



## HIT Policy Committee Advanced Health Models & Meaningful Use Workgroup Final Transcript February 27, 2015

### 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

Thanks LaTonya that was interesting music today. Good morning...

#### Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation

It suggests we're going to have a great meeting.

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

Exactly, good morning, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Advanced Health Models and Meaningful Use 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. Paul Tang?

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

Here.

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

Hi, Paul. Joe Kimura? Amy Zimmerman? Art Davidson?

#### Arthur Davidson, MD, MSPH – Director – Denver Public Health Department

Here.

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

Hi, Art.

#### Arthur Davidson, MD, MSPH – Director – Denver Public Health Department

Good morning.

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

Charlene Underwood?

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

Here.

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

Hi, Charlene.

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

Hi, Michelle.

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

Cheryl Damberg?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Here.

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

Hi, Cheryl.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Hi.

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

Devin Mann? Frederick Isasi? Ginny Meadows?

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

I'm here.

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

Hi, Ginny. Jess Kahn? John Pilotte? Lisa Marsch? Lisa Patton?

**Lisa Patton, PhD – Branch Chief, Quality, Evaluation and Performance, Center for Behavioral Health Statistics and Quality – Substance Abuse Mental Health Services Administration**

Here.

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

Hi, Lisa.

**Lisa Patton, PhD – Branch Chief, Quality, Evaluation and Performance, Center for Behavioral Health Statistics and Quality – Substance Abuse Mental Health Services Administration**

Hi, there.

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

Mark Savage?

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

Here.

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

Hi, Mark. Marty Rice? Marty Fattig?

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Here.

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

Hi, Marty. Mike Zaroukian?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Here, good morning.

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

Hi, Mike. Neal Patterson?

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

Here.

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

Hi, Neal. Norma Lang?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

Good morning.

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

Hi, Norma. Patrice Holtz? Robert Flemming? Shaun Alfreds?

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Here.

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

Hi, Shaun. Shawn Terrell? Stephan Fihn? Sumit Nagpal? Terry O'Malley?

**Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital**

Here.

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

Hi, Terry. Terri Postma? And from ONC do we have Alex Baker?

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

Yes.

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

Hi, Alex. Samantha Meklir?

**Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy - Office of the National Coordinator for Health Information Technology**

Here.

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

Hi, Sam. Anyone else from ONC on the line? Okay, with that I'll turn it back to you Paul.

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

Great, thank you Michelle and thanks everyone for joining the call and a special thanks to the...well, start with a special thanks to Alex who spent a...burnt the midnight oil to put together the spreadsheet that you see before you and to the Subgroup which I think is most of the folks on this call who joined us earlier in the week to try to prioritize to winnow down the 53 to something closer to 15 on our way to threeish. So, thanks to everybody. And let me explain for anybody who...is anybody here that wasn't on the call earlier?

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

This is Neal, I wasn't on the earlier call.

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

Okay, thank you.

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

I don't thin, Shaun Alfreds was either.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Yeah, this is Shaun I wasn't on the call either.

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

Okay.

**Lisa Patton, PhD – Branch Chief, Quality, Evaluation and Performance, Center for Behavioral Health Statistics and Quality – Substance Abuse Mental Health Services Administration**

And this is Lisa.

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

Let me summarize for you how we approached it. We started out approaching it by trying to work down the 53 rows so that we could understand sort of the cadence and what we each see in some of these proposed use cases, now remember there are sort of just raw things that people sent in and there wasn't any filtering before.

So, we quickly found out that it wasn't going to work and we're looking for a repeatable process for people to just take 50 or 100 or more and say, let's go through them one by one and rate them against all of the dimensions we called out last call.

So, we started to say, you know, what we're going to do is let's try a voting mechanism so once we sort of understood what things we were looking for in each of these use cases then it sort of was clear that...we started to find a cadence and started to find some consensus of what seems to be important but we also know that each of these phrases, each of these sentences or phrases have either different meanings or they could be more specific, or they can be combined with others and we thought we'd take a phased approach first get from 50 something to something a little bit more manageable and then we can start working on consolidating and sort of refining the use cases.

So, the way we split up then is to put out the matrix and then had everyone...gave everyone 15 votes and Alex did anybody cheat?

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

Define cheating?

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

The goal...

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

People were going for extra credit sometimes.

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

Did anybody submit...okay so it looks like there...so we gave everybody 15 votes and somebody I guess had extra credit, 15 votes and what Alex has done is combine all of those into the spreadsheet that was sent out earlier today and it ranks...it sorts by two things...

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

Paul?

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

Yes?

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

This is Mark, if something was sent today I haven't received anything.

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

Yeah, so we can send out the spreadsheet directly but we were also going to look at it on the WebEx if people have the WebEx open. Do you want to turn to that now?

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

Sure.

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

Not trying to interrupt the flow just making sure I've got what I'm supposed to have.

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

Yeah, no, no, no.

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

Right, right, okay.

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

Yeah, I didn't get the spreadsheet either.

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

Yeah, actually why don't you go ahead and send out the spreadsheet then it's probably easier for people to look at and peruse.

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

Yes, just a second.

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

All right and so we...so Alex sorted that by the number of votes and ranked it by...so that we had the triple aim and we had a 1-3 score for that and again, it's hard for people to not have threes across very everything so one of the words of encouragement are it's just not going to help us if we all have 9's we just added the three together, so try to encourage people to try to differentiate between a three and a non-three and, you know, you do that in some of these tests you've got to...in order to differentiate you have to sort of magnify some of the differences. So, that's what we have that you're going to get...that's what you have in front of you and that you're going to get from e-mail soon I hope.

So, the purpose of today's call is to look at the top 15ish and the goal is we're not...so this process is we have to work towards a solution and not keep diverging. So, I think actually there is a nice set and you'll see that within the 15 there are probably enough substrate for us to get a small number three to five that can really represent the kind of use cases that will exercise what functions do we need to think about as we move towards a more interoperable world, information world anyway.

So, let me pause there and see if the folks that weren't part of the process, one see if...check my work and see if the folks that participated in the process think that's a fair summary and let me ask anybody who wasn't on the earlier call, well, do they have any questions?

