



## HIT Policy Committee Strategy & Innovation Workgroup Final Transcript November 6, 2014

### Presentation

#### Operator

All lines 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 a meeting of the Health IT Policy Committee's Health IT Strategy and Innovation 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'll now take roll. David Lansky?

#### David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Here.

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

Hi, David.

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

Here.

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

Hi, Jennifer. Brian DeVore? George Hripcsak?

#### George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC

Here.

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

Hi, George. John Houston? Jonathan Nebeker? Kelvin Baggett? I know Kelvin's on.

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

There he is.

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

Kelvin's in a wind tunnel. Kyna Fong? Mark Savage?

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

Here, good morning.

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

Hi, Mark. Michael Painter? Paul Tang?

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

Here.

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

Hi, Paul. Richard Platt? Sandra Hernandez? And is there anyone else from ONC on the line? Okay, with that I'll turn it to you David and Jennifer.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

All right, thanks, Michelle, thanks you all for getting on early in the day. We had a couple of things we wanted to do today, one is to just one more time go over the charge which has had a little bit of editing since we talked about it last time and the second is just begin to charter our course for 2015.

As you all recall we are a little bit on hold waiting for our ability to review the draft strategic plan which won't be for another couple of months. So, we thought we'd use this time in our own lame duck period before the end of the year to begin to devise our priorities for next year and begin to think about the work plan to support it.

So, we took the input from everyone's discussion last time and tried to just compile it into a rough format that today we could go over and prioritize and that's our primary task for today. Jennifer anything else you want to add by way of context?

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

No, you're doing great.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

All right, all right then we can jump in. So, I think our first task is to review the charge and Michelle did a little bit of additional work and I want to just take a minute I think Mark had suggested earlier that we emphasize...under the fourth bullet point our ability to address the value of HIT for a variety of the nation's populations and I don't know where there any other edits made Michelle?

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

So, actually these aren't from me, Mark Savage...

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Okay.

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

Helped provide these edits. So, Mark if you want to speak to the changes that we made. We combined a couple of the bullets actually and then...

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Good.

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

As you mentioned added in the second to last bullet.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Mark do you want to comment a little bit?

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

Sure, so what is now the second bullet I had made comments on a second bullet last time and a fourth bullet and then as I looked at it in response to Michelle's request I noticed that they sort of fit nicely together as well as...which is the current second bullet having the...fitting them together and adding an additional bullet that we had last time about milestones and evaluations. So, those three pieces are all collected together now as a second bullet.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Okay, thank you for doing that additional work for us. People have comments, reactions to the revised charge?

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

It looks good to me.

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

Yes, I think it looks great.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Any hesitations about approving this as our working document going forward?

**M**

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

No, none.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Okay, then let's call that good...

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

Yes.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

And we have consensus and accept that as our working framework. Thank you Mark for doing that. All right, can we go to the next slide?

Just review the timeline here and you'll see that our...we've got a couple of meetings scheduled for late November and then December but then really we dig in in early January with a reaction to the draft strategic plan.

So, we can discuss today whether, after we look at the material that we're going to look at in a minute, whether we want to hold to the meetings that are scheduled here or put ourselves on hold over the holidays. So, we'll come back to that. And next slide.

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

Does Michelle maybe want to give folks kind of a sense of how the schedule is changing?

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

Yeah.

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

That might be helpful, yes.

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

Can we go back one slide. So, you'll notice that we had planned for a number of meetings in December and January thinking that this group would be able to provide feedback on the health IT strategic plan in December. The timeline has gotten pushed out a little bit and so now we're planning for January.

So, based upon that change we may, as David mentioned, want to think about cancelling a few of those meetings that we initially had and maybe adding a few more at the beginning of the year in January or February, we'll have to see how that plays out, but things have gotten pushed out just a little bit. So, your holidays won't be so busy.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Paul since you're on is there anything with regard to the Policy Committee's activities in the first few months of the year that we should...that would influence this work plan or that we should give additional thought to?

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

No, I think the comment on the strategic plan is the most important. So, just to understand Michelle you're saying that the strategic plan won't be presented in December?

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

Correct not until January.

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

Okay. No that sounds good David.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Paul we had also discussed whether there was any role for us to play in commenting on the interoperability roadmap and given the work that Micky's group is doing to advance that and the discussion we just had at the Policy Committee we have assumed that that's not, at least a direct, responsibility of ours but given some of the comments about that I wonder if there is anything further this group should do to address that plus I don't think we have anything formal here. Go ahead, Michelle?

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

Sorry, the problem is that the time to comment on the interoperability roadmap and the federal health IT strategic plan will be overlapping.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Okay.

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

Both we're planning for to be published in January and so because this group is the lead group to respond to the strategic plan I just don't think that there will be time to comment on the interoperability roadmap.

That said, the two...the strategic plan and the interoperability roadmap tie together really well so hopefully within our comments to the strategic plan it will also be giving guidance to the interoperability roadmap if that makes sense. They're tied together fairly closely.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Okay, any other questions or comments about the schedule issues?

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

David, it's Mark, when you and Jennifer presented last time you talked about how some of the work was coordinated, one piece of work was a building block for the next and I just wanted to...I don't have as good a sense of that, I just wanted to ask the overall question, does pushing things to January...it may be inevitable, but, does pushing things to January swamp any of the further workload that the two of you had in mind for us?

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

I don't think so, but I think we will be flexible with how we prioritize the other task. I think we all want to make sure the strategic plan gets our attention.

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

Yes.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

And the other things that were on the list we're about to look at either will hopefully fall naturally into the strategic plan or else we'll have to probably schedule around that top priority.

