



HIT Policy Committee Consumer Workgroup Final Transcript March 24, 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

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

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Good morning.

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

Hi, Christine. Amy Berman? Brad Hesse?

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

I'm here.

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

Clarke...hi Brad. Clarke Ross?

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

Good morning, I'm here.

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

Hi, Clarke. Cynthia Baur? Dana Alexander?

Dana Alexander, MA, MSN, NP, BSN – Vice President Integrated Care Delivery & Chief Nursing Officer - Caradigm

I'm here, thank you.

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

Hi, Dana. Danielle Tarino?

Danielle Tarino – Lead for Consumer Education, Health Information Technology Team - 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, Danielle. Erin Mackay?

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

Here.

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

Hi, Erin. Ivor Horn? Kim Schofield?

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

Here.

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

Hi, Kim. Leslie Kelly Hall?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Here.

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

Hi, Leslie. Luis Belen? MaryAnne Sterling? Nick Terry?

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

Here, good morning.

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

Good morning. Philip Marshall?

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

Here, good morning.

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

Good morning. Teresa Zayas Caban?

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

Here, good morning.

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

Good morning. Theresa Hancock? Wally Patawaran?

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

Good morning.

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

Good morning. Wendy Nilsen? And Will Rice? And from ONC do we have Chitra Mohla?

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

Here.

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

Hi, Chitra and with that I'll turn it back to you Christine.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, thanks and good morning everybody and for those of not on the East Coast my apologies because this is so early, but great that you guys were able to join today. So, we're going to continue our discussion from our last meeting and essentially we're going to focus on Section D of the interoperability roadmap which you guys know we were assigned to review. Let's see here and let's go to the next slide, oh, no that was the previous...there we go, one more.

Okay, so we completed the review of Section C last time we did not get any further comments off line from folks after that call so we have gone ahead, and by "we" I mean Chitra drafted a comment letter and then we will add to that from today's discussion around Section D, which as you guys know is really focused on providers. So, next slide.

So, what I'm going to do is try to start with some framing comments that we received kind of on the overall plan or roadmap with respect to this section and then dive into the section in particular. So, just in terms of the overarching comments we'd love to get your guy's thoughts.

What we heard is first that this section doesn't really reflect the partnership component of this, it's a lot of providers need to do this, providers need to do that and that there are some very obvious ways that the Section D misses opportunities to include consumers and so we want to suggest that ONC consider integrating both the sections.

When I mentioned that the Policy Committee last month people were like, oh, you know, you could see that the lightbulbs were going off and I think this is an idea worth considering and how I would frame it is that if they are able to, you know, do a better job of integrating the two sections then they can also bring some parsimony to the plan because right now, at least my own personal sense, is that there is just a lot, it's just way too much and that's a message we've heard from Karen DeSalvo as well. They know they've got too much in there and we need to find a way to, you know, really help it focus. So, that's the first kind of overarching comment. So, anybody have any additional comments along those lines or want to disagree with that framing?

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

Christine its Nick, could I just briefly disagree?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes.

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

With regard to last week's call we didn't actually get through to the privacy section.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Right, okay, so thank you.

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

At the same time I don't want you to get bogged down by that because I understand there is another Workgroup on that topic, but I did have some serious criticisms of that and I just wanted to get those on the record.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

You did and my apologies if I...I meant to follow-up with you and I thought that I mentioned this but I must not have, so what we did, you were actually the only one who made such specific comments and they were really helpful, and so what we did is listed them out and put them in their own document and gave it to the Privacy Workgroup that is looking at this. I haven't heard back from them though so that's a good reminder I need to follow-up but I felt like they...we do have the ability as a Workgroup to ask another Workgroup to respond, react, incorporate thinking. So we did that instead, but I'm not sure that they've taken that up or not. I don't know if Michelle or Chitra if you guys have any insight there?

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

I will find...

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

It wasn't discussed at the last meeting but we can follow up.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay that would be great. So, Nick that was my thinking and I made sure they knew that you were the source of many of the comments so that they could come back to you. So, is that an okay approach or do you want the Workgroup to consider, the Consumer Workgroup to also consider those?

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

I think that is perfect, let us move onto the fun of Section D.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, all right, all right, thanks, Nick. So any comments or disagreement around this idea that we are going to suggest that these two sections be better integrated or maybe completely blended into one? Okay.

So, the next kind of big picture comment that we had is that the technologies outlined in Section D seem very limited to existing Health IT, but it is sort of missing where the field is going in new technologies, data liquidity, you know, particularly with processes and the power of bandwidth increases and I would also add to that particularly as consumers take on a different role or likely to take on a different role as healthcare information stewards. So, that was another comment that we heard from a couple of folks, so any comments on that agreement, disagreement, etcetera?

Okay, all right, so the last kind of big picture comment and I really would like to hear from you guys on this. I found Section D to be completely overwhelming from a provider viewpoint as you're asked to look at this not just from a consumer viewpoint but from a provider viewpoint and you'll see, later in the slide deck, some areas where I think that's particularly applicable, but I just felt like, you know, what we hear from providers all the time about Meaningful Use and ICD-10, and PQRS, and all of these things going on for them right now and so, you know, there is a really large level of granularity in here that gets down to developing new workflows which is something that, from a public policy perspective policy is usually not the best tool to, you know, trigger workflow design or manage workflow design.

So, I'm just concerned that this section is overall a bit overwhelming and that we need to suggest some ways to really bring some focus to this section. Thoughts on that?

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

This is Erin...

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

Christine...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I think I heard Erin?

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

Sure, so and then there was somebody else. So, this is Erin and I was just going to ask if we are thinking about throwing out ideas for pruning in this section, I mean, are we assuming that all of Section C would be merged or should we be looking at both, you know, ways to combine Section C and D?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I think maybe what we should do...I think we could stay on this roadmap for months so maybe what we should do is say, look some of the kind of pruning or parsimony could come from the blending of the two sections. I don't know that we as a Workgroup should do that hard work unless ONC turns around and asks us to. But I just feel like we could be on this roadmap for, you know, ever, but I think you're right that this is one source.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

This is Leslie and I...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Think any time in Section D where we see something where the patient's participation can actually reduce the burden of the provider we should encourage that.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, right, good thinking, yes.

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

This is Amy Berman, and I would just say that in addition to the patient role, and I completely agree with that last comment, that family caregiver issues are going to come to the fore and how we can support family caregivers through technology to get information, answers, help, support in real-time may also less burden the system and better meet the needs of the very complex...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think they're...