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

Sounds good to me Paul, this is Mark.

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

Okay, thank you.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Mike, agree.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yeah, I agree, this is Art.

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

Okay, okay now has the spreadsheet been sent out?

**Lonnie Moore – Meetings Coordinator – Altarum Institute**

We're working on sending that now.

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

Altarum is working on it.

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

Okay and the reason is because I think it will be more readable when you get a bigger view of it at least for people older than 30, I'm just trying to be inclusive here.

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

And just a reminder for folks looking at the WebEx it's much easier if you hit "full screen" there is little icon in the top right corner that has these four arrows and that will make it more the size of a regular spreadsheet as opposed to the little tiny screen.

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

So, just by explanation, so if you look at row number six we have a provisional category of sort of the people who look at the aggregate data, community population and I don't know that we had research in there, and the use case, this particular use case was edited by Mike Zaroukian, thank you, to be more inclusive and then the sub...if you just move your cursor away so we can see the rest of the...so the yellow column has the number of people who voted for that using one of their 15 votes, comments appear in the next column and then the next three columns represent individual score, the average score for the triple aim healthcare and cost, and then with an average of the three averages.

So, if you scroll down if the yellow covers the top 15 it actually...that's a pretty clean demarcation we could move down a couple more fours and still catch some fours that have a relatively high triple aim score like if you go in the six, so if you captured two more that would get all four votes that had more...a triple aim score of greater than six.

So, that's a good start of getting from 50 to 17 and then the purpose here now is to try to see, do we...are we missing any major things in these 17 and do we see ways to combine things, I'm sure there are, ways of combining the 17 into something closer to five or less and then we'll have some more to do to get it to be...to sort of edit those handful of use cases for us to discuss next time.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Paul?

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

Yes, please?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

This is Art.

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

Yes?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Alex maybe you could just tell us...I was wondering what the distribution was, how many there were in each of these, I think it's called provisional category, could you just tell us, are they...is it relatively even across the provisional categories in the top 15?

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

That's a good question, let me look at it here for a second and see if I can figure that out, I did not check on that.

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

The good news...yeah, I looked at that, just eyeballed it, the good news is that I think all of them except for perhaps research is represented, it's probably more consumer and provider and that's not a bad thing I don't think.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

No, I just wanted to make sure that we had something in every category at least.

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

Yeah.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yeah.

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

We do except for I think research.

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Yeah, research is missing.

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

And the research was the de-identified. So that can be worked in I think.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

I didn't mean to sidetrack this, I just wanted...

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

No, no, no it's good.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yeah.

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

So, at a glance it's...I think it's not a bad start and I'm sorry you all didn't have...I mean, obviously we had a one day turnaround and thank you for everyone who voted in the one day turnaround and then we had one night turnaround for Alex to put it together and so that's where we are. So, yeah, I'll give a moment and let you take a look at this. Did you receive it by the e-mail yet?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yes.

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

Yeah.

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

Yes.

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

Okay, so it's probably easier for you to scroll.

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

So, Paul, where's the line...where's the 15 line?

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

The yellow, the end of...

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

I've just got the main screen up, right?

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

The yellow, if you...so Alex highlighted the yellow...

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

Oh, okay, there it is.

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

If you extend...yeah, if you extend it by two in column D, just extend it by two, that will cover all the fours at least with a triple aim score of greater than six.

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

All right.

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

So, let me just actually pause for like five minutes and let people look through this.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So, Alex, this is Art on column E when it says number of raters is that for the triple aim piece? You may have said that Paul, but I'm now looking to see...

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

Yeah.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

The difference between D and E.

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

Yes, that's true. So, not everybody rated everything and that's why the number is different.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Right, okay.

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

I'll give you two more minutes.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Are you still there?

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

Yeah...all right, let me open it up for overarching comments about the 17? I'll fill the gap and say I think we can work with these. I think there is an amount...we can do some editing and incorporate that ideas that are represented by these 17 into a handful of use cases that help act as exemplars or go for where we want to take interoperability.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, Paul, this...

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

So...

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

I'm sorry.

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

This is Charlene, just one of the challenges when I had ranking, and again I think this might come in the combining, so for instance if you think about querying multiple sources of data and then integrating at the point of care that's one means of getting a longitudinal record in the other case there was a requirement, you know, there was one which was you could access the longitudinal record. So, sometimes I was unclear whether to look at the means or look at the outcome basically.

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

Got it, yeah.

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

So, that was one of the challenges that I kind of had and so I actually took the outcome off and ranked the mean, but, you know, went back and forth a little bit in that process. So, that's just a comment as we look through this.

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

Good point.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Yeah, so Paul, this is Mike, I guess one question that I have is if part of this exercise is to also talk about some of the disconnects that we may see between them, the degree to which we want to settle on these as final 15s or whatever, especially when one considers the wording of the use case versus maybe what the use case is really trying to get at.

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

I think I understand what you're saying and let me try to combine that with Charlene's comment. So, if we think of this as a use case I think we want to move more towards the outcome rather than the how. So, the how would be done at the, how do you use...how do you translate the use case into functionality or capabilities or standards, or the infrastructure that would enable making that use case come to life and that I think...so if people thought that was true then I think I'd use your comment, Mike to say, well let's word them all one consistently and two in a way that would demonstrate what the desired outcome would be in the short, medium and long-term.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Right.

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

Does that make sense?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

It does, the other thing I would just add though and again I don't want to get into this until or unless we're ready, but there are a number that I see ranked fairly low that to me would be really key to being able to impact the triple aim. So, the question is how we reconcile those and go from there?

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

Okay, let's hold that for just a second.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Sure, sure.

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

Other overarching comments about the cluster of things in this...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

This is Cheryl, so I found myself, when I was rating these, I was probably leaning more heavily toward capabilities that improved care within say a medical practice or between a physician practice and a hospital or whatever and I think I sort of down weighted some of the public health items and I wasn't sure how much we're trying to kind of balance this portfolio to have some from public health as well as, you know, what I consider mainstream healthcare.