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

Okay.

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

Yeah, Mark I think...yeah, and Mark, I mean, I would just add, I think that was part of my concern as well is that perhaps in the next month or so while we're waiting for the plan to come out we can start to address these things. So, maybe we can use the time wisely.

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

Thank you.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Any other comments about the scheduling? All right then let's turn back to the other material, can we go forward, yes, one more. Okay. So, Michelle you had offered us this rough framework as the likely meta-structure for the discussion we'll be having about the strategic plan.

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

Yeah, I think Gretchen is on as well...

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Okay.

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

Who is working much more closely with the strategic plan. Gretchen are you on?

**Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology**

I am indeed.

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

Okay, so, Gretchen had discussed this a bit during the last call.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Right.

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

So, we have this as a high-level framework to guide us for what we will possibly see in the strategic plan so that can help our thinking to some of the discussion that we had last time.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Gretchen anything more you want to say about this or do you want any questions from the group about this very high-level framework?

**Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology**

At this time, no, as we get into it I'm sure that you folks will have some questions as we go through the rest of the slides, but just wanted to let everyone know that we are working as quickly as possible to get through the clearance process and into the public comment period. So, there is hopefully a possibility that we'll get through it pretty quickly and get it to you folks by like mid or late December that's what our hope is, but it all depends on how fast we can get it through OMB.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Okay.

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

Another possibility Dave, this is Paul, is maybe you can use this because it's not something that hasn't been talked about before to help guide any work that you want to do while "waiting."

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

Right.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Yeah, we did do over the last few days Michelle took a pass at trying to fold in the topics we've discussed previously into this outline. We now want to come back to that once we review the topic list here in a minute. That would be to knit them together a little bit.

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

I mean, if you look at this it says, you know, expand the adoption of health IT which of course we've been actively working on expanding interoperability but it really then goes right into a learning health system which has been mentioned in the committee and by Karen, etcetera, so it might be...I mean, that could be your guiding post, it's hard to imagine you would be that far off. I mean, I don't know anything about what...

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Right.

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

Is in the plan, but it just seems like that's what this is saying.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Well, the next couple of slides we want to review today, we begin to do that. So, let's start taking a look at that and see if we're happy with the way it lines up together. Next slide. Great.

So, the first big bucket was expanding adoption. We took the several comments made at the last call and just folded them. We tried to group them into the categories of the strategic framework and then our hope today was to not necessarily try to dig too deep into any of these but just get a reaction from this group as to which, if any of these, you would feel would be a very high priority for us to work on as a group early in 2015.

So, again, this hopefully will align with the strategic plan framework itself but this is kind of outside the structure of the work plan and discussion of which of these things to us today strike us as most urgent for us to think about given our strategic and innovative charge.

So, you'll see this group of topics under "A" collect, expand, adoption. Maybe we should just go through the whole list quickly and then come back to each section as a group. Can we go to the next slide?

This is under sharing. Let's go to the next slide and we'll see the bundle there. So, here are the other four subtopics strengthening care delivery, supporting the value-based healthcare system, advancing the health and well-being of individuals in communities and advancing research scientific knowledge and innovation, and the...I think that's the last grouping.

So, Michelle asked us in her note the other day to see if we could just prioritize a few of these that we would make upper most in the beginning of the year, priorities for us to tackle as a group. So, if we can go back a slide to slide, group A, thanks.

Why don't we just take a minute and look if people want to react to this list of six potential focus areas and see which of these that this Workgroup should take on most urgently in doing our work?

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

David, this is George and have we gone through the three slides and said what are our levers and do our goals match what levers we have to change things?

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Lever in terms of federal policy that this committee might speak to?

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

Yeah. So, in others words, I mean, it is just Meaningful Use Stage 4 that is going to be used to accomplish most of the things on the list or other levers that we have?

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Well, that's a good discussion. It may be outside...it may be more than we want to tackle this morning but it maybe...it's also a topic for a meeting and I don't know if other resources might be helpful for us to understand that and think through very broadly about the resources that we can recommend.

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

Yeah, I think we have to think past Meaningful Use. So, I mean, I would assume this is broader.

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

And I would say Karen has repeatedly said that too.

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

Right.

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

I mean it's beyond Meaningful Use and we've always talked about sort of a baton and things like that, it probably goes more into the payment system and the things driving new models.

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

Right.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

So, we'd be making recommendations to CMS that would be the lever?

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

Our conduit is always through ONC just the way we're structured.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

Right, right.

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

Yeah.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

But I mean, in other words as incentives disappear and if they don't really follow through on the penalties then there has to be some other way of pushing things and the CMS payment system would be one of them.

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

Yes, it would be one of them.

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

So, David, this is Mark, that does sound like a good conversation to have at whatever is the appropriate point. I had an additional item of something I didn't see on the list that might actually be a priority. I know we're not trying to make an exhaustive list just a list of the things that are useful. Is it okay to mention that now?

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Yeah, sure.

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

In our experience on-line access or patient portals are very influential in the adoption and good use category and there is a lot of room for improvement so it seems like...it seems to me that having that as something to think about in this work could actually have a very big impact.

And just to...because we find that in a survey that we are getting to release that as people use their on-line access more frequently because it's more useful to them the benefits go up markedly across about eight key domains including quality of care, knowledge, interest, desire to do something about health. So, that's why it rises to the level of perhaps a...sufficient to be a priority and on this list.

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

Mark the only...

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

I think that's...go ahead Jennifer.