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

The other thing...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Grossly underestimated how much they could help.

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

Right and, you know, the unit of focus in federal policy, you know, for Medicare's perspective has always been, you know, the patient, the beneficiary as the unit of service, but technology may be able to help foster an expanded view and better supports around that person.

Two other points, one is the integration of medical care and social supports. This section kind of got to where it might be able to think about some level of integration across that divide, but the notion of something being a proactive hand-off, you know, a hospital discharge and proactively notifying, you know, social supports and services that are identified, right now we leave everything in the hands of, you know, the most vulnerable some who have family some who don't so a more proactive system.

And the last thing that I think we don't see addressed in this system is I guess a lot more visionary taking the technology that now can, you know, handle eVisits and the like in rural and frontier areas as we have an aging society how might we foster interoperability and the supports needed for people who are homebound with Alzheimer's, you know, so that people don't necessarily have to come to bricks and mortar, right now the policy, you know, and even the technology and our focus lags behind the needs that are developing as a society.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, great, thanks, Amy. Some of those themes I think were definitely raised in our last call and are going to come up pretty clearly in our comment letter. So, but I think you've added some refinement, you know, particularly around this needs to be proactive and, you know, around integration of health and social supports, and so I think that's very helpful.

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

Christine, this is Clarke Ross.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Hi, Clarke.

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

In thinking about blending the two sections and emphasizing partnership possibly focusing on a person-centered integrated services and support plan might be a vehicle to try to achieve the blending and partnership kind of approach. So the overarching activity is the person's plan and then we can integrate and merge, and blend, and emphasize partnership in doing that.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great idea, Clarke, thanks, yes that's...I feel like we started to say something very similar, I think we did say something very similar to that and it was in the federal strategic plan. So, I think it's like, you know, list the comments and bring them over I think that's a great idea.

The main way that I was looking at this is...and we'll get to this later as well, but there just...there is a whole section that is around workflows and I'm trying to sort of, you know, get to it, but, you know, it's basically, oh, yeah, here we go, providers should routinely leverage standards-based Health IT to support prioritized workflows.

And I think the thing that concerns me, we'll get to that slide but just sort of at a conceptual level, the thing that concerns me there is, having a workflow for workflow sake is not really very helpful nor is it very aspirational.

So, you know, the next bucket of calls to action right after that one though does have to do with measuring, you know, particular processes and outcomes which I think would necessitate a workflow. So that would be another source of really don't focus on the process focus on the outcomes because then the process will emerge. So, that was the other suggestion that I had but I wanted to check in and see if you guys agree with that?

Okay, well, obviously its resounding silence.

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

Yeah, this is Erin, I was just going to say, Christine, I hadn't thought of it, but I think you make a good point about, you know, not using policy levers to drive this sort of practice level, you know, something that's very personalized to the practice and the patient population and looking at the sub-bullets, you know, of what they're supposed...I guess what workflows they would be focusing on things like reporting to value-based payment programs and quality, and specialty society registries who are going to be doing that anyway, you know, for...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, I agree.

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

Requirements and other programs and coming up with their own workflows to accomplish them. So, like I said, I hadn't thought of it but I don't react negatively to the idea.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, all right, well we'll get into it a little bit more when we get to that section so thanks Erin I appreciate that. Okay, so let's go to the next slide.

There were two things on this next slide that I did not understand and so I wasn't sure where to put them. I'm not sure they're...I don't think they're overarching comments, we're about to get into the meat of it, but I just wanted to double check with, you know, I'm not sure who made the comments, but just to double check with folks if there is something there that's resonant and if we could help understand that.

So, the two comments were absence of filters that allow for trusted and efficient use of technology where consumers set their preferences and then providers have the ability to filter data so that it's useful and usable. I think we've built that into the meat of the sections that are immediately following, but I just want to double check that we understood that, which is to say I think this means, you know, look if we're going to, you know, bring consumer generated data into this we've got to have a way to make it easy for providers to filter it and act upon it so it's not overwhelming, we don't have liability issues things like that. So, I just...I'm not sure who made the comment, but that's my interpretation and I wanted to double check.

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

Christine, this is Nick, the filters one I think was mine built on a comment that you had made in the last meeting and that's fine by me.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, okay, great, so I think we have put this in later but, you know, keep your eyes peeled for it. The second piece was a prohibition on cost shifting with regard to mHealth, Health IT addressing disparities and I wanted to just...this is something...I want to make sure we don't lose but I'm not sure I understand. Anybody want to weigh in on that whoever made the comment?

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

Well, I didn't make the comment, this is Amy Berman, but I have questions about this too. From the perspective of a plan, of a payer, of a provider I could see this, you know, not wanting to add a burden to the patient but rather if it makes the system more efficient that they should be assuming those costs.

But there is also an industry out there and there will be a whole lot of innovation going on and already is around mHealth and health information technology and widgets and Apps, and all the rest of that and I don't know how, as a policy you could say that they wouldn't be engaged in that. So, I just...I had a question when I saw it, it just didn't completely make sense to me.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes.

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

Christine, this is...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

And this...sorry, go ahead?

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

This is Nick, I had made a fairly narrow point with regard to HIPAA access and copying of documents. There does seem to be evidence that providers are still shifting too many costs to patients with that regard and just a simple regulatory fix would be a good idea.

I think on the broader issue, we've talked about this before with regard to the plan, the federal plan as well, that you're looking at a lot of relatively expensive technologies coming in that are going to be adopted much sooner by maybe cohorts that already have good care and so they're not going to be the cohorts that we're trying to decrease costs for and bring into the healthcare system and we've talked about those disparities as well as literacy before.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, yeah, okay, well, we will find ways to bring some of the points that I think we all have agreement around that we've talked previously in the strategic plan it makes sense.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

This is Leslie...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, so let's go...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I just wanted to add to these comments. On the filter, my concern is you can't predetermine what people need to know or don't need to know and so it can become a safety issue. I think it's important that we never have filters on what a patient has access to they should have access to everything in the original written form. If it's not understandable they have opportunities to learn and be educated, but having filters can actually dummy-down what they have access to and make it an unsafe environment so I want to make sure that's not meant in this.

And then on the cost shifting, I think we also underestimate how much the consumer technology world is going to come into this when a couple of things happen, when the data gets loose like the API approach and a patient can set and forget their App of choice to have data.