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

So, I think one answer to that is in your implicit rating you weighted it with an importance that you had a personal...from your personal perspective, we definitely want to include all the dimensions but your perspective...someone else is probably going to compliment your perspective that would be what we'd hope for in the diverse group that we have.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah...

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

Our intentions overall will end up...yeah.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah, but, I guess what I'm noticing if I'm reading this spreadsheet right, because they're sorted from the highest number of votes to the lowest, right?

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

Right, right.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Is that I think there was more of a leaning toward functionalities and data exchange at least in that mainstream healthcare, there are fewer public health items on the list overall.

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

Right.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

And I didn't know whether we needed to be mindful of that as we think about putting forward our top 15 that's ultimately going to get culled to three.

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

This is Alex, I just want to do just a quick level set with our official charge that, you know, can certainly be discussed, but just want to clarify that we're no longer bound by that getting down to three provision, so that was in some of the initial stuff but at this point the charge is to create a replicable process and then illustrate how that process would work using the use cases in the raw submitted use cases that were included in the roadmap appendix. So, that would be one point, just want to remind that we're no longer bound by that three issue.

And then the second one is just that we're not bound...part of this is not that we have to come up with a comprehensive set of use cases that includes everything that we would want to have in a set of use cases. So, you know, obviously you all should talk about that, but just want to make clear that that's not sort of a key part of the charge that we heard from the roadmap team to come up with something that covers the entire waterfront.

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

That's helpful, Alex. So, we still want to not lose sight of the fact that as in any organization of any size a small practice to the country you can only work on so many things and really accomplish things and that's probably the reason to have small and we can, you know, Alex is saying it's not a mandatory three, but if it is 15 it's just harder and harder, I mean, if you look at Health People 2020 it's just...it's enormous and sometimes you tend to lose focus.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Paul?

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

Yeah?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

I'm sorry, so this is Mike, again a procedural process and thanks for the slides and stuff in advance because it really helps frame some of what I've been thinking as well, but the notion in the comments, which again Alex thanks very much for organizing it this way, I think it does give some detail in terms of ways we can consolidate without Paul's concern of actually creating a multi-pronged thing within a specific case, but you probably saw, from some of mine and I can see some of the words in here, indications where some of these that are all in the top 15 could be consolidated, the one that I'm staring at is the example, number 37 where I think I said it was largely redundant with 19 and 20 other than details and yet 19 is also in that top list. So, I'm just wondering how we might be able to reframe more or less like I did with number five and kind of turn three into one without really changing any of the core elements of what it would be doing.

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

Yeah.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, I just put that out there for some of the work we might do to bring the list down and still get the purposes met.

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

Exactly right. So, I think...

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Paul, this is Joe, so, if I can jump in, so I agree with recommending the concept with the outcome framing because as I looked through, I mean, you were asking the question does the top 15 look okay, I realized that when I looked at outcomes there are things in multiple provisional categories and things that are down below even that were not prioritized that in my mind are linked to similar outcomes and to take what Michael just said and sort of say, so if the outcome is what we're really interested in and then is there a way of consolidating that into a use case that may take elements in terms of even de-prioritized, according to this list, use cases but then writing a more robust use case that illustrates that particular outcome seems like that may help us get to this spot where we can consolidate as well as make sure that what we're really driving for and prioritizing are those outcomes.

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

I think these are both comments that are along the line of...I was thinking the next phase would be to do exactly that which is a consolidation and sort of a revising of the use case not to have the kitchen sink, because I think that is a temptation that sort of can undermine the ability to use the use case in a constructive way. So, let me say that again, because I think I, you know, made it confusing.

So, I was thinking we'd have a discussion about the top 17, look at some areas that may have been missed in the lower ranked use cases and to put in our parking lot of concepts to make sure we don't miss and then through an exercise with a small team, because I don't think we can do the editing on line with this, is to go consolidate and revise the words in these and to come up in something like a handful of things and discuss that at the next...we'll give you...we'll send it out ahead of time, discuss that at the next call.

So, I think we're going from...we're getting the attributes of the final use cases that we want to make sure get accommodated between now and the next call when we go from 17 to 5 let's say. Hopefully that was clear, but it's sort of...it's the same points that Mike and Joe just made.

**Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital**

Paul, this is Terry O'Malley, just sort of getting back to the process if we want to get a reproducible process, in a sense we're all sort of applying a series of filters to these.

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

Right.

**Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital**

And I'm just wondering if there is perhaps an order of filters that we ought to look at. So, for example, I was thinking of things that I thought were just foundational pieces that had...that were a critical piece of infrastructure and once in place could support a whole bunch of different use cases or were important for the sequential development of even more complex capabilities. I tried to use that filter, I'm not sure how successful I was trying that filter, but, you know, as opposed to a filter that said, based on the players in the particular use case or the scope of the information that's being exchanged. So, in any event the point being, you know, are there filters we ought to be applying in some sequence?

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

That's a really good point Terry and let me try to offer the counterpoint as a way of opening it to discussion. So, it sounds like you approached it onto what's needed in the foundation, the HIT infrastructure to support various uses, that's sort of a bottom's up, and I think the use case is sort of the compliment where you say, well, from the perspective of different kinds of users what would you...what jobs do you need to accomplish and then let the technologist figure out, well then what has to be in place to support that.

So, I think the use case approach is not...so neither of these stand by themselves, it's sort of a check and balance. So, this is the top down from the user not the technologist, from the user's point-of-view what do I need to do to get my job done. Now let me open that up for comments of looking at those...what seem to be compliments.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, Paul, this is Mike, that's exactly spot on for me it's the "who" in the stakeholders including the patient would do "what" within what timeframe to get to what triple aim outcome, so that's exactly the framework I looked at it from. So, I endorse that.

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

Okay. Others?

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Paul, this is Ginny Meadows and I'll say I looked at it somewhat similarly to that, but my focus is really on which ones would have the potentially greatest impact on the greatest number of patients, really looking at, you know, user centric use cases where it may not impact as many patients or consumers. So, I was really looking at impact to overall patient health and population and cost.