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

I was just going to say, when I think about patient portals I think about that as patient generated so maybe that would fall under number one or I mean that's one specific tool that patients could use and there are probably many different tools. So, I would see that as falling under one of these categories but, you know, if the group feels it's important enough we could certainly call out that specific tool or is it just the submission of patient information to the system basically. Is it the actual portal you're talking about or is it just the fact that patients get their information into the system?

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

It's beyond generating information into the system, it's being able to access it and use some of the tools that come through on-line access to make good use of it.

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

Okay, so is that ingestion in use of patient data or...

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

It would go...that would be a piece of it. It would also go beyond that. So, there is data that the doctor or hospital has that is actually provided to the patient. The patient can't use it without the access.

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

So, maybe...

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

It's multidirectional communication. The way I read the first...it's the important piece of patients providing access to their information to doctors, but on-line access is also about doctors providing their information to patients.

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

Okay.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Yeah, I thought later on in the use section under the engagement of patients, families and caregivers and using health information that's a big bucket, but I...and also the supporting positive physician/patient interaction touches on it.

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

Right.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

I think this list isn't, you know, in stone at all. So, taking your suggestion Mark as we continue to refine the list maybe we can find a better bucket to put in the full area of patient's access to and use of their own health information to improve their own health.

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

Yeah.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

And to improve their interactions with the care system.

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

And there are some references to partnership or to working together that's really the most important part is that providers and patients are working together on this stuff. So, wherever is the best place. It struck me as I looked at the three slides that this might be an important addition so wanted to mention it at the appropriate time.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Good.

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

You know it might be useful to keep at a higher level just like we were just saying that Meaningful Use is not the end of the lever. I'm not sure you want to get down into a specific application for example, the goal being...the strategy being to have free flowing information between all the members of healthcare team including people and families maybe that's sort of our goal from a strategy point-of-view and how we get there is sort of a next step.

Try to distinguish between, VDT is a Meaningful Use kind of concept and language at the strategy it's not VDT, right, it's really getting this free flow of information so that...and both parties have access to the data in a usable way that, you know, the tools can support their decision making whether it's on the person's side or the clinician side.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

So, let me ask Gretchen if you're able to say anything about the big categories we have here to Paul's point these are nice, big strategic domains and we don't have one among this list which is focused on enhancing patient's ability or people's ability to understand and manage their health. Is that...where will that fall do you think in the strategic plan structure?

**Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology**

Actually, we've been thinking of it not necessarily in the collection but more in the use of data. So, addressing that in both the individuals and communities. While there are some impacts of course in the collection and in the interoperability aspect we do try to keep it focused in the use area and I would say that the questions that you folks are asking are the same ones that we were asking ourselves, how do we make sure that individuals and caregivers can access the same information both for self-management and for shared-decision making with their providers.

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

So under that "E."

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

Yeah, it sounds like "E" is where we're trying to say "how do we make it actionable."

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

Right.

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

And that's beyond the VDT in a sense.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Okay, so, let's go back to the "A" list and see if people...if we were going to tackle one of these domains early in the year what are the one or two priorities off this list anyone would like to see us address?

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Hi, this is Richard Platt, nice to meet you all, I'm sorry this is the first time I could join. It seems to me that developing metrics is a key thing for us to do. I mean, it presupposes that we have a good idea what the strategic objectives are, but it looks like a no-brainer to me.

**Kelvin A. Baggett, MD, MPH, MBA, FACP, FACHE – Senior Vice President, Clinical Operations & Chief Clinical Officer – Tenet Healthcare Corporation**

This is Kelvin Baggett, I'm looking at the list too and I agree with Richard's comment as well, you know, obviously we need to make sure that we're laying out some metrics to actually match what we're trying to achieve from a goal and objective perspective so that would be my vote as well.

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

And I...

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Well...go ahead.

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

I would probably jump on the bandwagon because I know David that's something you're intensely interested in. It seems like three and four are things that aren't covered as much in the ongoing activity. So, for example one, two and five and six have been dealt with, but from a strategy point-of-view one measuring what we're doing as well as getting information that's not in the traditional collection system whether that's paper or electronic like three may be a contribution.

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

That makes sense.

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

So, David this is Mark, weaving those several comments together I think I would probably say that one and two are priorities but because there is a lot of work on that area already maybe three and four are areas of contribution, unique contribution, because one and two are being addressed in so many other ways.

**Kelvin A. Baggett, MD, MPH, MBA, FACP, FACHE – Senior Vice President, Clinical Operations & Chief Clinical Officer – Tenet Healthcare Corporation**

I think if we're going to tackle, this is Kelvin again, if we're going to tackle three, if we're looking at each of those, but if we're going to tackle three then what we should also do is to reduce the number of potential items that are in the parentheses. I know those are just some suggestions but each of those can be quite significant in and of themselves both to be able to achieve as well as the amount of data that might exist in those domains and the contribution that it would make.

So, if we choose to go in that direction and kind of rank them as a one or two off this page then I'd just say let's also make some determination as to where we might want to focus in terms of health information that's not currently being collected that would be of benefit to the patient, to the community, to the nation and obviously the strategic direction going forward.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

This is George, given the publication or impending publication of the IOM's Report on social determinates that would be a likely candidate.

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

Yes.

**Kelvin A. Baggett, MD, MPH, MBA, FACP, FACHE – Senior Vice President, Clinical Operations & Chief Clinical Officer – Tenet Healthcare Corporation**

Yeah.

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

And behaviors as the other thing. I think those are two things that are strong influences of health outcomes that are not captured.

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

Okay, it sounds like there is some agreement.

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

I don't know that we...

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Do we...

