personal experience, some people call it the patient experience, but the consumer/person/patient experience into a quality measurement is a hot topic, an important topic and one where we have a lot more questions than answers. So, I'd like to put that piece about the personal experience, using the health record as a way of getting to quality measurement.

Nicolas P. Terry, LL.M. – Co-Director, Hall Center for Law and Health - Indiana University Robert H. McKinney School of Law

So, this is Nick Terry. If I could throw a few things in the hopper and these are very...quite sort of deliberately at very different levels of generality and it would be of great assistance to have a reaction from the Chairs in particular as to what appropriate level of generality that the workgroup works at. So let me throw these in; first of all, interesting work that IOM has been doing and indeed, they had a report out yesterday on increasing the level of non-clinical information gathering through electronic health records, particularly focusing on various aspects of health determinism that are not currently being supported by Meaningful Use and Certification.

Secondly, interoperability in perhaps a broader sense than we have been thinking of it in terms of interoperability between electronic health record systems and the extent to which this group will have things to say about how liquid the data is between physicians and their institutions and between patients and their providers when they're using sort of next generation mHealth technologies.

Thirdly, privacy and to an extent security; as we get into more patient-facing technologies such as wearables and mHealth, we run, as you all know, into non-HIPAA protected space. And the extent to which this workgroup can make proposals to encourage FDA and FTC cooperation and look at that issue.

Fourth, discussing mHealth and emerging technologies; I think I could see a really strong role for this group in looking at the questions surrounding, to use the old phrase, the digital divide when you're talking about the future of healthcare being an extremely expensive personal computer that we...that only some of us get to carry around.

And finally, and very, very broadly, the role of data analytics within the healthcare and research enterprises and what kind of consumer representation or consumer concerns or consumer benefits there may be in those regards.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So it's Christine, I think you asked a lot of...you've raised a lot of really good issues and you've asked a really important question and I think I would just revise your question a little bit to say, what's the appropriate level of generality but also what's in scope for us?

Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health - Indiana University Robert H. McKinney School of Law

(Indiscernible)

Christine Bechtel, MA – President – Bechtel Health Advisory Group

And how would we maybe contribute in these areas? I don't think anyone on the phone would disagree that the issues that you have raised, the issues that Amy has raised, the issue that Erin raised in our last part of our discussion are absolutely relevant here. So I think Nick, with respect to your question of the Chairs and I'm going to invite ONC to respond as well.

So there are some issues, like privacy as we get into patient-facing technology like wearables and mHealth as well as interoperability in the broader sense and the role of data analytics; those three issues are currently either being considered and grappled with in other workgroups or their on the slate, they're on tap, too. And so I think that's the Privacy Workgroup is...the Privacy Workgroup is functioning like we are, which is, we will consider our own issues in consumer eHealth and our policy issues that are focused on how to advance consumer engagement in those three ways that I mentioned before that is specifically in a health IT frame, so we're doing that, yes.

But we're also acting as a touch point and kind of vetting group for other groups. So in that role, and Privacy is doing the same thing, so the patient-facing and wearable device stuff we can find out what they're doing in that area, or we can often ask them, does this fit in your work plan anywhere or what's going on.

For the role of data analytics, I don't know which group that is, but I'll ask Michelle in a second. Interoperability has its own workgroup and they're doing work where we will be a touch point, because we're going to comment on the Interoperability Roadmap, so that's a place where we will definitely be working in the very immediate future.

Michelle sits on every workgroup's phone calls so, Michelle, do you want to weigh in here as well? And then I also know that ONC has been thinking about mHealth issues and want to invite them to weigh in, too, but let's start with Michelle Consolazio.

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

Yeah Christine, I would add that there will probably be some work related to the Strategy and Innovation Workgroup. I know that they would love to work together on mHealth and some wearables and things like that. In regards to your question about data analytics, I would probably say that that will somewhat be related to the Advanced Health Models Workgroup, they're thinking about forming some task forces and I know that there is definitely some room for overlap there.

I'm not sure if it was mentioned, and I'm sorry if it already was, but as we think about care planning, I think we know for sure that there will definitely be a touch base between our group and theirs and we'll just need to figure out where that...how we do that.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great.

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

So, I just want...this is Neil, I just want to point out, one of the things that's so clear when you start listing these kinds of issues is they kind of, to me, always seem to fall into two buckets, right? There's the bucket that kind of says, things that are moving forward, what can we do to make sure they include the things that we think are important and what can we do to sort of facilitate them moving forward, maybe even more quickly? And those I think are sort of the facilitative kinds of things that we're doing. And then there's the more restrictive, regulatory kinds of stuff that says, things are moving forward, what do we need to do to protect people and to make sure that they're done in the right way? And what kind of levers are there for that?