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

Other comments?

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

Paul, this is Neal Patterson, I agree with your view of the use case should be looking from the top down. There is a core thing I'm pondering here, some of these I think, I personally believe are core capabilities of the EHR and they're not in this province of interoperability. I really think we need to be careful and not, you know, understanding that we're focusing on interoperability between EHRs not capabilities of EHRs.

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

Right that's a good point and some of the ways that came up in the comments are, well, gosh this is already in MU, a lot meaning MU of EHRs. So, I think that people agree with that?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Yeah, this is Mike, I put that in a number of times and I think that's what will allow us to look at some that aren't on that top 17 now both consolidation and to be able to say it's part of Meaningful Use or certification, or both already so we can take that as a given.

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

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Great, thanks.

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

This is Mark just with a flag, the fact that it's in MU may answer the question but we are hearing still some concerns that one EHR within, you know, certified EHR isn't communicating with another so I think when we get to the specifics it will make sense to just check that question as well.

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

Well, I think I'm getting...

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

This is Joe...

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

Yes, go ahead.

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

I was just going to jump in on that aspect of sort of filters and the sequence of filters I guess in my mind also the use cases are helping paint that picture of the future to help us sort of get everyone on the same page going forward and since it was noted we're not trying to paint a comprehensive picture therefore if we had 10 use cases it feels like there is a breadth there that allows you to get a flavor of where we're trying to head.

If that number shrank to me that's where it becomes more important to say you need to get more clarity and that aspect of foundational things starts to become more important. If we're going to limit ourselves in terms of the number of...if that use case number shrinks to me it gets more important when we're thinking about foundation rather than aspirational things and I don't know if others agree with that.

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

Well, I think there seems to be a consensus of trying to use "use cases" to explicate the top down the user perspective as a compliment to looking from the bottom up technology approach. Is that a fair summary?

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

Yes.

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

Yes.

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

Okay, so that's one attribute going forward of how we word it. It will be worded from the user's point-of-view what they want to get done. Okay. Other attributes of the selected use cases we want to make sure we get as we sort of refine the wording here? So, I think it was Cheryl that asked the...called the question of she would make sure that we cover the five categories, I guess one of the answers is "yes" and then I guess a follow-up would be is there a weighting?

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

So, this is Mark and I...making sure that all the categories are covered, I don't know if...I don't necessarily disagree with that but I also don't feel strongly about it because I was looking more at the triple aim goals that was more my filter so to speak.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So...

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah, this is Cheryl, I sort of found myself doing the same thing and, you know, part of this is...and I do have a public health background so it's not that I'm not sort of sympathetic or open to kind of those issues, but it didn't always sort of fit with triple aim, because I'm sort of thinking about population health as sort of managing, you know, kind of populations within health systems, but I think if we, you know, want to try to make sure that some representation of real kind of community-based public health and its intersection with the health system we might meet the, you know, have that as one criteria.

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

This is Mark, I would add onto what I said earlier, I think it wasn't so much...it's not so much a filter for me the category to make sure that everybody is represented, to look at sort of equal distribution but if there were a category where there was no use case I would want to check that sort of to make sure that something hadn't been overlooked.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

And Paul, this is Mike, I would agree with that. I also think that the way it's kind of working out looks like probably all will be met anyway. The key of absolute balance I would say, no I wouldn't worry about that either I would look at what has the most impact like Ginny was saying, but the other part is to say, if we have to make the hard decision between two equal benefits but one accrues more to patients and/or their direct caregivers and one accrues more to secondary users or populations we may need to prioritize the thing that is closest to the patient unless the use case itself also happens to benefit all stakeholders.

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

Okay.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

This is Norma and I'm having a hard time framing my comment here, at the end of my votes I only voted for 12 and kept 3 out and said, I originally still would like to reserve to opportunity to talk about what I think is the missing pieces in here and it doesn't come up in too many other people's terminology so you may not understand where I'm coming from.

But if we're looking at health and cost I'm coming at this probably more from a nursing perspective and that probably will immediately turn off a lot of you, but when I asked yesterday or in our small group about who was the provider they still said the provider were those people who wrote orders, that's a very limited part of looking at healthcare and I know that includes physicians and other licensed personnel and some advanced practitioners along with it, but there are...you know, and I think of sitting on this call as representing or at least speaking on behalf of 3 million nurses there is so much in these data systems that's missing as they try to provide care to people at home and in many other settings.

And then when we also look at how many people are at the end of their life and palliative care and end-of-life care this whole...all these use cases sort of move at the same ways most of these use cases have moved, diagnostic, diagnosis and treatment that's going to get people better and a better outcome and I think that's a real gap and I don't...I'm not really good at trying to figure out here how to do that but I'd like to reserve that every time we talk to say there is a huge amount of dollars that go into these other kind of care and it doesn't...it's somewhere between the licensed people who make those decisions and the caregivers who might be the family, but there is this whole group of professionals called nurses who really are the backbone of this system and their data is very, very silent in this now they do use medical data but there is a whole other patient characteristic data that they use.

So, thank you for acknowledging that. But I wish somebody else would try to join in and try to see how do we account for that. Even end-of-life directives and things I think are probably in today's world as important getting into this data system as the blood levels. Thanks.

**Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital**

Hi, this is Terry O'Malley, I couldn't agree with you more and I think we ought to go back and revisit our "provider" definition for that very reason. We're asking patients and their caregivers to somehow exchange data but what about all the other care takers within the system. I think provider centric has outlived its usefulness at this point for those reasons. So, my vote is let's go back and revisit who we're including in this exchange and nurses obviously need to be part of the mix.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, this...

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

This Mark I would agree and I actually didn't remember the statement of limiting it to those who wrote orders, it seems from the use cases and everything that we were already working with a broader definition which I think is right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, this is Mike, since I'm the person who said that can I try to clarify. So, the key issue from the perspective and I'm married to a nurse and so...and I'm a strong advocate for nurses, I'm the only physician on our nurse magnet council here at Sparrow, so I have that honorary position.