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

That much actually. So, I'm not sure this is not good the way it is, but...

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Well, I think at a strategy level when we're talking about the data infrastructure that hopefully leverages EHRs but goes beyond that, having us get educated and give some thought to that whole list would be an okay starting point and then to Kelvin's point probably have to focus based on more user requirements what are the highest value areas that we might speak to in a reasonable timeframe.

Is this...let me just ask again, Gretchen, is this an area, number three, that you think the strategic plan will address or is that more of a gap area that we should pay even more attention to?

**Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology**

I would say yes we've looked at these items as far as some of them we know that they're more long-term aspects and so looking at what the IOM puts out I think will be really useful but we have definitely been working with our partners on some of these outlying areas. It's definitely the interest of Dr. DeSalvo and when she started the redraft of the plan she specifically asked us to look at some of these areas.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Good. All right so we have some emphasis on number four and number three as two possible areas for us to dig into. We haven't...nobody has voted here on the promotion number five and six, how we continue to promote adoption after the incentive phase of the EHR program. Any further interest in that or is that a lower or later priority for this group or does this go back to George's point about levers? All right well hearing no enthusiasm it sounds like the first takeaway is numbers four and three are two areas that we may want to give some early attention to. Okay, let's go onto the next slide. So, "B" is sharing.

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

Could we maybe, on the previous slide we...Paul you had mentioned that areas one and two and five and six were already being addressed by some other groups. Are there areas on this slide here that are being addressed by other groups right now?

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

I think obviously the whole interoperability is sort of a broad and then we have that...we named ourselves the Interoperability Workgroup. The personal care plans I can let you know that, you know, so this is this Advanced Health Models Workgroup that's a target even of a hearing or at least some kind of public input so that's an example.

Research access to network, so I don't think the research and the things related to learning health systems are specifically covered, obviously you need interoperability but there is no specific Workgroup working on those things. And then I think part of the name for this Workgroup is Innovation so that's why six is of interest.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

Paul, this is George, you know, I know that there is a Tiger Team, I forget what the structure is now for privacy.

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

Right.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

But, however, I mean, so many projects are spending half their time trying to figure out the management of sensitive information.

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

Yeah.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

Because OCR won't...you know, HHS doesn't come out and say, yes this is okay or that's not, you know, they haven't done a clarification really since 2012 was the main one and it's time for them to do another clarification on certain issues that everyone is wondering and either decided to take the risk or not take the risk and if they just did a clarification it would eliminate like half the work people are doing, not really that's an exaggeration but it really is a lot of work. So, maybe that should be taken on by the current privacy and security structure but if not then we should recommend that they do or something like that.

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

I think that's...and are you referring specifically to what it says research purposes as sort of broad language?

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

Yeah. I was thinking in this case of research purposes.

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

Yeah, right.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

But I'm sure it goes over to, you know, patient...collection of patient information. So there is the genomic side. So, in addition to research that's what I was talking about then there is a genomic side of it and every different state law and how we're dealing with that. So, there is even stuff on the care side that needs to be looked at not just the research side.

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

So...

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

So, this is Michelle, so the Privacy and Security Workgroup is actually looking at big data now they've just transitioned to that. But I do want to remind this group to take a step back that part of the goal of this is to help come up with a work plan for the Policy Committee as a whole. So, it's actually really good that these things overlap with other Workgroups so that we can identify somebody else within the Policy Committee that is actually going to take these on because the end goal is that we come up with a prioritized work plan for the Policy Committee.

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

I was going to say something very similar. In other words...

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

Sorry, Paul.

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

No, no, no, it's good. So we were thinking as you've structured these Workgroup well some are crosscutting and some are little bit more vertical so maybe there are two kinds of recommendations, you have recommendations to the Policy Committee regarding this strategy or the strategic plan and you have recommendations such as what George just mentioned of the Privacy and Security Workgroup should look at the privacy issues surrounding the learning health system which includes research and other use of clinical data.

That kind of thing can be passed off so that we don't have two...what we didn't want to do is have two Workgroups working on the same topic but it's clearly fine for this Strategy Workgroup to say, an important element for the overall strategy looking forward is to make sure we can reuse this data in its aggregate form too, what are the policy and privacy and security implications of that and ask the Privacy and Security Workgroup to work on that. Does that make sense?

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

So, hi, this is Rich again, does it belong to this group or another to broaden that by saying some organization should be responsible for articulating a minimum necessary standard because for many uses only small pieces of sensitive information need to move around and sometimes no sensitive information needs to move around so putting a stake in the ground saying any uses that transfer data should use minimum necessary is sort of an important priority.

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

Michelle, do you have...off hand know whether things like the exchange of information, not only big data, but the exchange of information is on the agenda for them?

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

You know, so the topic of big data can get rather large but they are also...they certainly will play a role in the interoperability roadmap piece so I'm sure those questions will arise there.

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Right, but there is a...in addition to saying whenever PHI is moved it should be done with appropriate oversight and authorization, and protections, there is sort of a separate domain that includes new method development that revolves around how to answer important questions without moving data around or by moving very tiny bits of PHI around and we want to make sure that some organization owns that or some Workgroup owns that.

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

There has been some work on this in the context of data segmentation and that was handled a lot by the Privacy, the former Privacy and Security Workgroup which probably has a lot of overlap members. So, it has come up, you can remind the group about it's not just for care, you could say, from a research point-of-view or when you're thinking about feeding into big data analytics, etcetera, so those are all, you know, fair game.