We will see, instead of HIT saying, oh, it's going to be hugely costly and it's got to do this, we'll see consumer technology coming in, in droves so we don't want to prohibit new market forces coming in by somehow over regulating the market and the cost.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, so I think that's helpful, Leslie, I think rather than get into the...with respect to your first comment, the filter's piece, let's wait and see how it is framed later in the slides because I think it's framed in a different way than what you're interpreting. I don't think we used the word "filter."

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Great, thank you.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, next slide, please, keep going. All right, so the first section is D1 you can see these kinds of three main calls to action, this is really...this piece is about governance so let's keep going. Next slide, sorry.

So, basically, you know, as we've talked about before this is saying, look, you know, providers, consumers and patients should participate in governance of interoperability. Chitra I'm going to...I didn't catch this before, but we had some language that we used in our strategic plan comment letter about the word "consumer" versus "patient" etcetera that we borrowed from NQF at Clarke's suggestion so I'd like to include that here and not say "consumers" and "patient." We would just say consumers for now and we'll add that footnote in. So, that's just sort of a language component.

But, basically, what we're saying here is you need to include a specific call to action for consumers to participate in governance across all three calls to action. Any comments on that or disagreement there? Okay, great, I feel like we've discussed this one before. So, let's go to the next one.

Okay, so this is D2, Section 2, so this is around the common clinical dataset, again we talked about this and this is I think an area, if we can go to the next slide, where we felt like integrating these sections a little bit better would bring some parsimony. So, next slide, please, keep going.

Okay, so we are already making comments on the composition of the dataset, so we're going to have those in the letter already that's what we agreed to last time around. In this case we also had some global comments in Section C around the term provision of services and supports rather than care. We also had some comments around the care team that it should include the services and support professionals. So, we're going to continue to make those comments.

The other suggestions that we heard from you guys are the outside information is not really the best phrase because it's not clear what that means. And then the second component of that is what we were just talking about, Leslie, which is vendors should build tools and interfaces that make whatever they're calling outside information including information from patients easy to digest and act upon so it becomes a seamless part of their workflow. Any comments on that?

Okay. So, in the next call to action, which is really about recognizing patients as valuable sources of information, the suggestion is that providers should encourage their patients to use digital health technology to manage their health and they should accept patient generated data I would say not necessarily as part of clinical decision making or not just clinical decision making but as part of their overall clinical workflow and that we will require documentation and probably certification criteria. I wasn't sure what that comment meant. I think it means we need standards to support PGHD and, you know, I think there are some now that have been proposed in the CEHRT rule although I couldn't speak to them specifically. But any comments or questions about what we're noting here?

Okay, I think generally we've been obviously supporting this notion that, okay, if you can, you know, we want to embrace patients as legitimate sources but the front end of that is also we need to encourage them to become, you know, sources. So, let's go to the next slide.

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

Hey, Christine?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes?

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

It's Phil, hey, good morning. So, I've got just a higher level question, you know, with Meaningful Use Stage 3 and PGHD just having been unveiled how should we think about this interoperability roadmap and PGHD and what we say here versus what is in the Stage 3 NPRM?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I'm not sure I completely understand your question. I think we are going to...what I do know is that we are commenting both obviously on the roadmap but we will be asked to comment on the Meaningful Use Stage 3 pieces.

So, I think it is sort of like we did with the strategic plan and the roadmap where we are drawing from the comments that we've already agreed to as a Workgroup from the strategic plan, the ones that are applicable to interoperability are coming into this...these comments so I think in many ways it feels like a springboard and we might do a crosswalk to say, well, gee we think that in the 2015 to 2017 timeline we called for these things in the interoperability roadmap and we do or do not see them in, you know, the Stage 3 proposal or CEHRT rules. I mean that would be kind of how I would approach it, but did I understand your question correctly?

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

Yeah, I think so, yeah, I mean, you know, with the Meaningful Use Stage 3 NPRM which, you know, looks at 2017 I think, if I remember right, you know, and this is I think a 2015 to 2020...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah.

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

Interoperability roadmap, right? So, that thing lands, you know, right in the middle and so I just wasn't sure how to frame in my own mind how that juxtaposes against this document. Just curious...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah.

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

Mostly for PGHD purposes.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, yeah and the roadmap actually is 2015 to 2024. So, it is a bit beyond.

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

Oh, we've got plenty of time then.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, yeah, right, although plenty of time, yes, but few available policy levers after this one I think.

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

Right good point.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

That's really going to be the key is making this robust which was the original idea that everybody had but that seems to...well, don't get me started.

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

This is Amy, can I ask one question going back to the previous slide, the slide that we were just talking about?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes.

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

Okay and under number two that we're supposed to encourage, you know, the acceptance of patient generated data, I'm just wondering how the group feels about the language here and whether at some point we're moving toward establishing a patient goal, goals around their own health and the notion of accepting versus, you know, having some notion that they have to integrate that into their care.

You know this is extraordinarily soft language that one...it's the lowest bar possible and I'm just wondering how visionary the group may think in terms of, you know, getting to a place where we may be able to say that there is a certain responsibility toward understanding what that patient is trying to accomplish and changing care which would be a higher level of, you know, higher level than just saying, you know, I've got a place where you can enter data and, yay, we won.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, so Amy, let me add some clarification to this and then let's see how the group reacts. So, in our last call when we went through Section C we had a robust discussion around goal oriented care plans adding patient goals to the minimum dataset. So, we have a strong foothold in this comment letter I think we're a little bit hampered by divorcing our Section C and D comments but that notion is clearly strongly in our comments back on the roadmap.

However, I think listening to you I would also be fine, if this is what you're proposing, to simply strongly support this call to action and not say anything else because we do again, in Section C, we have said that providers do need to, you know, do more to encourage patients and it's really about educating patients on how to use digital health tools and, you know, how it benefits patients, but how it benefits the practice, that we need to build that pipeline in this 2-year time window right now, that that's part...it's like a trajectory and then at the same time we need to recognize that the data that we're bringing, as consumers into the care encounter is really legitimate and as Clarke said earlier there is, you know, we're trying to advance this idea of a goal-based care plan.

So, I feel like those components are in there and if we want to, you know, just simply strongly support this call to action I'm comfortable with that because I think we've said what we're trying to say in this box before elsewhere on the comment letter, but I want to see what the rest of the group thinks and whether that would meet your needs Amy?

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

Christine, this is Erin, Amy, I wanted to ask you a clarifying question, is the language you're reacting to the language about recognize that valuable information resides?

