



HIT Policy Committee Interoperability & Health Information Exchange Workgroup Final Transcript October 29, 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 afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Interoperability and HIE 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. Micky Tripathi?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative Here.

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

Hi, Micky. Arien Malec?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I'm here.

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

Hi, Arien. Barclay Butler? Beth Morrow?

Beth Morrow, JD – Director, Health Initiatives – The Children's Partnership

Hello, I'm here.

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

Hi, Beth. Brian Ahier, Ahier, I always say it wrong, which one is it Brian?

Brian Ahier – Director of Standards and Government Affairs – Medicity

It's Ahier you got it right the first time.

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

Ahier, okay.

Brian Ahier – Director of Standards and Government Affairs – Medicity

And I'm here.

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

Okay.

Brian Ahier – Director of Standards and Government Affairs – Medicity

I am here.

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

Carl Dvorak?

Carl D. Dvorak – President – Epic Systems

I'm here.

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

Hi, Carl.

Carl D. Dvorak – President – Epic Systems

Hello.

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

David McCallie?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Here.

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

Hi, David. David Whitlinger?

David W. Whitlinger – Executive Director - New York eHealth Collaborative

Yes, I'm here.

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

Hi, David. Deven McGraw? Hal Baker?

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

Here.

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

Hi, Hal. Jitin Asnaani?

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Here.

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

Hi, Jitin. John Blair?

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

Here.

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

Hi, John.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

Hi.

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

Kitt Winter? Landen Bain?

Landen Bain – Healthcare Liaison - Clinical Data Interchange Standards Consortium (CDISC)

I'm here.

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

Hi, Landen. Larry Garber? Marc Probst? Margaret Donahue? Melissa Goldstein?

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

I'm here.

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

Hi, Melissa. Nancy Orvis? Ray Scott?

Ray Scott, MSW – Arkansas HIT Coordinator – Arkansas Office of Health Information Technology

I'm here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Hi, Ray. Shelly Spiro?

Shelly Spiro – Executive Director - Pharmacy Health Information Technology Collaborative
I'm here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Hi, Shelly. Tony Gilman?

Tony Gilman – Chief Executive Officer – Texas Health Services Authority
Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Hi, Tony. And Wes Rishel?

Wes Rishel – Independent Consultant
Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Hi, Wes. And from ONC do we have...

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group
And Larry...

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Kory Mertz? And I heard Larry Garber as well.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group
Thank you.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology
I'm here.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente
Michelle, this is Troy Seagondollar.

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

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Hi.

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

I didn't call you, I'm sorry, Troy.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

I just got on anyway, so...

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

Well, perfect timing then. Okay, I'm going to turn it back to you Micky.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great, thanks everyone and thanks for joining. I think my Co-Chair, Chris, is going to be unable to make this call, the last couple of calls he has had a lot of travel that's unfortunate but it is so. So, we'll carry on without him and look forward to his rejoining for the next call hopefully.

So, today we're going to continue the conversation, we're going to finish up the JASON Task Force Report review just with that last section and I'll try to go through that pretty quickly because I think a number of you, either a number of you directly participated in it or you heard it at the joint committee meeting on the 15th or hopefully you had a chance to glance at the slides because I think what we want to do is quickly move beyond that and that will get us to...we've had the formal presentation from the Governance Sub-Workgroup that we had a couple of meetings ago of their findings and then we went through the... this will complete going through the JASON Task Force findings and then that will put us in the position to have a discussion about alignment of those two that hopefully will be a pretty quick conversation because I think what we all want to get to ultimately is the assessment of the ONC interoperability roadmap, you know, and try to engage as quickly as possible the substance of that.

So, as I, you know, propose going through this we'd go quickly, do a review of that last recommendation, number six which we had called government as a market motivator then get into the alignment question and then dive into the beginnings of our assessment of the interoperability roadmap. So, next slide, please. Next slide.

So, in terms of just to orient everyone to, you know, where we are, we are here at October 29th starting that, you know, starting the engagement of the question of the interoperability roadmap. We'll give high-level recommendations, I had recommendations in quotes, really give a status update to the Policy Committee next week in the virtual HIT Policy Committee meeting that is on Tuesday/Wednesday and then we'll, you know, be able to have three more meetings with the IO Workgroup before we're again supposed to start looking at recommendations, perhaps final recommendations to the Policy Committee but I understand that, you know, some of these dates may change and they give us a little bit more time to take in and consider some of the other feedback that's coming in from other places on the roadmap. So, this may not be our last opportunity but I think certainly we'll want to get as far as we can for the December 2nd meeting.

Kory, is that a fair description of what the process looks like?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yeah and, you know, Micky to your point, this is really...so the Interoperability and HIE Workgroup is the only Workgroup weighing in at this very early stage in the roadmap's process. You know the full kind of first version, draft version, of the report is going to be published in January and then a wider set of the FACA Workgroups will be taking a look at it including the Interoperability Workgroup, but, you know, in particular because of the work of the JASON Task Force and the Governance Subgroup we wanted this group to kind of take those, synthesize them and then take a look at some of the other interoperability roadmap pieces to say, hey, are there any like red flags or things that we need to make sure we think about before we put out that, you know, really initial draft in January.

Because what Erica presented to the joint Policy and Standards Committee in October that was really kind of an early view into where the interoperability roadmap is recognizing, you know, there is a lot of details still to fill in that we're planning to have for that January version. So, you guys are really kind of providing some feedback on a very early version of the document I would say.

So, I think that needs to be kept in mind in thinking about the feedback and the level of feedback probably in all this, but, again this was, you know, we really wanted to have you guys weigh in on some of this stuff early but there are going to be, you know, the kind of fuller version of this will be out in January and we'll be coming back with some specific questions and areas we want this Workgroup to look at and there will be others looking at other parts as well.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great. So, put another way, everyone on the phone has the unique privilege of providing early red flag and course guidance to ONC on the development of the roadmap. Is that a good one for you?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

That's fair.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

It's a privilege, yes. Okay, great, so why don't we dive in then and get right to the heart of it. Next slide, please. So, I'm going to do, you know, a very quick run through, I think it's a few slides of that last recommendation and, next slide, please, and what I've done is these are slides that are directly...the slides that were presented at the October 15th meeting and these recommendations, except for that one amendment that we went over last time, were unanimously approved by the Standards Committee and the Policy Committee.

So, just to, you know, do a refresher from where we are, we went through the first five of the recommendations on the last call and now we're just going to cover number six and then we'll, you know, sort of start talking about, you know, sort of how this feeds into the roadmap conversation. So, next slide, please.

There are a number of people on the phone who were on the JASON Task Force so David is on the phone, Wes is on the phone, Arien is on the phone and I think there are some others, so, you know, please weigh in as I'm going through this as well.

So, the idea here for number six was, you know, looking at, as we, you know, walked through the first recommendation which was focused on using Meaningful Use as well as other incentives, but, you know, targeted on the urgency of Meaningful Use in Stage 3 as being, you know, something that we really wanted, you know, sort of to consider as we think about the, you know, the initiation of this process for the, you know, the gradual movement toward a public API concept.

And then we had a number of recommendations that kind of laid out what an ecosystem might look like that would sort of be, you know, part of a wraparound for a public API and being a basic conduit exchange, again, you know, going forward recognizing that there is, you know, a lot of transition, there are a lot of them that keep going in parallel and we're talking about the beginning of, you know, a capability that could, you know, sort of mark the beginning of a transition.