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Right, right, okay, just...I'll say one more thing about it and then be quiet. It's often possible to push the analysis out to the node where the data lives rather than...and then bring back a result, point two, rather than move the PHI around and I think unless someone points to that aspect of protecting data while extracting useful information we'll lose an opportunity.

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

That has come up, it has.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

But whether our group should speak to this, I don't know what this is, strategic or architecture question of data goes to the user or how does data get aggregated and as a strategic matter do we want to encourage more federated methods and selective movement of data or as a way of helping to address sensitivity of data or whether that topic is even on our list is a good question, it's a kind of meta problems, right?

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

It's exchange of information rather than exchange of data.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Right, right.

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Somebody...it seems to me somebody should own this.

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

This is Mark, I think the question of query models I've seen it on the agenda for the Privacy and Security Tiger Team formerly I don't know if it's there now, but it certainly is a...as we're saying it's a strategic question with some strategic implications.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Well, Michelle, we should probably keep a parking lot of topics like these that, as you said, we want to give attention to or encourage the Policy Committee to give attention to given that we may not go very deep into them in our work plan and just track whether we've found successful handoffs for some of these topics.

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

Yeah, I mean and that will be part of the work for when we present to the Policy Committee work plan. So, we can certainly keep adding to that list.

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

I do think, this is Jennifer, that number six is really critical, I mean, I would imagine that number six could perhaps be...I mean, we could spend months and months on number six, but really jumping into that new innovative technology, the wellness in health, but, you know, no other group is really going to play that role. So, I think it's important we make that a priority.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Yeah, I agree with that. I would...Richard, I was going to ask you on number five, is there a "there" there that we would want to give attention to and a question as the...both EHRs are distributed and HIEs hopefully are enabled, is there a live topic in terms of research access to that network of data?

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Yeah, so I'd say, yes, it will turn into a bunch of questions very quickly, but I think it's important at several levels and sort of research oversight like common rule issues and technical issues and I think both deserve our attention.

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

This is Michelle, I just want to go back to Jennifer's comment about number six, the Consumer Workgroup actually is talking about holding listening sessions related to some of these items so that's something that we could possibly do jointly or work with them on together, but there actually is a group that's talking about that.

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

What specific part of it are they addressing? Is it...

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

There is this really...they haven't even kicked off their Workgroup yet so they're just really in high-level talks but I can't really give too many details because they haven't fleshed it out at all.

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

Okay. Yeah, I think...

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Well, in principle it would make sense for us to do something on the listening session jointly and then decide whether there are separate areas of further investigation that we want to take up.

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

Right, good thinking.

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

David, this is Mark, coming back to the question asked towards the beginning on this slide about what's already being done. Do we know if the number one, it is sort of an interoperability thing, but what degree is it looking...is the interoperability work that others are doing, does that look at integrating the patient or people into the overall process of care.

And I'm asking that because it may be that there is a lot of work but I think consumer interoperability, as that phrase was used in the interoperability roadmap document, is a really important piece and I'm not sure that there is as much work being done there and I do see that as being an area of contribution if it is not being covered elsewhere.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Do you think it ties to number four as it's framed here? Is that a similar...

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

Yes, there are connections.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Okay.

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

So, four would be a significant example of that.

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

I think on the roadmap and the HIE presentations included people as part of the folks that has to interoperate with and gain access. Am I remembering that correctly, Michelle?

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

You are.

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

Okay, so I think the technical piece of number one is part of the vision for both what ONC presented as the roadmap and what the Interoperability Workgroup has said. So, I think that is covered, but...and then instead the advanced health models are going to focus actually on shared personal health plans.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

But does that work, Paul, you think that the Interoperability Group will actually flesh out? Where does that live?

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

The...for number one, yes, is that what you meant?

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

I was actually thinking about the shared care plan business that's in four.

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

Flesh out in what way? We were trying to flesh out...because that's been a topic in previous meetings, so we're trying to catch...get up-to-date on the standards process behind it...

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Okay.

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

And also one of our thoughts was actually to invite the professional organizations where is this from a professional point-of-view? Because if the tool is out there and nobody uses it or nobody knows how to use it or what the protocol for using it wouldn't be much work, so we wanted to get to the professional societies and patient oriented organizations, etcetera to see what is the state of the thought, the thinking in this from a conceptual point-of-view and also what is the state of the standards because there is some work going on there too.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

So, when you said "we" did you mean at the Policy Committee level or the Workgroup level?

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

The Advanced Health Model Workgroup.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Oh, okay.

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

Yes.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

So, do you think that's one we can pretty much leave to that process for now?

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

It is on the priority list, yeah.

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

Paul, this is Mark, does the work that we'll be doing on that Workgroup look not only as sort of what's the state of the world now but what should the state of the world be?

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

So, we want to get up to speed on what's the state of the world now from both the conceptual from the consumer, meaning people who would use this and from a standards point-of-view so that we can, just like we did with Meaningful Use, it doesn't help to be aspirational beyond people's capabilities, we want to be aspirational and also know where the world is now so that helps with the timing of the roadmap for example. The short answer is "yes." It is to get up to speed and then make a recommendation.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Coming back to this list as whole after having thought about some other of our colleagues taking on pieces of it, it sounds like we have still an important role in number six although the Consumer Group is going to be a partner there, at least until we sort out what we might do distinctively.

There are some issues in the research network question that we could take up, we need to flesh that out obviously. It sounds like the personal care plans and the care integration that is largely either in the Advanced Care Group or the Interoperability Group and I don't know whether there is a feedback system we might come up with that will tell us whether we need or don't need to give any attention to that area depending on how they're...I heard you, Mark, raising the question of whether some other groups are being a little more tactical do we have a larger strategic role and it's hard to know that until we see, as Paul said, where that framework goes.