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

No, actually I'm entirely comfortable with what's written in the box number two.

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

Oh, okay.

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

The second bullet under the comments I would suggest clarifying accept and act upon, I would do perhaps more than just the accept. I thought that was a passive type of...

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

Okay.

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

Language because they have to actually do something as a result of that and so the call to action I think did a fairly good job but if we are going to get to a place where we have, you know, responsible actions, you know, they have to be able to glean that information or have a way to glean that information and when they have that they have to act upon it, that would be the second piece I didn't see.

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

Okay.

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

Okay.

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

So, okay, thank you that's helpful and I'll just note, Christine, really quickly, that this may be, you know, we haven't gotten there yet but call to action number five is about routinely accessing and using that information so it gets to that use piece Amy that I think you see missing.

And just in my mind this number two was more about changing the culture and changing...starting to shift expectations in these two years before the Stage 3 PGHD requirement that Phil mentioned comes...you know takes effect that we're sort of, again, focusing on that culture change piece most immediately and then when we get to number five, which is in the 2018 bucket, we're shifting towards actually accessing and using health information from other sources including individuals. So, I just wanted to...in case that...just wanted to point out that this piece is coming in case it makes a difference.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And this is Leslie, I think one of the things, the use of clinical decision support here versus shared decision making I think we might want to change it to shared decision making. Most providers in the industry will read clinical decision support as things that are happening that in the moment with the doctor might be medication reconciliation, it might be blood pressure dropping in the ICU then things come up with clinical decision support to help them, but really we want patient generated data as part of shared decision making so that the patient's values and their preferences, and their goals are considered as part of the decision making with the patient. So, I would just offer changing it to clinical, from clinical to shared.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, I think I'm going to suggest taking actually this suggestion that it was...because I don't think it really reflects the thinking of the group and I also worry that both clinical decision making and shared decision making are too narrowly focused for the purpose that we're really talking about.

So, I think what we want to do here is just strongly support this but also say, that it's not just recognizing that patients have valuable data that they may need to incorporate it's recognizing that they do and that you cannot just incorporate but act upon. Any disagreement with that approach? Okay, all right great, okay, so let's go to the next slide.

All right so we had a call to action about providers and their organizations should ensure that contracts and agreements they sign with vendors include the necessary requirements to ensure that they can share and incorporate patient information. Now, I'm not sure why there isn't a call to action for vendors. I don't know if that comes in another section, but it feels like...I mean, yes, I agree with it, but, you know, the vendors should also, you know, build these technology capabilities in.

So, the comments that we got from you guys was one, a question, could this be operationalized through certification and I think the answer there is, yes.

And two, adding some detail on what the contract requirements should include. I think I'm a little bit concerned about getting that detailed because there isn't a lot that is detailed in the plan to that level, but if...Leslie, I think this maybe came from you. I'm not sure if it's about contract requirements that you're really commenting on or if it's more about some of these capabilities that we've commented on that you suggested elsewhere like set and forget, provenance, blah, blah, blah. How were you thinking about this one?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, in general I want to make sure that it's not lost because I haven't seen it in a while that allows the patient to register the App of their choice to their medical record...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Right.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And any time a medical record change is done it is sent to the App of their choice, it's really liberating for the data and to the patient too. And so I'm not sure how to word that but that's what I'm trying to get to.

The provenance issue keeps coming up over and over again as a barrier that says, we don't want to accept data because we don't know who it is from or how can we trust the patient to send me something from Doctor B and C if I'm Dr. A if they might have touched it. So, the tamper proof feel and provenance gets to, I can send you data, I am a valid source of that data and I can send you data from others and you can know that it's secure and trusted data.

So, perhaps taking it out of geek speak and putting to the outcomes that we want, which is patients have the ability to send...author data, they're a credible source of data and they can provide secure transport of data from other providers.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, so I feel like this actually...so what's the action that needs to happen here? Like in other words, who does it?

Before, you know, if you started doing this tomorrow I don't think it would work. I think there is some work that needs to happen before we start looking at contract mechanisms, you know, as a vehicle.

Is that the federal government needs to design some certification criteria around provenance or do you have policy issues around provenance? What needs to happen first to get this...get some of these functionalities ubiquitous?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, let me think on that a little bit, because I think what they're trying to get with these contract's request is sort of the minimum data, minimum standard required that perhaps might not be just certification but contract language. But I think you're right, policy has to happen in other ways first. So, let me think about where that needs to be placed.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, great, okay. All right, so we'll pull that out of this place but we're going to have a placeholder for us to say, look, you know, before this happens, you know, these policy components need to be in place and potentially, etcetera. Okay, that's helpful, Leslie, thanks.

All right, so the next call to action are what we were just talking about, which is providers should routinely access and use health information from other sources including individuals when making clinical decisions. You know again I feel like this is an area where we're starting to get repetitive.

My sense is we called for this, you know, we keep...we've just rectified the call for this even a little bit earlier and I felt like ONC in some cases or our federal partners felt like they had to have a box for every timeline and it's...I'm not sure that's true. So, I was just a little bit, you know, kind of concerned that we just sort of keep talking about it but it...there is nothing that distinguishes what's happening in the second timeline versus the first in this case. What do you guys think? Okay, all right, well we'll keep moving then.

Okay, so then on the sixth call to action, providers should routinely populate key data when ePrescribing in support of unambiguous prescription verification counseling, monitoring...okay, yeah and so one of the comments was "well the statement is ambiguous" and I'm not sure I understood it either. So, does anybody want to comment on that? Okay, we will keep going.

So, next slide, okay, so this is the 2018 to 2020 bucket continued. So, the call to action here is providers and their organizations should work with the necessary parties to configure systems to alert providers to the presence of relevant information from other sources and make it conveniently available.

So, we had...the first suggestion is to combine this call to action with the next one which is basically configurable based on use case providers specialty and other characteristics. And I think that's probably right to combine those, so that's the first proposal.

The second is alerting ecosystems should include CIT but I don't know...we didn't know what that meant. Anybody want to fill me in on what...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

This is Leslie, I was talking about consumer information technology providers so not just alerting inside HIT but if I'm a patient and I have a device at home and it triggers some untoward event that should also have an alerting mechanism. So, it's including my stuff.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I think that's great. I think that's a great idea and I think in this case it should be providers and their organizations, and vendors should work together to configure both provider's systems and consumer systems to alert to the presence of relevant information from other sources and make it conveniently available and I would add actionable. So, that would be my proposal here, available and actionable and then bringing in the consumer element of this. Yes, any comments, any disagreement with that idea?