So, now we're talking about what are the things that the government in particular might do to help motivate this and we've broken them down into three. So, the first category are things that we had identified in the JASON Task Force as being things that we recommend the federal government should do, these are levers that are available to the federal government right now and frankly have been, you know, a little bit underutilized and the thought was that these are things that right now could provide some positive direction to the market in the direction that we all think it needs to go.

So, there are three categories in this, one is transparency and I think this is really an important one and this was something identified in the Governance Sub-Workgroup as well, there is a direct alignment here with the Governance Sub-Workgroup recommendation that aggressive and ongoing public monitoring of what it is we think of as being the core elements of interoperability and how do we actually, you know, develop some metrics around that and then how do we measure it and monitor it in a way that's going to be meaningful.

So, that, you know, seems like it's, you know, a very important function that the government can perform in transparency and helping the market have better information on which to act to be able to sort of address these...any gaps that we've identified and, you know, move forward. So, that was the first recommendation.

The second was related to this question of guidance where the idea here was that there aren't, you know, sort of...and Melissa you're going to correct...please correct me if I'm wrong on any of the language I used here, but this would be in the form of guidance that isn't necessarily regulatory in nature but that provides an indication to the market of the federal government perspective on, you know, different types of policy areas and other agencies that use this, you know, to great effect and it does provide some good market guidance and the market is not required, it's not regulatory in nature in that sense.

No one is required to do what this guidance could suggest but it could be for example the trust framework, I forget the official title of that, but there, you know, were some trust framework guidance and some direct applicability statement guidance that was issued in the past that provides some important information and directional guidance to the market but isn't directly regulatory in nature.

And then the third is sort of that convening function that the government can play a very important role in trying to convene existing and prospective exchange networks in particular focused on, you know, adoption of the public API and can play sort of a catalyzing role there to provide that meaning and function get over the collective action problem that might exist in the market and help spur then, you know, a more market-based approach and accountability to this that isn't about the, you know, the federal government dictating that it happen by playing an important and unique convening role to help the market start to take it over.

Okay, let me pause on this to see if there are any questions, anything else that, you know, any of the other JASON Task Force members would like to add?

Okay and as I said, I think these are, certainly the first one, is directly aligned with a recommendation that came out of the Governance Sub-Workgroup work and I think that the other two are very consistent as well and, you know, we can talk about that in more detail in a second. Next slide, please.

So, the next are about, you know, sort of...this is sort of...this is going through almost you might think of an as escalating, you know, sort of stair step of types of activities, actions even types of intervention that the government could take to help spur, you know, higher levels of interest in the market.

So, the first three were about pulling levers that are about enabling market activity and providing better, you know, sort of better foundational elements that allow markets, you know, to perform in the marketplace.

The second would be a little bit more, you know, sort of proactive in the sense that there are two categories, one could be about aligning incentive programs and existing regulatory processes to stimulate use of the public APIs and, you know, there are a number of those and I think that the...again aligning it back to the Governance Sub-Workgroup there was a long list, a very comprehensive list that was developed by the Governance Sub-Workgroup of a variety of levers that could be pulled and there was sort of an full category related to incentive alignment with a number of different programs.

And, you know, I was just looking at my e-mails just before this call, there is another 850 million dollars going out from CMS for the clinical practice innovation, I forget what that's called, primary care innovation grant or something like that.

There are a lot of incentive programs out there and, you know, the alignment of those could be, you know, some of the biggest levers that the federal government has to make the government try to move forward with those types of capabilities.

The other category that we'd recommend the federal government should take would be to the orchestration of federal healthcare entities and I think we talked about this on the last call and again the Governance Sub-Workgroup had also addressed this as one of the levers that the federal government could pull. So, next slide, please.

And then the next level up would be some, you know, direct activities that are focused on helping to enable different components of the coordinated architecture to get in place to the extent that those are things that the market doesn't do on its own. So, this was in the category of the federal government should consider taking the following steps based on active monitoring of what happens in the market.

And two things that we pointed to were, one, to the extent you may recall the idea of the coordinated architecture and the loose coupling of DSNs. The idea here would be to develop voluntary standards for vendor neutral cross DSN bridging capabilities to, you know, fully enable the narrow set of robust transactions that would be required to that loose coupling. So, this isn't about the public API per se but things like patient identity reconciliation, authorization/authentication, key management all of those things that would be required to, you know, to go along side, you know, a public API or we'll say public API type transaction.

The idea here is that to the extent that those don't happen as a part of a market capability either because of, you know, lack of motivation or, you know, other, you know, sort of negative business kinds of factors or perhaps there were just some obstacles that get encountered in the market that end up getting discovered through this process that the federal government can play a useful role in trying to, you know, break the lock.

So, for example, one interesting example that one could imagine coming up, if you just look at some of the existing HIE activities out there, so let's just take, you know, CommonWell and the Mass HIway, and Healthway as, you know, sort of one example that we talked about, that CommonWell and the Mass HIway, the Mass HIway is the statewide HIE in Massachusetts, those have a record locator, you know, sort of concept as a part of the architecture to identify patients and then provide the means for identifying records associated with those patients and then facilitating the ability to do a query for those records.

Healthway, by design, does not have an NPI and so the issue of patient identification across those networks, even with all the best intentions and all motivations, could more easily happen presumably between CommonWell and the Mass HIway than it could between either of those with Healthway not because, you know, of any bad intent or any, you know, any attempt to block commerce but because of the different architectures that came up because of those, you know, what their founders and their current stakeholders want that architecture to look like in the purposes that they serve.

So, that's just one example of the kinds of things that, you know, that could be unearthed as we move forward in this and where the federal government could perhaps play a role in helping to, you know, identify ways to get over those hurdles.

The second category and then I'll pause again, because I know I've covered a lot of ground here, the second category would be things that the federal government could do itself in the way of valuable served services that the market would, you know, would very much like to consume and you could imagine this happening across DSNs, so a nationwide provider directory, public use sites of unlicensed vocabularies, I think Carl Dvorak in the last call had suggested maybe quality reporting happen through a public API that, you know, that is exposed by the federal government.

Those are the kinds of things that the federal government on its own by exposing those services aligned with the public API could just drive the market toward deployment of the public API because they find those services valuable or require it. So, again, let me pause here, I know I've covered a lot of ground and welcome any comments or any further elaboration.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Hi, this is Larry.

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

This is...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes, why don't we go to Larry first and then who is the other voice.

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

This is Shelly Spiro I'll go second.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great, thanks, Shelly. Go ahead, Larry.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

And this is Dave; I'd like to get in the queue as well.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, thanks, Dave.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Okay, thanks you guys. So, this is Larry. I think this is great. I think one thing that we're not really touching on that probably fits under the nationwide shared services and might be worth calling out is that, you know, that there may be a role to help mature standards that need financial help to make them happen.

You know as an example, specifically, you know, I mean, we talk about licensing vocabularies but maybe vocabularies are, you know, need support in actually the development and also the standards for the API, you know, there is a lot of talk about FHIR and, you know, FHIR is coming along nicely, but they really need some financial support to have, you know, clinician input and clinical input into the, you know, the modeling of this so that's it's clinically relevant. Right now it's very heavily, you know, developed by, you know, techies and there is not enough personnel, you know, to volunteer to actually, you know, map the existing, you know, the main analysis models and, you know, Consolidated CDA into this new, you know, architecture.