So, I just want to clarify there is...from our perspective the providers are indeed what I described, that doesn't mean nurses are not caregivers, the problem that I think we run into is we often think of caregivers as lay people and the definition that I would offer and that is in the world that I'm living in when we're talking about professional caregivers are everything, included licensed healthcare professionals such as nurses, but respiratory therapists and physical therapists and so on and so forth.

So, I think again, I want to make sure we're not using language that makes people feel excluded and I absolutely think nursing is critical to this issue so I don't want to be mistaken in that regard or misunderstood, but I think the key question is there is a difference between people who can write independent orders and make those kinds of decisions and then there are those who can do protocol orders or nursing care kinds of orders and communication and that was my only purpose in this process so absolutely not to exclude nurses in any shape or form.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

I think the question is how to include them, how to make these use cases to include the kind of data that nurses need to know about patients and patients tend to be able to better describe some of their, you know, daily needs and their needs because they have chronic or acute illnesses in terms of nursing more so than medicine and that drives how much, you know, cost and interventions that you need from that perspective. And from my experience most of the data systems do not include that.

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Norma, this is Joe, so I guess my...when I'm listening to that one of my thoughts as I read through the use cases was that the consumer frame, and there seemed to be a lot of use cases where the patient themselves were trying to engage and input more information into the process. Would that begin to address some of those data gaps that you're concerned about?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

Well, I would like to see nurses and patients, and families be able to include and introduce data.

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

So, I think...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

Many times it's the nurses who speak best on behalf of patients because they spend the time with them, they know them and they really do have an overlap there.

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

So, Norma, I want to thank you, I think that statement is absolutely right that nurses often speak on behalf of patients just like you are doing. So, I want to thank you for raising this issue because I think it is important and has been overlooked from an explicit point-of-view.

So, it's one of those things where if you look back at our Workgroup name it's really advanced health models which is really...one, it's not healthcare only and it's to look at the entire stakeholder team and I think you bring up an important point that we have not explicitly included the data that's useful for the non-medical side of health and healthcare. So, that's one of the things we should put in our parking lot as I hear the consensus around that so that we put that wording...work that wording into our small set. So, thanks.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

Could I...

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Paul?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

Don't put it in the parking lot though, this is Norma and then I'll be quiet.

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

No, no, I mean...

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Right.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

Make one...

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

By parking lot I mean the things to include in this next iteration.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

Okay, all right then I'm...

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

Yeah, yeah.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

Thank you.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, Paul, this is Mike can I so...

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

Yeah, go ahead.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, remember the comment, one of the things I was asked to do in addition to modifying number five and creating different wording...

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

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Was to offer definitions of providers and caregivers.

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

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

I don't know that was shared with the group yet, but if you saw it you would see that it tried to deal with the tension that there is an awful lot of people other than physicians and mid-level providers who are part of the care team and so I tried to include what I considered to be the professional caregivers which had I think maybe even nurses first, but certainly all the other kinds of professional caregivers and then I would separate from that the lay caregivers or community caregivers or whatever that are not health professionals per se but are part of the overall health of a population and I don't know if we want to share that at some point.

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

We certainly can, I didn't realized that didn't go out, but...

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

This is Mark...

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

I just don't want to lose Norma's point which there is a lot of information, she mentioned one, advance directive that's just one of those things we've got to make sure that are included, things that help the day-to-day care of individuals is really important. Mark?

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

Yes, just some of the comments about caregivers I would...wherever this is appropriate to raise, make sure that we figure out how we're including family caregivers who are often essential in taking care but probably are not what's included in the term professional caregivers.

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

Right so the largest numbers of caregivers really are family caregivers.

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

That's exactly right.

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

Okay, other attributes? So let me summarize the...before Norma's point, it sounded like people wanted to have a bias if anything towards the triple aim, satisfying the triple aim and then watch out for the breadth of different users. So, in other words I'm just ordering that so it's really how do we improve health and healthcare and its cost, and how do we make sure that we get the balance of different perspectives rather than the other way around which is what I heard as the summary of the comments before Norma's point.

Other overarching attributes as we massage the wording to try to capture the high priority attributes of a use case?

Okay, I think...let me just propose a straw process, I think there can be a small group of folks, which could be staff, to digest the 17 and looking at...and this is how we would have an advisor on the triple aim scores, looking at making sure we cover the high priority things that would improve on the triple aim, improve healthcare and reduce costs with a caution to make sure we watch out for various perspectives and make sure that we also honor our advance health model charge and look beyond the medical model of viewing these things.

And the final caveat is what Neal brought up, and this is to feed into improving the interoperability roadmap not specific technology like individual EHRs or any technology really the interoperability of those technologies to deliver health to the people and in the places and for the reasons needed.

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

Hey, Paul, I might, if I could, just pick an example in there.

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

Yes?

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

Number fourteen.

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

What row is that Neal?

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

Number fourteen on the...

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

The row?

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

Yeah, the original row.

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

Okay.

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

You know it really talks about electronic...it talks about eVisits and telemedicine.

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

Okay.

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

And I just...I mean, those are capabilities of...

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

Correct.

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

And underlying system and not an interoperability issue.

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

Correct.

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

Unless telemedicine systems are not able to interoperate, are not able to connect. They are capabilities but there is also...there may or may not be a connection issue.

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Right, this is Mike, that's my current situation so that's the example I was thinking of.

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

Good point.

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

So...

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

But you're getting down to very detailed design.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Well, so this is Mike, I think we're just talking about again to advance interoperability necessary to do this and if we think that 60-80% of the care doesn't actually require a face-to-face visit and with rural and underserved areas interoperability for telehealth would be really important from my perspective and we have some interoperability gaps.

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

Do you think it's captured in any of the top 17?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, this is Mike, I didn't think it was that was one of the ones I was going to talk about as one that I think we would need to include in order to make sure we're covering that category of interoperability.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Could you restate that again, please? Mike?