Okay. Is that sufficiently flushed out for folks to respond to the next bullet that someone had just said we needed to flush that out, so hopefully, I think we just did that, but any comments on that? Okay, great, let's go to the next slide.

All right, so here is the 9th call to action, we're in the third time window of 2021 to 2024. Providers should practice in a new way with a culture of electronic health information sharing, access and use from both clinicians and institutions is firmly established.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think that's...this is Leslie, what about...talking about collaborative care? Because what we're really looking for is that all stakeholders including the patients and their caregivers, the providers collaboratively coproduce health.

And so saying it's just that the providers practicing in a new way would be shortsighted and quite prescriptive, it's really creating an environment where we can all collaborate to make sure that together we're improving health and wellness.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes, I like that. It's not just about sort of info-sharing culture it's actually about a collaborative care environment. So, I completely...I think that sounds right. Other folks...anybody want to comment on that?

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

This is Amy Berman, for the sake of consistency you might want to think about people and families, notion of the caregiver and then also the social supports and services.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes and Amy we've got those global comments too so we'll make sure we kind of keep repeating and referencing back to those.

Okay and then we've got the call to action number 10 is about decision support and I think...and somebody said, you know, this is a little surprising that this is like so far out in the future and call to action 11 which is again sort of...I think what we would do is say that calls to action 9 and 11 need to be combined into one and oriented around collaborative care that includes community and social supports. So, does that make sense to folks to combine actions 9 and 11 or this collaborative care more inclusive piece?

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

I'm not sure that they should be combined and I have a question on number 10.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

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

Right now most systems that have a medication management, medication reconciliation component...I'm a geriatric expert that's my perspective in addition to being a person who lives with illness, but most of the medication reconciliations could still potentially harm an older adult.

So, I'm just wondering whether you want to have clinically relevant decision support for populations, because right now, you know, for pediatrics it might be clinically relevant but for older adults it's not. We've built a lot of vanilla ice cream cones and we still need hot fudge sundaes to have the right decision support there. So, I don't know if you want to put something in that might be perhaps a little bit more nuanced? Just a thought.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I'm not sure I'm following you, do you mean that clinical decision support doesn't always help older people because they...tell me more about that?

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

Okay, so right now for example if you were to look at a basic medication reconciliation that would pass certification, any kind of certification of a system, a patient-centered medical home, whatever, you would be looking at something that could tell you if you are giving somebody two medications in the same class, you'd be looking for certain kinds of things to happen, but the kinds of medications that are considered inappropriate for older adults they precipitate falls, delirium, they're not part of the medication reconciliation standard. So, we really...we right now have decision support that is vanilla and it is not the right level of decision support at least for complex older adults and I'm...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Well, today there is, this is Leslie, today the standard case to consider is height, weight, age, frailty index, the chief complaint, the problem list there are a bunch of stuff that's considered in the decision support for drugs in drug reconciliation at the time of ordering.

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

Right and...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Including the Beers list I think too.

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

Does it have the Beers list now?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Pardon me?

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

Okay the last time...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I think...Leslie I was just saying also the Beers list, I remember that we...I think that was part of certification in like Stage 1 or maybe it was Stage 2.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

It was, yes.

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

Okay.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So, are you comfortable with this piece then?

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

I am.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay. Okay, so what the...the suggestion I made but I'm not sure everybody agrees but I just want to come back to that, is to combine 9 and 11 which are about sort of...rather than saying a culture of information sharing and regularly having and using the most relevant and integrated information by 2021 to 2024 it shouldn't be just about the information anymore, it should be about a collaborative...what Leslie has described as a collaborative care environment we called in the strategic plan for being aligned around shared health and care goals that at that point we should have a whole collaborative care environment not just information sharing for information sharing sake. So, that's a suggestion that I'm making here but I am not positive that you guys agree, so thoughts?

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

Well, Christine it's Phil, based on what you said it might be a bit of a leap, you know, I'm thinking that, you know, when you think about all the different things that are happening and could be better aligned around shared care goals, you know, that doesn't necessarily require that we have a "real-time" collaborative, you know, electronic environment between all parties. It just means that we're recognizing that what we're trying to achieve doctors or patients are shared, both sides of that equation, you know, understand what the objectives are and the outcomes that are desired.

So, I don't know just as you said it out loud it just sounded like it may be a bit of leap and not necessarily required in order to edge towards more shared care goals.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, so maybe something in the intermediate?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Well, you guys 2021 to 2024 is a long time out. That's longer...that's older than the iPad is. So, I think we should be very visionary here.

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

The shirt I'm wearing right now is older than the iPad is too, but I guess it's all relative. I don't know I just...what I worry about is that we're not going to be edging towards shared care goals that we're going to be, you know, kind of implying that a more real-time collaborative environment is required. I don't know, I don't know, I don't know it's just how it struck me.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, well we'll finesse something.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Does anyone know if the NPRM included the care goals? I haven't read it yet.

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

It has...

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

It includes care goals in the summary of care like health information exchange objective but it doesn't specify patient versus clinical. And I should note, this is Erin, I've done only a very quick scan of the NPRM.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, sorry, Leslie, did you respond to Erin's comment, because I missed it, I dropped my phone?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I had a hard time hearing that, I'm sorry.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Oh, I was asking if you...so I heard Erin say, well Erin, will you repeat what you said?

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

Sure, I was saying that I only did a very quick look at the CMS NPRM but that it does look like care goals are included, they are also...Stage 3 is going to adopt the common clinical dataset that this roadmap proposed and so care goals are included in the common clinical dataset but they don't specify or differentiate between patient goals and clinical goals.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah, okay. So, I think that we're closer to getting goals I would hope that we've got goals of care that are patient generated in this NPRM when it's finished.

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

Agree.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think that could be a really big emphasis for us in our response when we get there.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

About patient goals versus clinical goals?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes, just to get that intermediate step we're talking about of goals of care generated by the patient or collectively with the provider or just exchanged would be wonderful and if we can get that in this NPRM then we're really a long way towards the collaborative network by 2021 or...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, great. All right, other comments? I think we can go to the next slide.

Okay, so the 12th call to action is, it's like the 12 days of Christmas, providers should receive and provide continuous feedback to the support or to support the improvement of decision making processes and outcomes. So, we're saying, okay this has to include shared decision making, which we've all supported previously, and then I think I had a question around whether this connects to the research enterprise.