And so they really need people and they need people who are paid to do this and it's not going to come from the private sector and it would really be great if, you know, if there could be federal dollars put towards facilitating the development, you know, of this.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, yeah, I think that's a great point. I guess the only friendly amendment I would offer to that is to not presume it couldn't come from the private sector but that's another lever that the government on active monitoring could decide would be a very helpful step forward in terms of closing the gap.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And this is Arien, I want to point out that this section deals with governance, there are actually recommendations, in recommendation I believe number one, related to coordinated efforts develop the core data services and public APIs which I think I would agree should include those kinds of dedicated resources.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Thank you.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Shelly, go ahead.

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

This is Shelly and...yes, and I have to apologize I'm in a pretty noisy lobby, so I apologize if there is background noise. But a couple of things I want to bring up, number one, pharmacy has had some very mature networks that have been available and I don't see them being mentioned here, a good example of course are ePrescribing networks but we do have other types of networks, especially sophisticated networks with our...in standard networks with our payer side.

And those are areas that we can leverage and look at from a historic stand-point of how those networks were developed, how they've had sustainable models moving forward and I don't see any of that really noted in here. And medications are a very important portion of the exchange of this type of information and I think there is a lot that we can learn from the types of networks that have been developed on the pharmacy side.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, yeah, no, so the idea here wasn't to limit what, you know, what one might look at or models of how, you know, sort of this kind of market coordination could happen. Indeed there is probably going to be a lot of heterogeneity around the different models as you point out pharmacy has well-developed networks, there are "vendor specific networks...specific networks, public HIEs, private HIEs." I'll put all that in quotes. So, I mean, I think it's a great point that there is actually a multiplicity of models out there. And, let's see, Dave Whitlinger I think you were next.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

Yes. Yeah, thanks, in the materials and I know that we're on, you know, the previous materials...I haven't seen a definition of any sort for DSN, is that somewhere? Is there...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Oh, yeah, yeah, yeah, yeah we covered it in the last presentation it's in the deck and as well as in the written report there are, you know, long definitions of that both in the reports themselves and in the technical appendix of the written report. So, I'm sure we can get that to you if you have any difficulty in finding it.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

Well, I guess, is there...is essentially a DSN any HIE or are there any restrictions or thoughts about what they have to be?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

No, no the idea is it's a very loose concept and actually I think one of the things we talked about is that we, later in the conversation, in the JASON Task Force we thought that arrangement was actually a better word than network to describe, you know, sort of how broad a concept that it really was and it's really about, you know, sort of creating the legal policy, infrastructure and what other, you know, sort of wraparounds one might have or a group of affinity partners might have to, you know, to provide, to enable public API among themselves. So, you know, it's a very broad definition that wouldn't exclude any type of arrangement that provides those kinds of services.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

So, it wouldn't try to describe what is a minimum set of technology services in order be it a DSN or it sounds like you might not even have any technology services and you'd be a DSN?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Hey, Micky, this is David can I comment on that?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes, please, go ahead David.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, so in our discussions we realized that if we expose a reasonably broad spanning capability of core data services that there would be many different ways groups would want to come together and coordinate use of those APIs and rather than assume there was a single architecture that everybody had to follow and a single governance that everybody had to agree to we created this notion of data sharing arrangements that would be essentially small scale aggregations of people who agreed to use the public API in some way that was both, you know, consistent with legal requirements and governance principles within that data sharing arrangement.

So, some of them would be traditional network type things like the eHealth Exchange or CommonWell but some of them could be something as different as an App store for plugin Apps that use the API.

The assumption is that everybody who does it will have to meet, obviously, the legal requirements and will have to have their own governance within their arrangement but they might not all need to ever connect to each other they might be quite different.

And they would be...what they have in common is that they leverage the public API but they don't have to use it the same way.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

Okay but would there be for those that are actually managing patient records and therefore identities and these things that might be in these centralized services or shared services those would have to have some amount of structure and greater legal definition and contractual obligations and so forth if they're going to participate in these shared services is that fair?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

Okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right there would be emerging governance issues that span across the DSNs or DSAs and that's what was contemplated here.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

Right and somehow they'd have to...somehow trust would have to be established through some sort of mechanism.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right, right but it might be different depending upon what bridges were created amongst what kinds of networks. So, you know, two App stores might decide that they could share a certification strategy and share white list trust but that wouldn't necessarily be the same thing that would happen between two data sharing networks.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

Right, okay, thank you.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Thanks and thanks Dave McCallie. Where there other questions? I forget whether there was one other?

Okay, sorry...

Brian Ahier – Director of Standards and Government Affairs – Medicity

This is Brian I have a comment.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Why don't we go to the next one? Oops sorry was that a question?

Brian Ahier – Director of Standards and Government Affairs – Medicity

This is Brian, I have a comment, just a comment on I think it's slide seven where they talk about, which I'm strongly in favor of, the convening role that they would play of convening existing exchange networks and perspective DSNs to catalyze adoption of the public API and development of industry-based governance standards.

I think using the networks is very important and again I'm strongly in favor of that. I would add to that and maybe this is just implied there, but I would add to that also convening along with the exchange networks standards development organizations and testing bodies to that because I think that would really provide a much richer conversation and make those meetings much more meaningful.

So, and I say that, you know, just as an example of those types of organizations HL7, AEGIS, and others potentially that would be part of that conversation.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, yes, that's right.

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

Yeah, this is Shelly Spiro, I'd like to add to that, you know, NCPDP too does quite a bit of networking, you know, now only because of the ePrescribing and setting up protocols for that and that goes back to some of what I spoke about before, but we have a tendency to forget, you know, NCPDP as a standards development organization that had developed those types of networks and facilitated that type of work.

The other thing that we're finding in pharmacy that is kind of discouraging to us and I'm not sure if it belongs in the governance, but there are many of our pharmacies, especially our community pharmacies that are excluded from some of the networks for just misunderstanding that they think that pharmacies are not providers of care and that's been a potential problem. I don't know if it belongs in the governance area but it is a problem that we find on the pharmacy side.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, so, you know, so again this is, you know, this is under, you know, sort of the category of government as market motivators so the idea here isn't to top down define, you know, sort of a who's in who's out but rather to perform, you know, selective interventions where it seems that the market may not be, you know, sort of able to do it on its own and convening would be one of those functions.

So, the idea would be, you know, convene as needed selectively where it doesn't seem to be taking place appropriately on its own. So, I think, you know, to that point I think it's a great point Brian that the idea here is convene, you know, who you think needs to be convened to address whatever gap needs to be addressed.

So, let's move to slide nine I think it is, which is the last slide, I believe, yes, so this was, you know, again in this escalating, you know, set of actions that, you know, that we sort of put in the spectrum of government as market motivator, the idea here was that, you know, this is the government "may" so the "should" versus the "may." May choose to consider direct regulation of DSN in the event that the market does not develop effective coordination mechanisms on its own or with the assistance of, you know, of the government in the ways that we've described in the previous slide.

But the idea here is that after exhausting all of those then, you know, then obviously the backstop is, you know, direct regulation if the market isn't able to take the accountability on its own. So, you know, we did note that such actions would involve a significant increase in the government's regulatory authority. Melissa, you can correct me if I'm wrong and also correct me on the language.

But there, you know, would be a different type of regulation in nature I think that would be implied by, you know, sort of more direct regulation of DSN, which, you know, would also have the high risk of unintended consequences that could perhaps slow market growth at a time when there seems to be, you know, sort of a real upward tick in the trajectory of, you know, of interoperability capability progressing in the market and particularly in development of these kinds of networks that could be, you know, sort of primordial data sharing networks as we think about public API enablement.