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

Right, but you're right that was the question I was asking.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

So, taking a look at this list as a whole this might...top of my summary it sounds like number six, beginning that work and doing it in collaboration with the Consumer Group might be the highest priority that is shared across this page.

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

I think so.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

All right, any other reactions to that?

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Okay.

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

That sounds fine to me as well, picking up on the way you articulated sort of the strategic direction, things that David I would...it may help for us to give some thinking, keeping in mind our charge about trends looking further into the future about some of these other items and of course the patient's role in all of that as well. But that's more...that's vague, nebulous it's not as focused as number six here.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Well, of course a lot may depend on how we respond to the strategic plan document but it could be that there is layer of strategy which ties some of these things together into a broader view that we will think about once we see how the strategic plan addresses it.

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

Correct.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Well, let's go onto the next slide then and see what comes off this list. There are a lot of things here in several categories, so the top one "C" is strengthening care delivery the notion on number one was maybe goes a little bit back to the care plan as well, what is the longitudinal tracking of health outcomes and how does that get fed back to the different components in the system.

And the second one we grouped into here was the strengthening of patient physician interactions, which I think came out of initially a comment about usability on the previous call but really has some broader meanings as well. Let me see if either of those topics are things people want to take up early in the year or anything else in this category.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

David, just a question, this is George, on number two or Paul, so is this being done...I mean, there was the SHARP grant on cognitive and now there's the Advanced Care Models Workgroup, so are they already doing this? I think this is an interesting one, you know...beyond but I don't know if it's being covered elsewhere, but otherwise I think it's important.

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

So, we may want to step back and say...so I think one of the goals of this Workgroup is to come up with somewhat of a strategic vision and strategic plan and one of the ways to anchor it or at least as commentary is on the ONC's or the federal strategic HIT plan, but it doesn't mean you don't touch things, you don't make mention of things that other groups are working on, so just wanted to clarify that for one.

Then there is a Workgroup called Implementation, Usability and what's the third thing Michelle? Anyway there is a group that is supposed to work on this, David Bates head's that one up. But that doesn't mean it doesn't appear on the recommendations or the framework that this group provides.

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

Yes, so I'd like to second what Paul is saying, I think it might be better to first think about the "what" and then think about the "who."

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

Yeah.

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

Because, this group isn't necessarily going to take on all of these things but we do need to prioritize things for the Policy Committee as a whole provide the strategic direction for the Policy Committee and then identify how these things align with other Workgroups and where this Workgroup can actually take on some of the work.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

So, for example, there are other models of how an EHR works or how a person works storing information and someone should be looking at that somewhere that it's not, you know, it's not a paper chart turned electronic which is roughly what we're...despite everything we say that's pretty much what we're doing with our electronic health record and there are other ways to do it.

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

So, I think what George is saying is try to figure out what's the problem to solve and then strategies for solving that problem so that we collectively as the HIT Policy Committee don't get blindsided or don't have, you know, don't miss something big, a different way of thinking of things and then as Michelle was saying, so that's the "what" and then who does it in terms of drills down more, we'll have to work out structurally what's the most efficient way to get that done.

But, I think the value of this Workgroup is what's the overall problem to solve, how do we...what are strategies to get there and make sure we're not missing anything or that we have, you know, things that this group recommends let's saying learning health systems covered in the work that's being done to flesh out some other policy issues. I don't know whether that makes sense or is clearer?

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

Yeah, I think that makes sense. Just a process question here, so are we trying to pick one from each letter here, the priority for each letter or are we now, you know, the C, D, E, F are we now kind of just looking at this as a whole?

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Well, my thought wasn't necessarily to pick one from each letter because I don't know that we have that much bandwidth.

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

Right.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

But just to get a sense of priorities so we can get started to get our hands dirty with a topic or two in the next few months.

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

Okay.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

But it raises...it is a problem of where put up our blinders on too early to this larger question of...that Paul you just raised, how do we maintain a high, broad, strategic view while also being grounded in some concrete challenges...

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

Right.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

And not get ourselves too far in the weeds too fast and then we lose sight of the strategic integration. It also struck me, Paul, when you said that, that maybe, you know, implicit, this was true in Meaningful Use as well, there is an implicit critique of the current healthcare system that ends up shaping a lot of the things that were emphasized as policy solutions and there is a little bit of that here that this group and our first couple of calls we've talked a lot about the sort of non-medical information flows and the non-silo'd, non-setting-based information flows and how to knit that together not just move data from point A to point B in a data exchange sense but actually knit together a larger view of the patient's health and the tools and supports to use that information in a lot of ways.

So, that big strategic lens, which is very shaky and sketchy, seems to underlie a lot of what we talk about and I don't know how we could populate that idea in a way that's a little more applicable but it's sort of a sub-text with a lot of what we've said so far.

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

But, I think that's actually where you would...where it might be most productive to spend your time. It is really looking at how do you knit the stuff together because that's what makes it valuable either for the person or for the clinician or for the system that are trying together improve the health of individuals and communities. I think that really is...I think you hit the nail on the head David in the way you phrased it, yes, it's not clear right now but that's probably where the work of this Workgroup can be most contributory.

So, I think we started where, you know, it's like a critique this...what's wrong with the system currently and you have "F" categories but let's go towards the problem that you just articulated and what is it going to take to knit this together in a usable way and then figure out what strategies, you know, some options for strategies to get there and then figure out the work to do.