So just a thought about, as we're talking about these things, I think we always think of government as something that kind of restricts and regulates and I think that a lot of what the work is, and one of the challenges, is to think about how we can use those kinds of policy levers that we talked about before to do the facilitative work, which is most of what people have been talking about in relationship to the comments that have been made so far.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Neil and Christine, this is Leslie Kelly Hall and further supporting the comments you just made as well as Nick. I think there's opportunity and would ask how we could potentially provide some guiding principles from this group to other groups that are going to have touch points. For instance, in the new models of care, we would want to make sure that as new models of care are being considered, the patients and the caregiver and other stakeholders are included in those models, so offering up guiding principles could be helpful.

In addition, I'm so encouraged by the new definition of interoperability that ONC has put forward that all individuals, their families and healthcare providers have appropriate access to health information that facilitates informed decision making and supports coordinating health management and allows the patients to be active partners in their healthcare to improve overall health of our population.

This is a dramatic shift from system-to-system kinds of interoperability and is the guiding star for Interoperability Roadmap. But it does give us an opportunity in our workgroup to...that as a measurement, is there a way to help to guide other areas to say, hey, does that include everybody? Are we actually improving coordinating care and decision making? So, just to offer those up as some suggestions, thank you.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks, Leslie. Other folks, remember to we want to think fairly...I want to also encourage you guys to start getting fairly specific about what's going on in the next 12-18 months where there's either something, as Neil talked about, that's moving forward or there's a risk to consumers or there's an opportunity to leverage.

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

Yeah, Christine, this is Phil Marshall...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Hey, Phil.

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

...and I have a...hey...so, an observation that you can help me understand is either accurate or not and then a question for you. So as I heard you all talking about what our levers were, I just want to better understand. So when it comes to the Health IT Policy Committee, while there are other things that we can do around guidance, education materials and there are grants, etcetera, it seems to me that even though we say Meaningful Use is not necessarily the sole charge, it sure seems like the health IT policies are almost equivalent to Meaningful Use and EHR Certification and that is really kind of the largest funnel of all of the input.

And the reason I bring that up, and I'm sure all of you are sensitive to this, that when it comes to health IT policy, and now consumer engagement, things like patient-generated health data, etcetera, if it's all coming down and through Meaningful Use, then the provider systems who wish to really do good consumer/patient engagement, take their data, make services more available to them, really see their electronic health record as the only way to get there.

And I guess my question is, because I observe this in the market all the time, large provider systems before doing anything on patient engagement, will say things like, we'll just wait for EPIC to do it. And I think that that's in part a by-product of all the policy really being funneled through Meaningful Use and so that's really a question, and that is, are there other non-health record first ways that the policies can really, truly manifest and have some teeth?

For example, there's increased discussion recently about pay for engagement; so actually rewarding providers for levels of engagement within their patients, not necessarily having anything to do with the health record system. And maybe even, I mean I'll just throw out, premium reductions for Medicare beneficiaries who are more engaged or who are generating and looking at their own data in order to improve their health and connectivity with their care provider. So, that's really the question and that is, are there ever real ways with teeth that the policies manifest, other than being sort of a health record first kind of model?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Umm, yes. I think...I'm going to give you two examples that I think might be helpful, and I'm going to do it kind of quickly because I know we're getting a little bit low on time, we have about 7 or 8 minutes left. But what I'll say is, I do think; however, this is the Office of the National Coordinator for Health IT, so, it does need to relate to health IT. So that's a threshold matter and I think you get that, but I want to make sure that people don't misinterpret some of the examples you gave around incentives for consumer engagement at large, there needs to, I think, be a health IT angle and I'll let ONC folks speak up if I'm incorrect about that. Okay, so hearing none.

Let me give you some examples, but there are levers beyond Meaningful Use, that is not to say that Meaningful Use is no longer a lever and ONC, I think, doesn't want us to focus as much on that. But we will be asked to comment, for example, on the Stage 3 rule. The certification process, as it evolves and moves forward, has a really essential role in creating the capability to do that. So those things are in scope for us, we just don't want to overly rely on them because their influence is shrinking. So we want to have recommendations that have a big impact.

So let me give you two examples; one is Blue Button. So Blue Button started out, it did ultimately make its way into Meaningful Use as view, download and transmit, but it really started out with the VA doing something which was making this functionality available to veterans through My HealthVet and it started with the Medicare Program being able to make claims data downloadable for Medicare beneficiaries and their families. And then App developers came on because ONC played a really essential role and Lana's inheriting this mantle, galvanizing the troops around promoting and asking health plans and employers and consumer groups and provider groups to advance this capability in their own practices, to let people know what you could do with VA and Medicare data and then it made it into Meaningful Use. So those were policy levers and other kinds of bully pulpit levers that are totally in scope for us.

The second example I'll give you is one I'm going to completely make up, therefore do not assume the federal government is committed to anything. But if we decided that this idea of integrating social supports and clinical systems is a really important one, there might be some certification criteria in that, but we might also, while we might end up there, we might also have a lot of other levers. We might do some hearings; we might see what's going on in the broader environment around this. We need to understand what the technology can and cannot do. We need to think about what are the principles that should guide the early efforts to create some basic capabilities. How might we advance those capabilities? How might we educate people about that? How might we engage community organizations to connect with these provider groups and technology groups that heretofore they probably don't work with in this respect at all?