So, and then any, you know, such increase in regulatory authority, you know, we felt as a group, you know, should be carefully considered through evaluation of reasonable and meaningful benchmarks. So, the first part is measure, define what it is that we think, from a national perspective, constitutes meaningful interoperability, have metrics and measures for those and then calibrate whatever type of direct or more direct regulation is contemplated to addressing those remaining barriers where the market has failed to overcome those barriers rather than having, you know, something too broad or too sweeping at the outset, which, you know, we were concerned would have a lot of unintended consequences. So, this is the last slide.

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

Hal...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes, sorry, go ahead?

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

Hal Baker, and I'm late joining this group but in this discussion where we talk about coordination was there any discussion that technical exchange of data can happen without an effective exchange of information and that coordination could be effective really requires exchange of information which may not be accomplished just with data exchange, CCD documents can often convey a lot of data without the information a practicing clinician needs to coordinate. Has that been...was that considered here or has that been discussed at any point?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Well, yeah, I mean, I think if you go back and look at the, you know, the recommendations and the development of the notion of a public API and the core services, and the core profiles we associated core services and core profiles with the anticipation that those would be both about document level as well as data level access to data both I want to say access I mean, you know, bidirectional read and write ultimately.

I mean, I think the idea is that this would provide the tools to be able to have the kinds of more focused services and profiles to address some of the issues that you're talking about to provide a richer array of tools to supplement documents, to have documents as well as data level access complimenting each other to I think get at this notion that you're describing of information versus data and wanting to have availability of both of those according to need.

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

Great, thank you very much.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, this is David, just to add to that. Some people have interpreted the original JASON Report and the JASON Task Force recommendations around the report to be somehow suggesting that the documents aren't valuable and I think we tried to go out of our way to make it clear that documents are very valuable but you also need to supplement with more focused queries for support in, as you put it, you know, specific needs for information where you don't really need to deal with an entire CDA style transfer, but, you know, we were careful to say you need both not one or the other.

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

Thank you.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great, so that wraps up, you know, sort of the review of the JASON Task Force recommendations. So, why don't we move to the next slide and just discuss for a minute the alignment of the JASON Task Force with the Governance Sub-Workgroup input now that we've heard kind of sort both of those and have seen both of those. Next slide, here.

You know it seems, you know, stepping back and, you know, invite everyone's, you know, sort of comments and thoughts on this because we have members from both, you know, the Sub-Workgroup and the Task Force on the call as well as others who weren't a part of either of those and folks can look at it with sort of, you know, fresh eyes.

That it seems really when you look at the Governance Sub-Workgroup inputs related to the, you know, sort of the comprehensive list of potential levers as well as the recommendation that were...that ONC may consider creating a public/private governance authority that they're actually quite aligned, that there is no misalignment there between the JASON Task Force recommendations which was somewhat broader and focused on a lot of different things and the Governance Sub-Workgroup recommendation which was narrowly focused on governance.

So, you know, as I describe in the first paragraph here the JASON Task Force recommended the federal government focus on an escalating series of actions that I just described to catalyze market development that first and foremost that first set of levers are really about the federal government as engaged in vocal market participant, you know, essentially practicing what it preaches in terms of promoting transparency through active monitoring, convening, offering guidance, aligning incentive programs, a wide variety of things that I just discussed.

And then it did, on that last, you know, on that last point, the point, you know, the end point in the spectrum, sort of the boundary, is suggesting federal government exert direct authority to dictate terms of interoperability, which was suggesting a requirement, monitoring, compliance, enforcement all of the things that go with that kind of, you know, direct regulation only as a last resort and only to resolve gaps identified through active monitoring that the market seems unable to address on its own or with the, you know, the assistance that we described earlier. So, that's everything I just ran through up until now.

The Governance Sub-Workgroup, as you may recall from their presentation, has the input that ONC "may consider" and I put that in quotes the language that they used, creating a public/private governance authority and, you know, my thought here is that this is an example of government exerting direct authority over interoperability structures and processes, which is, you know, sort of that end point on the spectrum that the JASON Task Force talked about.

So, you know, it seems that they're really quite aligned it's just that the Governance Sub-Workgroup input is a point on the spectrum proposed by JASON and actually if you look at the comprehensive list of levers that also was an input from the Governance Sub-Workgroup, you know, many if not most of those actually cover, you know, and are actually broader and more comprehensive in some sense than the levers that the JASON Task Force, you know, sort of suggested in that same theory. So, those two things taken together in a way almost cover the entire span of activities that were in that recommendation number six related to that spectrum.

So, let me just open it up and see if, you know, others, you know, sort of see that kind of alignment as well. If there are any concerns from anyone from either of those Workgroups or Task Forces related to the question of alignment here? I just don't see any misalignment.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

Micky, it's Melissa.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes?

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

Great job on the legal discussion.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Thank you.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

We can make you an honorary lawyer if you'd like, you may want to...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Is that a promotion or a demotion?

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

You won't get paid much for the honorary title but...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Thanks, Melissa.

M

You get to play an attorney on YouTube.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

Yeah, exactly.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Excellent.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

I just wanted to point out about the “may consider” the public/private governance authority.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Sure.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

So, this was one of the areas where we were not let’s say 100% unanimous, in particular Mariann Yeager wanted to create a public/private governance process not necessarily an authority but a process that might lead us to something which might end up being an authority or not.

Beth was on our group also so she may want to weigh in here too, but I just wanted to point out that, you know, some people were in favor of absolutely naming an authority most people were in favor of moving in that direction but not necessarily naming an entity but it wasn’t 100%. So, it does kind of fall along the spectrum but I wouldn’t necessarily put it all the way at one end.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Okay.

Beth Morrow, JD – Director, Health Initiatives – The Children’s Partnership
Yeah, this is Beth...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
All right, thanks, Melissa. Oh, yes, sorry go ahead?

Beth Morrow, JD – Director, Health Initiatives – The Children’s Partnership

I was thinking that similarly in the Governance Workgroup we discussed sort of the predisposition to be oriented towards these market solutions and what all the levers could be. We did not sort of get into the idea of mapping out how it might escalate but I think that that’s an appropriate next step beyond what we did in the Governance Task Force.

So, it does seem to align in my mind and, you know, address some of the differences of opinion about the different role that the government might play, you know, at what point in the process. There was a sense of variation of how heavy-handed the government should be, but always an orientation towards trying to make the market forces work first and so this is pretty much consistent with that.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Right.

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative
This is Shelly Spiro...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes?

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

This is Shelly Spiro I'd like to comment also on the alignment portion. I think the biggest issue that we have on the pharmacy side and we also see this in long-term post-acute care that the focus has mainly been on, of course Meaningful Use incentives, but also on hospital and physician and so we haven't had the focus in other areas that can really help meet all of the interoperability connections. Now we see this a lot because we have developed, in pharmacy, such private networks of this type of exchange.

And so I look at it as the government has to include, if they're going to align, all practice settings and all types of service in order to make it more transparent. And I think that's a really important piece so that we look at all of the different types of capturing the data that needs to be exchanged including payers in other areas and I think we focused on some of the governance in specific areas but we're looking at it as a whole and might not even be looking at it from a patient centered aspect.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, great, thank you. So, it sounds like, you know, there is obviously some more detailed work that could be done there but it sounds like there is, you know, the overall, you know, consensus here that these are pretty well aligned, you know, I think which is great. I mean, we came at it with two different independent processes that sort of structured and framed it in a different way but really, you know, both at the end of the day are sort of defining a spectrum and I don't think either spectrum really excludes anything that the other spectrum didn't, you know, have somewhere on the check list.