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

This is Rich at the right moment in this conversation I'd like to put on the table discussing fitness for purpose of data for different kinds of research.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

All right, that may be a good general concept and address some of what Paul just said as well. So, Jennifer you started this conversation off by asking whether our goal here was to flag individual elements or something else. What do you think would be most useful for us given this last bit of discussion?

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

Well, I think, you know, we don't want to look for the forest through the trees, so maybe we do need to look at this kind of as a whole and where we're headed and how we knit all these pieces together I think that that's a good observation there. So, should we step back and just look at all of it?

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

And go back to your charge which was to look beyond where the current Workgroups are maybe that's one way to say "hey, this is why we're not worrying about not focusing on these pieces" because the charge was to look out beyond what we're working on in sort of "current policy."

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

Right.

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

And that would also speak to...so that gives you an out for saying, okay, we're not going to do all...we're not going to redo or do duplicate work of the work that's going on and their focused on sort of immediate and short, medium-term needs and your looking further out this whole knitting for use kind of thing or what Richard was saying.

So, it's possible there may need to be some additional work on, hey, it's one thing to say, well, let's get all this data together and have it be good for research it's another to say, well, gosh, what does it take for the data to fit for that. Those are things that aren't being discussed now.

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Right, just to be a little more explicit, EHRs that are institution-based, live in institutions and are episode-based are very good for some kinds of research and really almost useless for other kinds of research and all this stuff around population health or population health management really depend on something beyond what current EHRs have, it's not a knock on the EHRs, but it is terribly important to be sure that when we talk about a learning health system and the important secondary uses of EHR data like CER or quality measurement for public health surveillance that most EHRs...that we would need to do work and be clear about how the data that's available might contribute and be clear about the areas where it won't be able to contribute unless we make some additional provisions or investments.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Well, it's interesting, I appreciate you flagging that as a set of secondary uses and I can also imagine, in making the same conversation about the feedback system into so called primary uses, you know, providing that longitudinal and extra medical context would also be important there.

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Yes.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

But it's a good framing just to think about that...

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Right.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

To identify those uses and how do we strengthen the current EHR/HIE network to be more effective at supporting those uses.

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Right, thank you that was a much better way to say it than I did. What do we want to use the EHRs for and then what would they need to be able to do that well?

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

You know it might be useful, I'm just looking at the charge here, to consider trends and how existing policy may evolve. I mean, it might be useful if we think about what's the best way for this group to better understand what trends are evolving because I think if we have a better picture of kind of what we're headed for we might be able to scope this a little better. I don't know if that's helpful.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

That's a good idea, ambitious, but good.

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

So, just to take advantage of other people's work, so, gosh, maybe five years ago AMIA had a meeting on secondary uses of health data and I'm pretty sure that was written up. So, to go, you know, pull that out that can be a starting place for example. It's just a reminder...so the point that Richard is making is, now that we have a collecting system, you know, more than half of the country has these things we call EHRs, we have a data collecting system, are we capturing the right data, people already know that we don't capture it the right way, that's the whole usability issue, but are we capturing the right data and could we, without burdening the health system.

So, if there are data that we're capturing but we could actually capture it in a better way or a better annotated way so that it could be used in all these other secondary uses that might be a mod that doesn't burden the health care delivery system, you know, the collectors.

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

I think...yeah, I think that's a great point. The only thing I would add to that is we're collecting a lot of EHR data and I think we want to really make sure that we don't get stuck in just thinking about EHRs because there is a ton of other data out there that's not being collected that could be used for many of these purposes. So, I just want to make sure we don't limit our scope.

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

Correct and just for cross fertilization that's the second high priority topic we have in the Advance Health Models Group...

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

Okay.

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

Is we're looking at, you know, the framing is sort of community health data or that's one of the framings, so it's the notion of there is a lot of data, and this goes to the social determinants, etcetera, there is a lot of information about an individual and community health that is not in a "medical record"...

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

Right.

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

Electronic or paper and that needs to be incorporated and it would be useful to incorporate that touches on the behaviors we had on the earlier slide etcetera. So, that broad look at what are health data that are impactful for individual and community health is another topic.

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

Yeah.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

Paul, this is George, actually...so they had a meeting two years ago, and I was chair of it, on use EHR and it was EHR so I do agree we need to broaden it, but Michelle, you know, you could circulate...I could find it and we could re-circulate the paper that summarizes that meeting.

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

Okay.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

And there was also one five and ten years ago and we called it use not secondary use because we didn't want to seem...

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

Correct, that's correct, so, you know, I was hesitating as I even used the word, but just as a handle for people to understand here, the non-clinical use let's put it that way.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

Yeah, understood, understood.

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

Right.

**M**

While we're tossing domains on the table claims data is an important...is often a necessary adjunct to EHR data...

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

Right, right.

**M**

**To establish sort of complete longitudinal follow-up.**

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

So, is any group like AMIA, I don't know, if this is included in the report that you're talking about, come up with kind of framework, it that what your group is doing Paul, of all the different types of data that could potentially be used for population health or preventive care all of those different...is there a framework?

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

George might be able to remember, I don't remember whether the AMIA group did that it was more taxonomy than a framework and we're certainly not going to be doing that in our group, you know, it's just all bandwidth stuff.

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

Right.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

Our work...

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

But we're going to try to...

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

I was going to say our work wasn't really looking far outside the EHR that wasn't the goal of the meeting.

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

Right.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC**

It was dealing with issues of using EHR data was really more the focus of that particular meeting.

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

Because, I mean, maybe what this group could do is think about it so broader, you know, what are all the different types of data out there that could be used in innovation, you know, less about the tools and more about the information that could be collected.