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

Okay, so we're transitioning over to...and I'm going to just get to that Art, so we talked about some of the attributes now let's talk about some of the things and Norma's point is one of the exemplars of the things I'm looking for now. What are the things that may not have been adequately covered in the wording of the top 17 so we can make sure we include it? So, Norma's point was one and so Mike can you restate what your point is with respect to eVisits as it relates to interoperability.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Sure so my example would have been ID number 48 which is not really so much about mental health although it's an example but rather electronic communication such as eVisits and telemedicine, there is functionality that can be built into a specific EHR of course to enable that within that EHR system, however, between systems if I want to interoperate in a telehealth way with people on other systems or patients using other tools I would need to assess and address the interoperability gaps that keep us today from being able to interact with such patients particularly around their information in addition to their visual image and auditory signal.

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

So, this is Mark with...I don't know if this...if an easy way to, easier way to address that is in some of these use cases there are examples of connection with other things, I staring at line, XL line 17, ID number 20 where it talks about connecting with smart phones, glucometers things like that, if the notion is that these are examples but not limited it should also connect...things should connect with telemedicine maybe that's one way of looking at use cases since this is about interoperability we're looking at the broader range of interconnections.

**Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital**

This is Terry O'Malley just to kind of take that in a slightly different direction, another use case that would be important is sort of linking all of the sort of providers and non-providers who are providing care and services to the individual together and I like Norma's point about advance directives and end-of-life directives and that's really nowhere, no one brought up a use case saying, you know, the use case being exchanging and making available the end-of-life directives of the individual across the care team and it sort of goes to the broad aspect of who is involved in the care of the individual and the challenge of making it interoperable across this wide spectrum.

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

So, let me just see if I can turn that into a use case. So, having advance directive available is the bottom's up thing so from a use case we need to have information about patients...a person's preference during the times of a health need, so I don't have those words right but it's...and then you recognize that a lot of times whether it's home care or palliative care there are certain things you really need to have knowledge of in order to make best possible decisions as a family member or somebody brought into a more acute situation so that the patient's wishes are honored and that would include of course advance directive. How is that kind of approach? Maybe, Norma, is that a start on getting at the information you're looking for?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

Yes, it is, thank you.

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

Other kinds of situations that are not well covered here?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Paul where did we land on the telemedicine? Because I agree I think...

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

Yeah.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

That's an important thing.

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

So, I agree too, so I'm a little lost... so I wonder if we can have a little dialogue between Neal and Mike to try to figure out how would we state it in a way that focuses not on individual repositories but on the support of remote, non-office-based care?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

But can I just ask a point of clarification around telemedicine, so is this a provider who maybe in a rural area trying to talk to another provider say in an urban area with a particular subspecialty or is this a patient to provider communication or is it both?

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

I think it's both.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

This is Mike, yeah, for me it's both.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Okay.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

And actually even more than that...

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

Yeah.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, it's again extending out to those other caregivers, health professionals even pulling them in multi-way type conversations and conferences, and so on.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah, because I feel like when we write the concept we should be clear about that because I know some people think of telemedicine as just provider to provider...

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

Right.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

But it sounds like you're trying to capture something more comprehensive which I agree with.

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

But let's, this is Neal, so let me do the eVisit part first, so and I must admit I've been catching up here a lot because I wasn't in the original group I had to do my own sorting and color coding. So...but an eVisit, I mean it's a capability of frankly of an EHR, I mean some care management system. So, I can't have an eVisit basically attached and then expect to use interoperability standards to get it back to the necessary provider organizations that, you know, are associated with my care.

So, I think that's kind of my specific point. There is a line where we're talking about a capability of a broader system versus...which would be a component of the system versus the need for interoperability to connect the function with, you know, different systems.

So, I am totally, 100%, agree the importance of, you know, for our care system, for coordinating the care driving costs down for I mean all of the reasons why telemedicine is extraordinarily important so, but an eVisit I don't know how that becomes an interoperability, you know, subject.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, Neal, this is Mike, so thank you for that comment because that's very clarifying for me and I am indeed talking way beyond the issue of the "formal, chargeable or billable" eVisit I'm talking about the scenario that says, in whatever context I want to put video, audio and data together between individuals that are involved in the care or health of an individual and the current barriers to being able to do that when data lives in different systems and people have different technologies and to be able to create an interoperability framework for that kind of real-time instantaneous communication whether it's part of an eVisit or not is what I was driving at. So, thanks.

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

There was no way I would argue against the need for that it's where in that capability, you know, I think the interoperability need is at a lower level of passing data but, so, I think...

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

Well, let's try to transform this discussion into the use case, how you describe it so that when you look at fulfilling this use case you will find data that may be gathered from "tele-exchange" be combined interoperable and accessible.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, Paul, this is Mike, again this is a suggestion I was going to make earlier but I think for a number of these, this being one of them, what I think we're talking about is there a kernel or something that does look really important here that if we took it off line and reworded the use case we could then finalize whether it should be in the priorities but it's worth somebody doing additional work on to try to clarify?

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

Yes, okay.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Great.

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Paul this is Joe, so one last comment and I agree I think this is a complex area but I think it is the aspect of bringing all those people together it's not just dyadic communication in terms of audio and video, and data. I think that the real-timeness that actually adds yet another level of exchange that I think is challenging at times. If we way you're separated by geography, organization systems as well as what your role is in terms of caregiving all those people coming together using that technology is kind of as broad as I would begin to write this.

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

You know I'm going to try a little stab at expanding something I mentioned earlier. From a use point-of-view what we're really looking for is that for people who have health questions for a condition they, the global they, need to have access to information that bears on that. So, in the example that Cheryl was talking about, well this...we want to make sure that it's not just provider to provider but I also would say it's not just provider to person.

So, for example, measles right now instead of relying on the news either from the provider's perspective or the person's perspective why can't you have...if you do wake up with a fever or do have a rash why can't I have information that everybody needs to know is "is it in my area" or "am I connected to any of the known sources" that's something from the "public health" point-of-view that could be used by any individual that has that question. Isn't that a broader way of defining the problem than trying to pick each dyad of ends of the Internet? Maybe not.