So, why don't we move ahead then and we can certainly come back, you know, it may that as we, you know, dive down into the interoperability roadmap that unearths some things or differences, you know, perhaps in the conversation more than what was on the slides and, you know, I think we want to be open minded to, you know, sort of, you know, having that discussion, you know, shared a lot. Next slide, please.

So, why don't we begin diving down into the interoperability roadmap itself which I think is, you know, that's a substance that we really want to engage on here in the next 4, 5 or 6 meetings. So, next slide, please.

So, hopefully, you know, most of this is somewhat familiar to all of you, I mean, I would encourage that, you know, that there is a part of, you know, as we go forward we all want to engage as directly as possible in the material that Erica Galvez presented at the joint meeting on the 15th.

As Kory said, those were all draft materials and there is a lot of detail to be filled in but, you know, to the extent that there is stuff now documented that provides, you know, sort of direction and some framework, I think in the spirit of, you know, Kory's request at the beginning, you know, our ability to engage at the level, but, you know, that we have here in front of us and provide any red flag or course guidance at this point would be, you know, would be valuable to ONC as they consider, you know, sort of where we're going with this.

So, what I've done is taken the high-level schematic that you may recall from the, you know, from the vision and the idea here was the 10 year roadmap that had 3, 6 and 10 year milestones defined, albeit at a high-level and again, you know, we just have to respect that, you know, this is a very difficult exercise and that we're getting more and more detail as we dig down into it but, you know, at least laid out in sort of a high-level roadmap here.

So, at a high-level you've got the 3, the 6 and the 10 year, you know, milestones, we'll dive down into that in a second. And then the idea was that there were foundational building blocks to define key sets of activity that need to happen in order for achievement of those milestones with that time phasing and those five building blocks hopefully you're familiar with are, you know, identified on the bottom there, those horizontal bars, I took this right out of the ONC presentation. So, you have the core technical standards, certification, privacy and security, supportive environments and then rules of engagement and governance.

What I would propose for the IO Workgroup, so by the way, I've, you know, sort of arbitrarily decided that we'll call this group the IO Workgroup. Hopefully, there are no strong objections to that or any branding issues we need to think about but it seems like that marks sort of a nice departure from the previous Workgroup and gets us out of this, you know, sort of fraught phrase information exchange or health information exchange which people, you know, myself included, always, you know, sort of use too loosely and creates confusion with respect to the noun versus the verb.

So, anyway, so that's the IOWG assessment and I propose, you know, that we think about this in the set of sequences here suggested on this slide. So, first today begin, you know, sort of some engagement on the question of the vision, which is the vision and the building blocks and the time phasing of those and I have a couple of slides to, you know, sort of dive down into that.

And then as we go over the next three to four meetings we start to dive down into the building blocks, into three of the building blocks. So, privacy and security will be covered, you know, presumably by the Privacy and Security Workgroup and my assumption is that certification will also be covered elsewhere and so what we would focus on in priority order are the rules of engagement in governance, the core technical standards and functions, really the policy dimensions only and we have the benefit of having the Co-Chairs of the API and something Workgroup from the Standards Committee who are participating in this Workgroup, so that's Dave McCallie and Arien Malec, so they're doing it from the technical side, the idea here is we look at it from the policy side.

And then finally, to the extent that we have time going into that last building block of supportive business, cultural and regulatory environments. Does that make sense from a high-level?

M

So, the IOWG does fit nicely into a Twitter hashtag, so I'm in favor of that.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Excellent, okay.

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

Hi, this is Michelle, just on that note...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes?

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

We are going to have to update the URL that we use for this Workgroup. So, be on the lookout for some updated calendar appointments just so we can make that change.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Oh, man, all sorts of consequences that I didn't realize. Okay, great. All right, so why don't we dive down into it and we, you know, with some of them, like on the vision if we feel like, you know, we don't have...that it's high-level enough that it's hard to object than we can move right past it and dive down a little bit more into the building blocks. But I wanted to make sure that we at least touched on it as we, you know, sort of prepare for giving, you know, status updates to the Policy Committee. So, next slide, please.

So, what I've done here is just put on the, you know, on one slide, I took this slide from Erica Galvez's presentation from the 15th which is the Health IT ecosystem's goal, which this is sort of the vision. So, it breaks it down, you know, by level, you've got individual provider, population and public down on the, you know, on the left side there and then across the top is the, you know, three, the six and the ten year timeframes that I described.

And then, you know, they have, you know, sort of the high-level milestone descriptions for each of those. So, I don't want to, you know, read off of this slide and hopefully all of you are familiar with them. My, you know, thought is that we should probably focus a lot more on the 2014 and 2017 since that is right here in front of us and then perhaps, you know, spend as much time as we can on the later phasing, but this will be our opportunity at least to step back for a second take a look at the whole thing and see if we have any comments on this. And can we just jump to the next slide for a second and then we can flip back.

So, some high-level key questions for us as we think about this and this is where I, you know, would welcome, you know, Workgroup input on this. This is, you know, kind of the right, you know, sort of evaluation criteria or assessment criteria for us to use, you know, are the goals meaningful to healthcare outcomes, you know, as we look at that. Do they appear obtainable by industry and here by industry I mean both users whether it's providers, pharmacists, research community, consumers, you know, whoever those users are and technology vendors.

Are the goals well defined enough, you know, to define motivational strategy, so it's great to have goals but if they're not well enough defined that it changes anyone's behavior, you know, what good is the goal.

And then finally, on the other hand are they universal enough to be resilient to industry and technology change. So, you don't want to be overly specific and tie yourself to a particular way of doing business or to a particular technological approach that can be rendered obsolete in two years and therefore you have to change your goals completely.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Micky, this is Larry...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, go ahead, Larry?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

I'm sorry, yeah...should they also be measurable?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I think that's a great point. And we talked about measurement, so, you know, measurable makes a lot of sense, yes. So, why don't we flip back then to the previous slide if there aren't any other thoughts here and let me open it up and, you know, see if there are comments.

I mean, again, we could focus more on the first block where, you know, where there is an actually fairly ambitious milestone here which is the ability to send, receive, find and use electronic health information where the idea is presumably that means, you know, ubiquitously across the market and I'll, you know, put that in quotes because, you know, you never get to a 100% but, you know, because clearly there are pockets of activity and in some deep pockets of activity where the ability to send, receive, find and use is available within those arrangements, but, you know, that are already out there, you know, we could list, you know, I think quite a few where that is available but is it pockets right now so it's not ubiquitously available.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, Micky it's David, I have a comment.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, you know, the JASON Report itself and the JASON Task Force focused on recommendations that were kind of one layer more fundamental than these. These are closer to use cases or categories of use case whereas, you know, the JTF recommendations were really about a technical capacity that would enable many use cases including these but also others.