I had not seen a call to action that really kind of said...that takes what we learn in real-time from the provision of care through Health IT and connects it back to the research enterprise about what's working and not and, you know, which alerts are being ignored and how fast are we disseminating research and science into practice. So, that was my question there. Any comments on this one?

Okay, so the next call to action is about using...providers should use evidence-based guidelines and tools for care that are disseminated rapidly to providers through decision support and other timely and context sensitive pathways. So, I think everybody supported this in the comments we got back from you guys. There is a suggestion also to clarify the link to evolving quality measures and all caps notation here that D2 has a lot of overlapping and undifferentiated calls to action which I think we were just talking about. So, any comments on this or disagreement here or additional thoughts? Okay, we're going to keep going. Next slide. Okay, keep going.

So, this is category D3 on accurate measurement and the font just got small, let's see, so in the short-term the call to action is that providers should leverage data beyond their internal systems for population health analytics and quality measurement including supporting value-based payment models.

So, this one I think needed a lot of clarification and it wasn't clear that it includes, you know, kind of the consumer ecosystem or if it's just, you know, the kind of EHR centric notion and so we have a comment about that.

And also then there is a need and I think I made this comment, you know, we're talking about eQMs but there is no call to action for the government to actually invest in developing clinical quality measures for Health IT and do that in a...for more advanced measures basically. So, those are the comments on this one. Thoughts and reactions or things they missed?

Okay, so in the next time window there is a call to action that says providers and other stakeholders should use standardized metrics of interoperability to monitor and track improvement. We had a lot of comments on this.

So, first that standards metrics should actually come from the patient, that patients and families should help to access the extent of electronic information sharing, so like if, you know, if there is a referral with my information received and acted upon at the other provider's office by the time I went to the visit or, you know, were secure messages responded to in a timely fashion, etcetera. Okay so that's the first comment.

So, the other alternative that was suggested was to measure this only from the viewpoint of patients and families because providers already have measure fatigue, so, you know, since I'm the only one present at all my encounters that a patient assessment of interoperability really should be about information sharing and not necessarily interoperability.

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

Christine, this is Phil, I like that idea. How would one go about doing that? Do you make that part of CAHPS or what do you do there?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

It's a good question, I think you could make it part of CAHPS that certainly would be, you know, one way to do it or it can be a standalone thing kind of like the, you know, PHQ-9 or the CTM-3, you know, it could be a standalone, you know, three question, you know, measure that...I mean, that's how I would tend to think about it is the challenge I think in doing it with CAHPS is that not everybody does a CAHPS measure.

So, if you develop something like the, you know, care transitions measure which is a three question standalone measure I would think about it more in that way but that was something that again if we have the call to action above for the government to invest heavily in developing more eQMs they could explore that.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Christine, this is Leslie and I like that idea and I'd also like to say there is another opportunity for measurement and that's as we look to certification one of the things we asked, which is being reviewed, when new standards are considered for regulatory action is do they include and facilitate interoperability with the patients and their families or are they left out because we continue to work on technology, standards and certification that supports provider-to-provider and no way to measure are we effectively adding patients and their families.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, yeah I think that's a great comment that we can add which is it's not just provider-to-provider but provider-to-consumer.

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

Christine, this is Clarke Ross again.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Hi, Clarke.

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

CAHPS is the vehicle to use but the CAHPS vehicles are totally inadequate from the perspective of the aging advocacy community and the disability so it might be...and there is developmental work going on to modify the CAHPS instrument.

It might be helpful for our quality measurement work in another forum if this report just footnoted, observed, made some observation that CAHPS is the predominant widely used mechanism but needs a lot of modification in order to achieve the objectives that we're talking about right now.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, you know, I mean, I personally agree with you but I think it's also kind of a holy war that, you know, there are people who are staunch advocates for CAHPS and the methodology is the way it is for a reason and then there are other people who are against it. So, I kind of...I'm not sure it's really necessary for us to wade into that as much as is it to say, listen we need to measure.

If we're going to measure interoperability we need...or inter-improvement we need to really measure it in the way that patients think about it which is coordination and communication, and we need to measure it from their perspective, you know, I think I would probably rather just not wade into...

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

Okay, that's fine.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

The CAHPS arena.

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

I didn't mean to wade into it, but that's fine.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, just because I also think we don't need to take a position and so I think we just need to say, look we need an instrument you figure it out, you know, but I hear you Clarke I really do.

Okay, so I think we have a good...so what I think we're talking about is generally what's in these two boxes, these like five bullets were on point, we just need to sort of streamline and focus in a little bit, but any other reactions?

The other piece that's in here is consider developing measures of care coordination, communication and health outcomes that require interoperability instead of measuring the interoperability itself but that by this time that this might be a better approach because providers don't need more measures to report they need better measures.

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

This is Erin, I totally agree with that statement and it was what I was...part of at least what I was trying to get to, I think it was my suggestion that first bullet point about the patient or caregivers assessment of electronic information sharing, because I mean, interoperability is a means to an end with...you know like you said Christine that we care the information sharing and the coordination, and the communication.

And I was just going to comment on the measures solely from the patient perspective of patients and families only because I worry that there may be...that not all patients at not every encounter with the healthcare system will have the time or resources, or capability to fill out a survey and so I would be in favor of, you know, measures from that perspective but including other measures of coordination and communication as well.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay I think that's a fair point so we'll, you know, say, sort of focus on includes some patient reported measures but also care coordination and communication. Okay, great. Any other comments on this one?

All right, let's go to the next slide. Okay, so interesting...this was an interesting call to action here, number four, providers should be able to report on measures based on the most representative data available about each patient. I don't know if I just didn't get that, but, you know, there is already a link and a way for you to report on like let's say PQRS and in the hospital or, you know, measures as well from your electronic health record, so I didn't understand this one in particular like providers can report on measures today the problem is that we don't have really good eQMs. So, any thoughts on this one?

Okay...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

You know, this is Leslie, I do...I don't know where we put this, but today we hear a lot, well it's easy to get the measures because they're on claims data no big deal everybody has claims data to get the measures. Well, it doesn't get to the operationalizing change because the operationalizing change inside the provider isn't based upon the claim it's based upon the EHR data.

So, we need to have a strong linkage between the EHR data, the actual quality measures and I would submit the patient data. So, interoperable so that we can actually improve operations and care that we are measuring not just making sure that we are clicking off the successful measure.