So there are a lot of questions that might need a policy framework, for example, and might have education implications. So, a lot of different levers, some of which are policy and some of which aren't, some of which relate to Meaningful Use and some of which don't.

Nicolas P. Terry, LL.M. – Co-Director, Hall Center for Law and Health - Indiana University Robert H. McKinney School of Law

That's very helpful, thank you.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, you're welcome. Does anybody from ONC want to correct me or add to that or share in my brilliance? I'm kidding, of course.

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

This might be a little bit askew...this is Amy Berman from The Hartford Foundation. And while this may not be the center of where we're looking, you did make me think of one other thing. You talked about Blue Button and obviously I'm thinking about Data liberation, but I kind of wondered also about the policy around scale and spread. And so right now, as individuals have been provided with public dollars in support of writing code, the things that work are then kept at those places and the business model is that each person has to individually create anew and maybe there's an opportunity through policy to say if it was created with public dollars, it has...free the code.

And again, this is outside of kind of the core of what we're talking about which is, what should be the right ways for technology to enable people to have better health, better care, lower cost. But it's an underlying question based on the comment that was just made.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

And I think, Amy, it's also related to what Erin Mackay raised earlier which is, how are current health IT policies, including but not limited to Meaningful Use, impacting patients and families today. Are there things that we...are there issues or challenges that we're unaware of that maybe need to be addressed to protect the investment of federal dollars that's gone in that direction.

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

Good, good, good.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Hey Christine, this is Erin. To that point I just want...I know you're trying to wrap up but I just wanted to say that I know that care planning is in the focus of the workgroup but I just wanted to note that I think that we have significant potential to look at both documenting patient goals and then the concordance issue that Amy mentioned, to see whether or not care was delivered consistently with those goals as well as social determinants of health. I know we at the National Partnership have done a lot of work about...around care planning and what we've heard from consumers is that being able to connect outside of the care system as well as to orient care plans around goals they identify as important are top priorities for them.

And to your point about specific policies, I'm wondering if there are both care planning and Meaningful Use cross-walked requirements in ACOs and I know that...I think we're waiting for an NPRM on ACOs to be coming out and so I don't know if it's appropriate, if that could be a policy avenue. I know it's out of CMS, not ONC, but given the cross-walking with Meaningful Use, I just wanted to raise it as a possibility.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes and I'm glad you did. There is ACO stuff, there is patient centered medical home demonstrations, I think, I wouldn't take federal policies out of scope because we can make recommendations that say, gee, now that we've hopefully created this beautiful ability for EHRs to connect with community resources, one mechanism for getting it into use is having it be part of PCMH requirements or ACO requirements or having a quality measure around this or something like that. So yes, I think you're right.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Thank you.

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

We have to move on.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah Neil, we're out of time...

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

Yeah.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

...and we have to do public comment. So on the last slide; I'll just remind you guys that we have our next meeting Monday December 8. We want to work with ONC in the meantime to start to create a timeline and a work plan that reflects our discussion. But since I think we've also run out of time on the discussion, I want to invite you guys to send some things in writing if you'd like us to consider that as we think through what our scope might be in the next 12-18 months. And we also need to collaborate directly with ONC and make sure if they're planning a big mHealth initiative and they need a policy framework, we need to be responsive to that.

So, we'll work offline with them in preparation for our December 8 meeting. And if there are any resources you feel like you need going forward, please be sure to send us a note and let us know, so that we can help support you. We want to just make sure everybody is able to participate actively.

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

Christine, who should this stuff be sent to?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Chitra or Michelle, do you guys want to weigh in on that? Should we send it to you guys?

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Yes, it should be sent to Chitra Mohla.

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

We'll send a follow up email with directions on who to send it to.

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

Great. Thanks.

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

Not everyone has email.

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

Great. Thank you.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So let's have the operator maybe open the lines for public comment and see if there...while we're doing that, Neil, did you have any thoughts you wanted to share before we go to public comment?

Neil S. Calman, MD – The Institute for Family Health – President and Cofounder

No, I think that these ideas that have been raised at the end of the meeting are incredibly important and Christine and I and the folks at ONC will sort through them and try to see which ones are within scope and how we can put a lot of this at least on our agenda for further discussion to figure out what the levers might be that we might want to work with to try and see some of this moving forward. And I think the most exciting thing is most of this is what I would call facilitative, things that are recognizing that the world is moving forward and trying to figure out how we can make that happen in a better and more consumer friendly way.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Well said, Neil.

Public Comment

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

Okay, operator, can you please open the line?

Lonnie Moore – Meetings Coordinator – Altarum Institute

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

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great. So while we're just waiting for public comment, I just want to say a quick thanks to everybody for a very robust discussion and we're really looking forward to working with all of you. Are there any closing comments from ONC before we hear from the public?

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

I don't think so, Christine and there are no public comments, at least from me.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay. All right, great. Well thanks everybody and we will talk to you again on November 8, have a great weekend.

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

December 8.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, that's what I meant.

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

Thank you everyone.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Bye, bye.