And I wonder...I'm not sure what to do with that, but just to call it out that it's not out of the question to have that lower more technical capacity to be a goal in and of itself and not just limit to enumerable use cases. Am I making any sense?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes, I think you are, but we worked closely together for a little while now so I'm sure that other...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

So, this is...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Let me just be, you know, slightly more concrete.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, if the core data services were a goal that by some date in this, you know, spreadsheet of dates, widespread deployment of the core data services was listed as a goal than that would inherently enable all sorts of use cases or it would be a stepping stone towards many use cases that are broader than the ones listed here.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And so my fear is to get locked into very narrow definitions of interoperability that, you know, may have been gated as much as what would fit on one slide as by actual considerations of market needs and that we should not be shy about enumerating use cases and measuring those use cases but I think a goal, in and of itself, is to have a more powerful building block, toolkit, that can go and address things that aren't on this slide which we know.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, I'm proposing the public API to be a goal in and of itself...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

That's my thought.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

And I think in a few slides when we get into the building blocks, David, I think there is a part there where I sort of make a symbol or, you know, sort of a proposal I guess in thinking about the alignment of this versus what the JASON Task Force said, but I didn't articulate it nearly as well as you just did. But, someone else...someone had a comment?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yes, this is Arien, so I just want to reflect one of the comments that was made at the joint Policy and Standards Committee meeting and I think it overlaps with David's comment that if we're looking at a 10 year roadmap we have to remember that 10 years previous to now we were all using dumb phones, we had our first quasi-responsive or quasi-interactive web application, you know, we need to recognize how vastly, how fast the general technology world has changed. So, that's kind of one point that we should be looking critically at a 10 year roadmap and understand the extent to which the underlying technology will and probably should change at least twice over this timeframe.

And the second point, and more specifically, a number of people made comment relative to, for example, access to genomic data, access to biometric data and questioning whether we're developing those capabilities 10 years from now or, you know, whether there is actual use going on right now and a fence from a number of people that we really can't wait to make those kinds of capabilities more ubiquitous.

So, I think, there is a sense that the 10 year roadmap may be in some sense too specific and not ambitious enough relative to the pace of change both in overall technology and the pace of change in the practice of clinical medicine.

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

This is Shelly Spiro and I'd also like to make a comment but I don't want to take away the discussion on the previous comment.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, hold on for a second Shelly.

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

Okay.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

I think thought that was a great point Arien on both dimensions of the clinical and technology piece. Others have, you know, comments on that? I mean, I think that it has that, you know, sort of dovetail with David's comment on having, you know, sort of the idea that public API core services concept be a part of the, you know, formally a part of the roadmap.

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

This is Hal Baker, I think when you get into things like biometrics the consumer, the wearer of the biometric device, is going to want to have access to it and there are open notes and transparent portals have come along the consumer is going to put significant market forces on having that stuff be transparent and if it doesn't flow between providers they're going to be the conduit. So, I would see this as an opportunity where the market will likely drive that because it will be so patient customer, consumer centric.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, so...

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

The genomics being more difficult.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, Hal, is your point on that, having that out in the, you know, in the 10 year goal similar to what Arien was describing with genomic information is just, you know, way too late?

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

I think it will move much faster than that.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Right.

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health
But, you know, how many people are carrying Fitbits now or something similar.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Yeah. Yes.

Beth Morrow, JD – Director, Health Initiatives – The Children’s Partnership

This is Beth Morrow, it similarly...my...the problem I’ve had when I look at this roadmap really relates to the individual line and on the one hand there is some specificity like what you were just discussing with the wearable, implantable devices and yet there is, in the first box where it just talks globally about health information, it feels as if it’s just tacked on. There is no real heft to it unless there is something added as to like a common dataset or something more specific because otherwise it almost has no meaning in my mind.

And then similarly when it goes to the second column it just builds upon that sort of unarticulated value, anything will suffice. So, I would like to see something more specific added to the individual line as to core dataset but not in a way that is unrealistic because we are very, very far away from much I think that’s why it was done this way.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Right and I wonder if David McCallie’s comment actually covers some of that concern Beth.

Beth Morrow, JD – Director, Health Initiatives – The Children’s Partnership
Yeah, I think they’re very...they’re related.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, this is David, just to elaborate on that, because I think it’s a great point, the JTF proposal enumerates a parallel track that involves not only an advancing definition of core data services but also equivalent profiles that describe the data that gets moved by those services and those have to be advanced together and you can start with simple things like the MU core data set but get more complicated and include genomic and other sources of data as time allows. So, you need to advance data standards as well as the service standards in parallel I think that’s a great point.

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

This is Shelly, my comment is similar to that on the standards side. We don’t talk about the bidirectional exchange and you don’t talk about query and pushing of data and I think those are very important pieces because as time goes by the more advancement, you know, we want full bidirectional exchange and communication and not just...and we need to have the query and we need to have the push capabilities and I think that needs to be time-based because the industry is at different steps at different times in that capability.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

So, Shelly, I think that's covered, if I'm understanding your question correctly, by...it's actually in the first block there, it's send, receive, find, use and it's in the, you know, in the three year time block. Am I misunderstanding your question?

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

Yeah, I mean, in the send, receive, find and use I think is...maybe I'm looking for a more technical term than just send, receive, find and use. As long as send, receive, find and use includes the query and push concept and if that's what everybody agrees that this is then I'm fine with that.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, okay.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is Larry, I mean, it's not clear to me whether, you know, even asking for medical advice is covered by that send, receive, find and use electronic health information. I mean, you know, clearly there are a lot of healthcare workflows and communications that, you know, can be facilitated, you know, prescription renewal requests, you know, things...getting test results, you know, or asking questions. And so I wonder if that needs to be, you know, articulated that it helps with workflow and not just, you know, moving specific, you know, pieces of clinical data.

The other thing is just, I agree with what everyone was saying is on the clinical, on the individual stuff it sure looks like what they have in the second phase really belongs in the first phase and what's in the third phase belongs in the second phase, you know, and they should dream big about what should go into the third phase.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. Other comments? Okay, why don't we...so I think that gives, you know, at least some good...

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium (CDISC)

...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Oh, yes, sorry go ahead?

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium (CDISC)

Yes, Landen Bain I have a comment about the research...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes?

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium (CDISC)

So, in addition to access to aggregations of data research especially during the clinical research phase needs to access specific protocol mandated IRB approved data elements to a particular study and particular patient.

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

Hal Baker, one other comment on the second bullet on receive electronic notification when individuals are admitted or discharged from inpatient care, I would really question, as a primary care doctor, why we wouldn't want ED and observation. As we get into population health you're going to need to know the things that are just short of admission criteria which is a lot of care.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is Larry, I'll pile on that one as well. You know there are...one of the big issues we have is, you know, is closing the loop on referrals and, you know, to get notification that, you know, an appointment actually has been scheduled is incredibly beneficial and notification that this outpatient consult took place is incredibly beneficial. So, I do, you know, I wonder if we should just keep expanding this, you know, to more types of event notifications.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I guess it's a question of whether we want to go through that kind of exercise, you know, of detailing all of these out because I think it does...and it speaks to the tension, you know, because I think I heard...I may have heard wrong, but I thought I heard Erica say at the joint meeting that they specifically didn't want to take a use case perspective on this and so it's interesting that the view of this group is that, well this is a little bit more of a use case view of it and if you're going to go down that path you need to specify it even more, which I think was probably a little bit of the caution she had in mind of not wanting to go down that path.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Right, I mean, I know you know...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

...speak to it.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is Larry, I mean, I know you know from my prior opinion that I also wanted death notifications.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Because it's so embarrassing to, you know, a patient dies in the hospital I don't know about it and I'm trying to find out why they no-showed for my, you know, office visit.

So, but the other thing that's missing, blatantly missing here just like Shelly keeps pointing out is that, you know, one of our biggest issues is, you know, prior authorization and, you know, dealing with the health plans in that process and workflow and, you know, to automate that is, you know, would be a great service to society and physicians and patients, you know, to codify, you know, what are the prior auth requirements to automate the adjudication or approval of those, you know, really should be in here somewhere...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group
If we're going to get to that level of use case detail.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Yes.