So, if my measure is to improve A1c in patients with diabetes I might have some that also include lifestyle measures and others because now I can get the data to represent a patient as well as supporting data from the electronic health record.

So, I think expanding on the thought here of eQMs to include patient data would go a long way and get a lot of support considering PCORI and others.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, I agree, okay, so what I...so what I might suggest then is to clarify that notion particularly in the 5th call to action in this section which is about public and private stakeholders should objectively measure and value interoperability and information sharing as an indicator of care coordination, quality and efficiency.

So, the comment here is, look payment for outcomes that require interoperability like care coordination, reductions in duplicate testing, etcetera, you know, that will get us there, right, so but what we need is a strategy for the development of eQMs and to your point including measures that incorporate patient generated data but we need a larger strategy for developing those measures, testing them, revising current measure sets, you know, payment approaches and things like that, would that make sense, Leslie to kind of include it in that regard?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, because I think that's a great point.

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

This is Amy Berman and I don't know whether I'm thinking about this section in the right way, but, I'm just wondering what happens when the person's goal is in conflict with the measures...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes.

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

And when for example at the end-of-life they should no longer be included in the denominator when it's appropriate care to let's say not do certain things and so this whole section, you know, my left hand column was saying, well, you know, okay, so if you have this additional data how are you really going to rethink whether or not they really should even be incorporated into the measurement.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, I mean, Amy, you know, I'm really familiar with the challenges you're describing, I think, you know, also the issues around older adults with multiple chronic conditions, you know, and sometimes you've got a quality indicator or a care guideline that's actually, you know, in conflict with another one, you know, even at the same patient level.

I think this...those are real issues, I think this section is more about trying to reflect measures of information sharing than the whole world of quality measures.

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

I don't know whether or not we want to think about putting a marker down, you know, one in five will be over the age of 65 and if we are going to build a system of right-minded measurement I do think that we have to have some mechanism for determining, you know, at what point if that person, you know, doesn't want to have certain care and that is consistent with what is good care, you know, how then to remove them from, you know, the wrong kinds of quality measures.

And I'll give an example, you know, somebody who has advanced Alzheimer's and has a hip fracture, and is in unbearable pain and completely confused, and has a POLST Form filled out and clearly is at the end-of-life, you know, the surgeon will want to, you know, remove the DNR to do surgery because they don't want the person to die on their watch and yet, if they died during surgery that actually would be consistent with their wishes, they would not have wanted to be revived. So, we create sometimes things that are in very serious conflict. So, I just want to...it may not fit here but it may want to fit somewhere.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

This is Leslie, and Dr. Karen Sepucha did a study on the congruence of goals and outcomes and she made a statement that a provider and a patient has...often has incongruent goals and objectives and if we move to congruence and measuring congruence we might actually get to better outcomes, because your point is that a physician is incented to do something that's inconsistent with their values whether that incentive is a quality goal or more tests, or procedures it doesn't work.

So, I don't know how to measure this, but I think it would be important to the idea that we agreed and we had congruent goals and objectives as a measure in itself.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, so, what I think I'll suggest here is...okay, so why don't I suggest those two things that we'll incorporate into this the fact that eQMs should include patient data but they should also reflect patient preferences which can be documented and shared electronically or which should be documented and shared electronically and then also adding this notion of congruence. Does that reflect both of your thoughts?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes.

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

Yes.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, great. Okay, so let's go to the next slide, all right, keep going. So, this is the piece that I was mentioning earlier, so the call to action is that providers should routinely leverage, meaning use, Health IT to support, you know, this long list of workflows CPOE, prior auths, secure clinical communication.

This is...so the overarching question that I have here is the last section really focused on measurement reporting, payment, so if we do things like we're measure care coordination then I think that's necessitating the development of workflows around closing the loop in transitions, you know, securely communicating with other providers and patients things like that.

So, I think a lot of this would be taken care of if we measure and report, and pay for the right things and it would not...I just worry that this feels really micro-managey to providers. So, I don't...a lot of you guys are providers on the call so I'd like to hear your thoughts on this. Any comments on that point that I just described?

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

Well, I think...is right, but every single line item in the roadmap...so the providers should...so it kind of all feels micro-managey doesn't it?

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

Yeah, right.

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

But you're especially right about this one I think.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

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

I'm just wondering instead of doing a call to action to the providers whether in fact it is...and this is Amy, whether it should be that health information technology should facilitate an expanded set of interoperable workflows, in other words, they should be...you know the call to action really is to the developers to begin incorporating in these capacities. So, not so much to put it on the provider, but rather...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah.

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

On the developer.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I agree with that Amy, this is Christine, you know, particularly because some of these things aren't existing at the level we want which is...and I think...I think this came from Leslie on the right-hand side, the call to action, you know, like plug-and-play clinical decision support, decision aid certification although I think that's not for the vendors to do, but, you know, so some of these other components.

So, you know, perhaps what we would do here is say, you know, look you need to incentivize these workflows, but really rather than saying that providers should just do these you need to find ways to incentivize them and then you need to really ask the vendor community to make sure that Health IT has these capabilities and that they're really usable, right, they're not clunky workflows and clunky interfaces that they're really usable and efficient. Does that make sense to folks?

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

Yes.

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

Christine, it's Nick, I was also a little bit worried that we might sort of cause confusion here or it may cause confusion here given Meaningful Use. Do we need to say that these are sort of, you know, future things or ideas we want but not sort of adding another layer of regulation on top of Meaningful Use.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Right, yes, that's a good point, that's a good point. So, I think your point is this shouldn't be separate from Meaningful Use, use a certification program as a lever and again that's the call to developers or vendors.

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

Right.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes. Okay.

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

Can I make a slightly divergent comment on this one also?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Sure.

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

I don't know how any of this might fit, but for the code that is created through federal funding through whatever opportunities have been provided through the ONC, HHS I'm just wondering if somewhere someone wants to put down a marker that the code must be publically available if it's paid for with federal dollars. In other words, how to spread particularly to those that are not going to get those federal dollars. And that just goes with the notion of, you know, should facilitate, the bigger picture how might we think about policy that would facilitate.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So, I think part of where you're going is it would end up making all software open source if it was used with, you know, paid for with federal dollars somehow?