I guess I'm trying to find some construct where we can describe it and then test it with a different use case, test it with a different perspective from the perspective of, oh, well does that describe...can I see my provider use case in that way, you know, information related to health questions and conditions, can I see my perspective as a caregiver of somebody at home, can I see my perspective as public health. It would be nice if we had some way of having a use case that sort of elegantly did it all at once.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

I agree, I'm not sure how to phrase it.

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

Right.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

And whether the use cases sort of the generic concept with like some sub-bullets of, you know, here are the three types of...

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

Ah, yeah.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Interchange that we're trying to accomplish here so that people aren't viewing it as just provider to provider.

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

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, Paul, this is Mike, I would endorse it and it was actually a little of what I was trying to say earlier about the notion that says even if we don't end up with as many cases for the various provisional categories if people can see...

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

Yeah.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

How they could use that same interoperability for their use case then we've met our goal.

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

So, Paul, this is Charlene, the other dimension that as I listen to this, there is different data that we're trying to share and at some point it seems like whether...and we saw this in the use cases, whether it's benefits information, status of the measles, childhood immunization there should be some prioritization of the data that gets shared related to its impact on how many of the people in the community, so that I think is the other dimension because what we want to do is standardize the data but are we going to be working on for instance standardizing patient goals, is that our next priority or is it the assessment to be able to determine functional status or...and I think some place in the dimension...and I don't know who weighs in on that, but there needs to be some thought around, you know, how we go about standardizing the data and in what order.

**Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital**

Yeah, I fully agree with that one Charlene, this is Terry.

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

Okay, so now I'm trying to look for a way of getting from this call to the next call. So, I think the objective is by the next call we had a handful of use cases that fulfill sort of the attributes we've talked about on this call and wording that is a really good draft that we can edit in the group and then we'll start flushing out the rest of the scoring of these.

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

Paul, this is Mark, can I just jump in?

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

Yeah.

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

And say at some time I do have what I think is a missing use case when you think it's appropriate to throw that in.

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

Okay.

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

I didn't know we were going to jump forward.

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

Well, okay, we'll go back to that. So, process-wise one way is for staff to primarily work on this and staff you can say whether that's feasible or not. Another way is to sort of get three categories and have three small groups trying to work on these...on the wording.

Any...well, let me go to the first way, so that might be a default is Joe and I can work with staff to come up with the next iteration on a smaller number of global use cases for a presentation at the next call. And the other option is to involve more folks on the Workgroup and let me just turn that over to see what people's preferences are?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, this is Mike, I'm wondering if it could even be a hybrid of that if the staff wanted to take the lead on it but if there were volunteers among us to be willing to help with some of the wording on an as needed basis based on our backgrounds...

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

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

And perspectives that would be fine too and I'd be happy to help with that.

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

Okay, okay.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

I like that approach too, this is Norma, I'd be willing to help.

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

Okay.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

And is the intent in doing that, this is Art, Paul, is the intent of doing that to kind of drive to use cases that have multiple provisional categories addressed if we are starting to rewrite this?

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

Yes. So, it would follow the sort of the sentiment of the group that says we're going to really optimize for the "triple aim" and watch out for balance amongst the multiple categories.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

No, I was looking for the use case...I understand the balance part from our earlier discussion, but I thought in the last five minutes or so there was maybe an emphasis on finding use cases where multiple groups actually or multiple provisional categories are represented in that use case.

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

Yes.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Okay.

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

Yeah that's one way of dealing with that "balance."

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yes.

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

All right and then so as an example, you know, we'd call on Norma to make sure we've covered the issue she raised in the non-medical view of things and we might ask Neal and Mike to sort of come up with some wording that helps tease out how do we support the non-facility-based care while not stepping on toes of, you know, and the innovation of any one component such as EHR Neal brought up.

Yeah, I think...writing is best done in smaller groups. So, that's sort of...so I think what people are saying is getting involved as needed in special areas would be very helpful. Okay, why don't we propose we'll come up with a smaller number of clusters and then try to put that out and then try to engage folks to help us word some of this stuff.

**Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation**

Sounds good.

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

I think that's the hybrid approach.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah.

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

Okay.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

It sounds reasonable.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Yes.

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

Okay and then so we will get...when is the next call, please, Alex?

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

So, we need to figure out rescheduled date because we were having problems with the one that is currently on calendar, so people need to look out for that.

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

Okay.

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

But it should be later in March so we'll have a couple of weeks between now and then...

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

Okay.

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

Next official call.

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

So we'll...within let's say the next week, we'll get out some initial drafts for a handful of these and just so that you can say, hey, I'd like to help with number three for example and then we'll engage your help and we'll do an iterative process and we'll have that finished and distributed before the next call. Does it sound good?

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Sounds like a good plan, this is Ginny.

**Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital**

Excellent.

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

Okay so then our next call what we'll do is we'll do a bit more editing as a group for the five and then start filling out the rest of the matrix. Great, any other business before we open up to public comment?

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

Yeah, this is Mark, I wanted to cover a missing use case.

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

Oh, yes, yes, sorry Mark.

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

I think there is a...I'm not sure quite how to define it, but I think there is a missing use case for reducing health disparities.

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

Okay.

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

It would go across systems I think one connection might be with the existing use case on quality measures that go...because that's one way of...that we've already talked about stratifying quality measures by disparity variables so there may be...work it into existing use cases but it's a good...I think it's a good interoperability use case because it goes across systems and it can certainly do a lot on the triple aim both healthcare and cost.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

So...

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

That's a good catch.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

So, Mark, could you just say a little bit more about that because I think I'm trying to figure out whether it's the exchange of information that's the problem or I guess what I found is generally people don't have the information on these socioeconomic factors for patients.

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

Yeah it may be both and, it may be that they don't have the information they need because of interoperability problems. Also when you're looking at sort of...if the focus were on quality measures and I just mention that because that's where the HIT Policy Committee's discussion landed when they were discussing about Stage 3 you have to be able to connect some of the different...sort of connect the different kinds of care that are contributing to the outcomes in order to have a full quality measure.