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

Yeah, this is Shelly and those standards are already there and, you know, they're already working on pilots and places are already doing electronic versions for prior authorization, but it goes back to the aspect that if from a regulatory stand-point if it isn't something that system vendors are in the query and the notification or event happening it just becomes push information and then you don't have the ability to query or you don't have the ability to send these types of aspects.

A good example in ePrescribing, pharmacy has the capability today of sending the information back to the prescriber that a medication was not filled, but we don't use that because it's not part of the certification requirement. So, those are things that can lead to interoperability.

I think from the standards stand-point we have most of this developed but we're lacking in adoption and implementation of this because of either regulatory or governance, or it's just not in the practice or nobody is being driven to adopt that type of work and that's why I think it's important if you're going to time base this out over a 10 year period that you be more specific and include those requirements.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, so let me just ask some questions here just to set the context for, you know, for our comments. So, one, I think I heard that seemed to get, you know, a lot of consensus around the call here is David's suggestion that, you know, this is kind of a use case perspective and it's worth putting in as a part of the goals, you know, somewhere whether it's here or in the building blocks but somewhere, something more foundational about the technical side and about an approach of, you know, core services based on Internet principles.

So, it seems like that can enable a wide set of use cases and not limited to, you know, whatever use cases might, you know, to David's point what's been on a page. So, that seems like there is some consensus around that.

And then the other thing I'm hearing is that to the extent that this framework gets down the path of use cases that it's not specific enough in the near-term, which I think is, you know, to Larry's comments and Shelly's comments there.

I guess one question that I would ask is, you know, I think one of the things they were trying to balance here is on the one hand trying to get somewhat specific particularly in the near-term, when you talk about the near-term you'd better be pretty specific, but again, with the idea of having something here as a milestone that could plausibly be ubiquitously available.

So, you know, things like death notifications or close loop referrals all of that, is it even possible for us to think that those could be, you know, ubiquitously available across the market by 2017 or, you know, is that why the focus here was specifically on just discharges from inpatient care because that's...the sense was that that's all that one could even imagine being obtainable by this timeline.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Hey, this is Arien, I think actually if you combine those two I think we should have the notion of a generic, of a set of services that would be inclusive of a broad range of use cases that might be inclusive of death notification, referral notification, etcetera. So, if we have a notion of foundational services and then a notion of the surface area if you will that those foundational services potentially cover that may be a way to square that circle.

And then Micky I think there were...and we might take this under advisement, there were a number of people, including me, who would say, let's just move this entire thing and left shift it.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Oh, yes, that's another great point, yes, I agree, there seems to be a lot of consensus around that on the call here. Okay, why don't we move ahead then because I think, you know, some of these same issues will come up as we dive down into the building blocks but I think it was a great conversation it gives us at least the outlines of some recommendations here on that. Next slide, please and the next slide.

So, just to, you know, orient you to the building block, you know, discussion here. So, each building block is divided similarly into 3, 6 and 10 years, and the roadmap divides them up into draft milestones and then some associated draft actions which are pretty limited, I mean, there are only a few draft actions but as you'll see there are a lot more detail in the draft milestones, but just to, you know, give you a sense of what's coming here into the format and the way it was presented when Erica presented it.

And, you know, again, going back to what are the key questions we should ask, you know, are the proposed milestones meaningful to healthcare goals and attainable by industry, you know, really parallel questions here.

Are the proposed actions aligned with the milestones, appropriate and focused enough to drive resource allocations and decision-making? Again, you know, sort of going back to this question of, you know, if you don't have a goal or a milestone, or especially an action that forces anyone to think about resource allocation or their decision-making then you are probably not specific enough.

And then finally, have the actions aligned with the JASON Task Force recommendation with the...and I'm sorry, I should have actually been more explicit here, but with the assumption that we have the alignment of the JASON Task Force and the Governance Sub-Workgroup so it's really both and I can put that into the wording here, regarding, you know, coordinated architectural public API and government action to motivate the market.

So, on the next slide, I start to...so here is where, you know...so the first building block which is common rules of the road and governance...and the interoperability roadmap divides it into two they have standards governance or what I think of a standards governance and then I guess operational governance, I forget the exact word they used, but they, you know, sort of draw a line between those two and then separate them.

And here what I've done is just taken the 2014 draft milestones from the ONC document and put those there on the left-hand column and then on the right-hand column I have, you know, at least my take, and again this is open for everyone's, you know, comment and editing, of the corresponding JASON Task Force recommendations that would sort of correspond to, you know, to the milestones that were laid out were the same as governance.

And, you know, my high-level perspective in looking at it was, you know, first off that the milestones aren't that specific so it would be hard to, you know, sort of point to an area where we're completely misaligned, I mean, they're very open ended, they discuss processes more than anything else and it's hard to say that anything that would suggest either the JASON Task Force or Governance Sub-Workgroup was, you know, opposed to saying that we should have processes short of citing these things.

So, you know, at a high-level it was hard to find things that weren't aligned and so I think in thinking through the JASON Task Force recommendations and the alignment it was really more about sort of articulating a little bit more specifically what are the areas that, you know, were covered in the JASON Task Force and the Governance Sub-Workgroup that speak directly to some of the points that were there and how to, you know, help sort of translate those recommendations in a way that is aligned with the milestones.

And a little bit of prioritization. So the first thing I did was to sort of say, well, the last bullet on the roadmap was about metrics, I think both the, you know, the Governance Sub-Workgroup and the JASON Task Force actually put that first, which is to say, you know, you first have to be able to decide, you know, what is it that you want to do, have some metrics for it, measure it so you understand what the issues are and then, you know, go down the process of, you know, identifying if there are actually, you know, Governance with a capital "G" actually that need to be taken.

So, the idea here is, you know, first focus on the metrics and the monitoring. David, this speaks to your point that I think you were talking about with the overall vision, endorse the coordinated architecture based on the public API as that "nationwide technical architecture for interoperability to support the learning health system" that's a direct quote from the ONC roadmap.

And then going back to some of the recommendations from the JASON Task Force that was in recommendation number one, that we have, you know, leveraging the FACAs right out of the gate to determine the idea of priority functions and associated minimum set of common interoperability standards to be included in CEHRT with some specific recommendations of how, you know, ONC could perhaps contract for specific activities related to that minimum set of common interoperability standards whether it's ONC or the market, but, you know, the need for more dedicated activity there which I think is a point that Larry was raising as well. Basing that both on current functional specifications as well as the emerging public API to address the issue of not wanting to get too focused on a particular technology but recognizing that there is some emotional parallel of things going on and to Arien's point that, you know, all could change two times at least between now and 10 years or just talking about the next 3 years.

And developing that focused approach to developing the core services and profile, you know, just to start that contract process. And then finally, that, you know, monitoring and motivating market-based accountability and mechanisms for standards governance, so the idea being to the extent that there are interventions needed to help convene market activity related to coordination across DSNs and monitoring, and identifying where those needs might be and where the federal government perhaps might need to play a role in helping to congeal those activities.

I'm sure I've missed a whole bunch of stuff there but let me pause and see what people's thoughts are.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Micky, it's David, I'm going to drop off here in a minute because I've got to go in the airport so I'll make a comment and I might miss the rest of it.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I don't know that it belongs in this high-level statement but I think there is...we should keep in the back of our minds somewhere the notion that there is some kind of a transition where some of the current standards that we're using need to be continued and fleshed out around the rough spots while at the same time developing these parallel, hopefully more powerful, core data services and so there is a coordination function of, you know, I'll say crossover that as the newer standards emerge some of the older standards still need to be finished because we're not going to just turn them off and switch to something cold turkey.