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

Correct, correct.

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

And then how do we create policy so that we're able to, you know, access that information in different ways.

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

So, one of my jobs I think is to seed the various...so NCVHS, National Committee on Vital and Health Statistics, which actually is one of our sister FACA groups as called for in the statute, had been working on this issue of sort of the non-medical records community health data which includes claims and everything else down to farmer's market per square mile, etcetera.

So, we're going to try to draw that body of work into the process again so that we don't redo work and benefit from the work of others.

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

Right.

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

This is Mark, I wanted to add that I think it's not just collecting the different pieces of information that, like social determinants, but we would also be thinking about how that would be used further out on the trend line and how that might shape some of the issues that we're working on now. Those are levers...I mean, those are sources of health behaviors too...

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

Right.

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

Will there be different ways in which we get people to healthy and it connects to personal health plans and care plans that might be connected to but outside the EHR. In summary, I think there is an even longer trend line than just or an even...an issue that goes further out than just how do we collect the information, what is the information that we collect to how is it going to change the way we do things.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Well, we have a lot of possibilities and some of them are very challenging and broad and some of them are tactical. It sounds like many of the tactical elements we think other committees will be looking at and this idea of knitting together these pieces into something that coheres and maybe George's last point about the policy tools that may be relevant to that activity, the knitting together, but being pretty agnostic about what all the elements will be in the future, but having a relatively open network construct for how we think about this knitting together problem is worthwhile.

Well, let's take one more look at this list and see if there are any other ideas that come to mind in places...what I'm trying to wrestle with is we've got a very broad...we've got to at least do some self-education, we could spend some time taking papers like the AMIA paper we just mentioned and the IOM paper and we could do some...we could have a little journal club and get ourselves educated about trends and some of the findings in previous groups that have worked on these topics so that we have a level set as a group on those strategic trends that we want to support with a better information system.

We could talk some about the levers that George raised at the beginning of the call so we have a realistic framework of what we are speaking to. We could pick off one or two, or three of these topics we've just talked about today as almost teaching cases that we work through them in light of those both the levers and the knitting together objective.

Part of this obviously we have a brand new charge and a brand new group, so part of it is our discovering together how we can be most effective as a group and add some value to the larger process.

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

I think that's right, I think it's...yeah, important we do some learning first in terms of scoping this, yes.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

What do people think about taking the first few months as primarily a shared learning session with a focus on ultimately having a stronger sense of how the components are going to knit together in the long-term?

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

I think it's a great idea, I'm not sure you have a few months, but in theory it would be nice to input into, you know, use that thinking and that perspective to input to the strategic plan, right?

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Yes.

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

This is Mark, I agree with Paul we may not have a couple of months and so maybe the prize here goes to who can select the best materials for us to tackle at the first and influence our collective understanding.

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

Are there things that were used for the strategic plan? I don't know if Gretchen is on, but, you know, in terms of doing an environmental scan and understanding what's out there?

**Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology**

Jennifer, yes, we did do quite an environmental scan and I would be happy to work off line with you folks and with Michelle to get a reading list together for the Workgroup.

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

Okay and then maybe we could select, you know, if we want to get some presentations or, you know, in person or over the phone we could do that as well but maybe we should do a little research first. David?

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Yes.

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

Yeah.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Well, we have a lot of input from this call. I wonder if Jennifer maybe you and I and Michelle and perhaps Gretchen should just get together off line and try to consolidate this into a better structure for conversation as well as perhaps a suggested starting point...

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

Yes, that makes sense.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

For this framing activity.

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

Yes, if the group is okay with that.

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

Sure.

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Absolutely.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Before we leave the last page of the topic list any last reactions to that? The C through F we didn't go through each one of these but I think we've touched on most of them in our previous...

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Well, this is Rich, I'd like "F" but I'd prefer to omit the sub-bullet one rather than have that stand as the example...

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

I agree.

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Of how we're doing this, it would be...

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

I agree it's a really minor point.

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Right, its fine for it to be naked, because...

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

Yeah.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Well, I would also, you know, welcome you if you want to suggest now or another time some better bullet points there that flag some of the topics you think Richard are emerging in the research community as we look at this new environment of information.

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Oh, good, thank you.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

That's something you might want to take a look at.

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Let me drop a note rather than...

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Good, okay.

**Richard Platt, MD, MSc – Executive Director – Harvard Pilgrim Health Care Institute**

Take time on the call.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

That would be great. Any other reactions to this page before we leave it?

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

Just to say, David that these look like good things to knit together so it seems like a good...to use as a basis for that conversation.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Good. Maybe our logo will be crossed knitting needles for this group. All right, so, all right, so we will take as a task, the Co-Chairs and staff to digest all this and come back with something as an initial work plan, obviously dovetailing with the strategic plan report and, let me see are there any other topics people want to take up today? Is there anything further on our slide deck, I don't really recall Michelle, I don't think so?

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

Nothing.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Okay, do we...I guess I would first ask the committee if there are any other comments about where we're at as a, you know, our gelling process for this call and if there is not...Michelle, are we doing public comment today?

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

We are.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**  
Okay.

**Public Comment**

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

So, if you're ready we can open it up. Operator can you please open the lines?

**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. There are no public comments at this time, thanks.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

All right, well, thank you everybody for your very creative, thoughtful discussion, we'll try to consolidate it into something we can work from and we'll talk to you again in a couple of weeks.

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

Thank you very much David.

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

Thank you, everyone.

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

Thanks, David.

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Thanks, everybody, bye.

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

Great call, bye.

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

Bye-bye.