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

So, Cheryl, to your point I think there might be some enlightened folks out there that are capturing social determinants and the purpose of the interoperability part is to get it out to other people.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Yeah, because I've sensed some...healthcare organizations tread carefully in that space because I think they worry about...it's almost like redlining in healthcare, right, but at the same time I was reminded of something on a phone call yesterday because I had recently published a paper trying to look at unintended consequences and pay for performance and one of the health plans on the call said, you know, it's kind of helpful for us to look at this but we still even have too small of numbers down at the provider group or the provider level and so to some extent a lot of this work has to be sort of aggregated up to some level.

So, I feel like this is starting to move into...and maybe this is Mark where you were intending, it's kind of like a population health measure and sort of allowing aggregation across patients for some larger unit of analysis to be able to do this, because, you know, the numbers get very thin once you start to go down to smaller units even for just stratification.

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

So, this is Mark, I think there is sort of a broader population health component and there is...because it's being applied at the individual practice or patient level there is...I mean it's a nice combination of the different spheres I think.

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

So, I think as an example, Cheryl, Mark wasn't implying that there was going to be aggregate data...well, let's see, let me back up. I think his proposal was that, let's say you did characterize health literacy for this individual or you did know about transportation then making that data interoperable helps more people and that person going from place to place.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

I agree with that.

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

Yeah and then someone else can aggregate and start, and help raise the visibility of disparities within a practice or a community, etcetera. Great, thank you Mark.

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

You're welcome.

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

Any other...any other topics we've missed to make sure that we work into the first draft that gets distributed.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, Paul, this is Mike, how are we or are we going to try to address some that didn't make that list but that seem important?

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

We're in that topic now, so if you want to...

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Yeah, okay.

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

Add something.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Well, so it's not really add it but I would...for example, I would use number 44 as an example of one that didn't make the cut but as a provider and with patients and quality safety, cost, etcetera the notion of being able to access a narcotic or prescription drug monitoring program before prescribing narcotics to them is huge and has lots of implications and I don't know that this functionality would be covered anywhere else in the process. So, but with substance abuse quadrupling in the last 10 years and, you know, the teaching organizations having to deal with this constantly and at great cost that would to me be a really important one.

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

Well, let me just ask a quick question. I think these are a little bit in the weeds, but I think we even addressed that in the proposal for Stage 3, is that right, Michelle?

And the other aspect of that is I think it fits the Neal rule about wouldn't this be...because there is a PDMP system, isn't it that EHRs access that.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yeah, this is Art, that's the way I was looking at that, Mike that the EHR actually would have incorporated those data.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Okay, so I guess we could try to clarify that. I would agree if that turns out to be a requirement for EHR functionality and it would be true for all state level or whatever level monitoring programs then we wouldn't need it for this, it would have been taken care of, otherwise it remains huge from my view.

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

Yeah.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Okay, thanks.

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

Sure.

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

Hopefully, we'll find out soon.

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

The government speaks. Any other missing things that we want to take...to accommodate?

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

Paul, this is Charlene, the other one that, again it could be farther out and again I kind of looked at this in the long range of 10 years. The number 15 which was giving researchers the ability to...

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

And what row number is that, just so we can refer to it?

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

It's row 29.

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

Okay.

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

Row 29, this was researches the ability to use de-identified data seems to be kind of the holy grail of what we're trying to do in terms of getting to, you know, a learning health system. So, even though I totally aligned with we need to optimize care for the majority of...as many people as we possibly can at some point we need to be able to see if we're actually optimizing care and improve care. So, that one seems like it should be on the docket at some point.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

I agree with that, thank you.

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

More discussion on this?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So, this is Art and I'm the one who wrote down that this is really not just research its public health and I agree that this is an important thing for us to consider.

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

Now is this interoperability?

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

The way it's written, Paul, the...and it could fall under...it's the ability to go across multiple sources to integrate and aggregate data we've got to think about identity management, we've got to think about governance, we've got to think about de-identification.

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

Okay.

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

There are a lot of things that have to be thought through to get here so it's going to take a while. The data has to be standardized.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Right, yeah.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

You know this is a broader interpretation of interoperability but if you're really looking at research and you look at the way they call out their variables it doesn't match the way we put those same data elements into an electronic system.

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

Right.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

So, I think it's a major interoperability problem.

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

Okay now that's actually stated differently from at least what it sounds like the words, so this seems like it...nobody needs anybody's permission to use de-identified data to do these things you're talking about how do you essentially link and match this stuff so that you can de-identify and use it.

**Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation**

Yeah, that's how...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

Yes.

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

Yeah that would have to be...that should be rewritten I think. Okay.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So, Paul, this is Mike, the other thing I think has to be commented on from a provider's perspective is number eight where those of us who have either felt that we've had to change EHR vendors or are considering it can see the decrement in care that happens when we have to change vendors but we have literally two disconnected systems where the data doesn't go from one place to another. So, that issue of being able to export/import when changing vendors they would see I think as a very important issue. Again, the question is, is that truly interoperability or is that something else.

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

I think that's EHR.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Yeah.

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

And I think that's in our recommendations for Stage 3.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Yeah, so we'll maybe again watch to see, okay.

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

Okay, anything else? All right, why don't we open to public comment, please?

## **Public Comment**

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

Lonnie, can you please open the lines?

### **Lonnie Moore – Meetings Coordinator – Altarum Institute**

Yes, 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 telephone and would like to make a public comment please press \*1 at this time.

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

Well, while we're waiting I want to thank everyone, one, to spend your time on this call and to do the homework ahead of time and thanks in advance to the folks who are going to help us refine some of this language which is, as you all understand, very important and getting it right is really helpful. So, thank you everyone.

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

And it looks like we have no public comment.

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

All right, thank you Michelle and thank you once again Alex for putting this all together it was very, very helpful and we'll look towards getting out some draft use cases out to people so they can say "hey, I'd like to contribute to this one" and then we can form these ad hoc small group, small writing groups before the next call. Thanks everyone and have a good weekend.

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

Thank you.

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

Thank you, have a nice weekend.

### **Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Thanks, all.

### **Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation**

Bye.

### **Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin**

Thank you.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Thank you.

**Terrence (Terry) O’Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital**

Bye, everyone.

**W**

Bye.

**M**

Bye.