So, I think maybe that's the architecture and API Workgroup to worry about, you know, some of the timing on that, but I don't know if that needs to be reflected here.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I think that's a great point. I tried to capture it crudely, David, in that sub-bullet that said, based on current functional specifications as well as emerging. So, that does get at the notion of their being these things that, you know, you've got one thing that is slowly perhaps sun-setting and another thing that is slowly emerging. It doesn't speak specifically to the crossover issues that you identify as well. So, I think it's a great point.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, good, I didn't read the slide carefully enough, thank you, thanks for pointing that out.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Are there other thoughts on this slide?

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

This is Shelly Spiro, just a question, I don't think it's a comment. A question related to when this was developed did they look at the end result first and say, okay, this is what we want it to become 10 years from now and then sort of work backward as to what we believe we can accomplish by 2014 or did we start at 2014 to 2017 and then work our way up?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

You know my sense is it was quite an iterative process but let me, you know, see if Kory has any further color he can give on that.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yeah, thanks, Micky, we really started at the end goal and worked our way backwards.

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

Thank you, thank you.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yes.

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

I wasn't quite sure. I was trying to read that but it didn't quite hit me that way. Okay.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, are there other thoughts on this? So, again, we can, you know, revisit this but this is, you know, just sort of a first pass at, you know, trying to, you know, sort of align these kinds of things and give what I think is some of the specificity from the JASON Task Force and Governance Sub-Workgroup recommendations to the draft milestones and show where they, you know, do sort of align quite nicely and perhaps, you know, put a little more flesh on the bone from how would could accomplish some of these milestones. So, why don't we go to the next slide, please.

So, this is, as I said, it was broken up, this will be the last one that we do because we're coming on...we've got 12 minutes left and we have to have time for public comment. So, on this slide, as I said, the roadmap divided the governance section into two, one was standards governance and then the next was data, policy and operations governance.

So, I found a similar theme here, where, you know, taken on the left-hand side, verbatim, what was in the 2014 draft milestone and then put the corresponding pieces from the JASON Task Force and the Governance Sub-Workgroup, you know, to the aligned recommendations there on the right-hand side, you know, to the extent that they correspond with what, you know, what was my understanding of what was in the, you know, draft milestone.

So, in particular the measure and monitor, the coordinated...measure and monitor the coordinated architecture development through data sharing networks and use of public APIs to enable what the ONC roadmap calls priority functions.

So, the idea here and the alignment would be that monitoring what happens with the data sharing networks and the building of what we might think of as the loosely coupled architecture or the coordinated architecture, monitoring that and to the extent that it doesn't happen then perhaps take, you know, a set of escalating steps to have it happen, but the first, you know, sort of first pass at that is watching and, you know, seeing how the market enables those on their own.

And then the second would be aligning the federal agencies incentive programs with public API deployment and use. And then finally, you know, motivating the...motivate the market-based mechanisms for defining public API resources and profiles, associated legal business policy arrangements all of that which where all about the creation or what, you know, would be the formative aspects of data sharing agreements but focused for research and consumer access use cases.

So, to the extent that the draft milestones speak about, you know, wanting to have those use cases addressed and a section that said research and big data I think is the third bullet from the bottom, policy framework for interoperability of clinical data to support research and big data how that would translate in the JASON Task Force rubric would be to say, to the extent that those don't develop on their own as data sharing arrangements, you know, the government could play a role in motivating those market-based mechanism to form if it seems that there are particular areas that are barriers to having those sort of get enabled on their own.

And again, as we've discussed before with Shelly and, you know, with others thinking of transaction or affinity specific networks that already exist there are research sharing networks now already so one could imagine that those, you know, turn into or those, you know, sort of extend their services into these data sharing arrangement concepts through enablement of the public API.

David I think talked about, you know, pluggable Apps kind of data sharing arrangements or more consumer-focused as an affinity group, those are all the things that are contemplated within that open, you know, sort of construct that came out of the JASON Task Force.

So, let me pause here and see if there are any questions, comments, further guidance on how to specify this a little bit further? Everyone still there?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Yes.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Good.

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

Yes.

M

Yes.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, all right, I'll take that as I've either stupefied you with the mapping of one framework to another or that there is broad agreement.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

I think...

M

Micky...

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

The hard one is going to be on the next meeting.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

And why is that? Oh, because it's on the standards, the technical standards part?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

I think so, yes.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, okay.

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

Micky, this is Hal Baker, this metaphor of arrays, is the milestone meant to bring up the rear to catch up or is it meant to pull everybody together, or is it really meant to disrupt the market leaders? I'm thinking more the previous two, but...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I like the analogy. My personal, you know, perspective is that it's actually about the first one, it's about bringing up the rear and...

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

Okay.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

And maybe that's a little bit...maybe that's a little bit why we have this sense of, well, gee all this stuff should be shifted left where, you know, the authors of the roadmap were thinking a little bit about it bringing up the rear and that's why there were a little more conservative in saying, we understand that there is going to be, you know, a lot of this activity taking place and the slope is, you know, sort of, you know, exponential, it's positive and rising, but given that we're talking about bringing up the rear that's why we're, you know, a little bit more conservative in the view of...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, Micky, that's a really...this is Arien, that's a really important concept if you're talking about the Meaningful Use Program you really are talking about establishing baseline activities that everybody should be doing. We probably should have a view of what the van and what rear are doing.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes.

Shelly Spiro – Executive Director – Pharmacy Health Information Technology Collaborative

Yeah, this is Shelly Spiro, I'd like to interject on that, you have to realize there are providers out there that are not necessarily meeting the Meaningful Use objectives at this time because some of them were excluded or were not eligible for Meaningful Use and this is supposed to take into all of those considerations. So, there are people who are lagging behind quite significantly because they haven't been part of that process and I think we have to take that into consideration.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes, yes, great. Okay, that was, you know, fantastic comments and gives us new terminology to use, is it about the rear or the front, so, or the vanguard. So, I think...what's on the next slide, please? Can you advance it, I know we're getting right to the end here.

So, yes, so, just talk about the next steps, actually we ended up getting through this. We want to continue the evaluation of the vision of and building blocks, the idea would be, you know, for the next time we can see if there is anything else on the rules of engagement and governance as you've had a chance to digest it a little bit more and then we'll dive into the core technical standards and functions, you know, again from the policy side, always difficult to not stray into the technical side on that, but, you know, hope to do that in two meetings the 9th and the 19th, the 5th and the 19th, and then we can move to, at some point, depending on how fast we are able to go through those, go to the last building block to support our business, cultural and regulatory environments.

Well, let me thank everyone, I think this was a great engagement and also a lot of great comments and I actually, you know, think we can take that and put it into, you know, sort of a first task status update and high-level set of thoughts, you know, and meaningful thoughts for the Policy Committee next week.

So, I'll work with Kory to create a set of slides for that and we'll share them back with the group to, you know, make sure they're aligned with your thoughts in preparation for that meeting next week. So, thank you very much everyone. Michelle, let me turn it over to you for the public comment.

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

Thanks, Micky. Micky, just FYI, your line was pretty bad today, you may need to replace your battery in your headset or something. So, anyway...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, yeah, all right, thanks.

Public Comment

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

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.

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

We have no public comment.

Lonnie Moore – Meetings Coordinator – Altarum Institute

We have no public comment.

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

Thanks, Lonnie. Thank you everyone and thank you Micky for all your hard work putting this together we really appreciate it.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great, thanks everyone.

M

Thanks.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Thanks a lot.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Bye.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Bye-bye.