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

I believe it should be that's a personal opinion.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay. So, I think...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think then we include all market forces that might help becomes difficult...it becomes difficult to do and difficult to support a patient if everything is provided by the government.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes, I think, Amy, I understand your point, I think part of the certification process is to take publically available standards and put them into vendor products, but I think what you're suggesting would be an enormous roar number one, and number two I think it becomes really challenging because the EHR is technically paid for by the provider, so do you think...you know, it just depends on how you say it's paid for with federal funds or not because they got Meaningful Use incentive dollars later or they received Medicare reimbursement...I just think it's a very challenging arena that we don't have time to weigh in on in the Workgroup right now.

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

Okay.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I'm happy if folks want to disagree and you guys want to take this up we can do that, so just, you know, speak up if you would like to take this up as a Workgroup. Okay, so, Amy, I think that one we've got to table for right now unfortunately.

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

Okay.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay. Okay, so the next slide, actually keep going, so this is just...I think what we're going to do is just...this is getting a longer list of workflows so we'll just make our comments about the section overall and not specific to the individual calls to action. Next slide.

All right so this is D5 which is training and certification of providers, we actually did not receive comments on this section from anybody so let's go ahead and keep going through the slides, so next slide, keep going, keep going, okay so that brings us to the D6 which is innovation and generation of new knowledge and evidence. So, next slide.

Okay, so we had some comments on this. This is sort of a link between, you know, provider practice and clinical research and quality improvement so this is calling for a strategic plan for research and the generation of new knowledge, I think what we would maybe want to say here is that consumers should be involved in this and someone is also suggesting that we use participatory research methods and engage consumers and patients in the co-design of digital health tools.

I think, you know, this section is really focused on sort of research and knowledge generation but I think that, you know, that notion or concept is still applicable. So, any thoughts on this one?

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

Christine, it's Nick, I think this is a good example of what we were saying about trying to skate to where the puck is going to be rather than where it is today. This section looks kind of outdated after the research kit announcement by Apple last week or the week before last.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

It looks a bit outdated? Can you say more about that Nick?

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

Well, because, I mean Apple like so many other crowdsources are moving clinical research and quality improvement directly to the public for participation using mobile tools and this is the pace of the iteration in this space. So, I think we...if anything one would hope for a slightly stronger call to action for government to do what they can to help in this regard and to provide the correct privacy and security incentives and so on.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Got it.

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

But, clearly the private sector is moving very fast here.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great comments, Nick. Any other comments or reactions? Okay, next slide.

Okay, so the providers...this is a call to action like providers should further engage with the research community and routinely offer patients and families participation in research and quality improvement programs. I feel like this is...I think, Nick I feel like your comment is right that, you know, wow, we're going to wait another 3 years to routinely offer patients and families participation in research NQI like this doesn't make any sense for us. So, I think we can kind of continue in that vein.

Any thoughts on this or the other call to action around IRBs ensuring appropriate patient protections are in place to conduct multi-sourced clinical research. Any comments on those? Okay, next slide and next slide.

Okay, so we're down to D7 and I'm realizing that we only have about 5 minutes so what I'd like to do is ask folks to...much as we did in the last call, to take a look at the slides in the remainder of the deck so this is slide 32 through 35 so it's...so there aren't too many there, you guys already have made some good comments but if you've got either more comments or anything in here you want to strongly agree or disagree with send that to Chitra if you can since it's only a couple of slide if you could send it by COB tomorrow that would be great.

So, why don't we open up for public comment and then while the operators are opening the phones I'll talk a little bit about next steps. Michelle or somebody want to open the lines for comment?

Public Comment

Caitlin Chastain – Junior Project Manager – Altarum Institute

If you are listening via...

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

Operator, can you please open the lines, sorry Caitlin.

Caitlin Chastain – Junior Project Manager – Altarum Institute

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

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, great, so while we're waiting and giving folks time to call in, we have another meeting scheduled for this Monday. I think it's not clear to me if we need it or not so I just want to double check with you guys on process.

We're drafting a letter based on the last two calls so we can either circulate the letter via e-mail and request your comments and thoughts or we can circulate the letter via e-mail and use that phone call to hear any comments and thoughts that you guys have, that's probably the smarter way to do it because if we get...I don't know that we'll get conflicting suggestions on the letter but if we have things we don't understand, you know, we can certainly just take the best shot and submit it, but if you guys want to get on the phone and have that opportunity to talk again on Monday we can do that.

So, how does the Workgroup feel about whether you want to keep the call on Monday or try to do everything on line and trust that we will reconcile any competing views to the best of our ability?

W

Can you review what time the call is on Monday again, please?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

It is 9:30 again in the morning, 9:30 a.m. to 11:00 a.m. on Monday.

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

That's Eastern Time.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, sorry, Phil.

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

No that's okay, it's all right.

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

This is Clarke Ross I have not heard anything verbally or seen anything in the outline that causes me concern where we have to have another call to flush something out if there some issue I'm missing I'm happy to be on the call, but I have full confidence that you'll accurately reflect what we've been discussing.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, so...

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

This is Amy, I agree.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I'm sorry was that Amy?

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

Yes and I agree I have full trust in your incorporating comments.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay. Okay, so if that's the case and we don't use our meeting on Monday, which I'm happy to have the extra time to do a really super awesome job at writing the comment letter, I think that means that our next meeting is April 20th am I correct in my statement Chitra?

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

Yes, you're right.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, so our next meeting is April 20th good news Phil it is at 11:00 a.m. Eastern.

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

Yay.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I think that's it, yeah.

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

Hey...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Erin, where you trying to say something?

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

Yeah, I was just...if our next meeting is April 20th ...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes?

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

And the comments on Stage 3 are due May 29th that doesn't leave us a lot of time to understand...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I agree.

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

Okay.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, I totally agree and I was just going there, so, what I understand from ONC is that they're I guess going to, you know, explain the Meaningful Use rule at the HIMSS Conference but they're not going to do that until April 7th. So, we can't even get a briefing from them for whatever reason before then. So, we don't have any instructions from them either.

So, I think what I'd like to do is I'll ask ONC if they can give us some more detailed instructions or whatever so that we can get that work started and then I'll work with Chitra and see if we might want to add a call in the beginning of April so we can start to organize our thinking about how we're going to comment on it, because it is a big huge chunk of work to comment on. Does that make sense to folks?

So, we might add another call in the beginning of April at some point, but please do get started reading and reviewing and if any of you guys, you know, a lot of times associations will do summaries, if you guys want to share those around or share those with people let's do that too.

Okay, so let's...so we will circulate the letter, the draft letter with comments on the roadmap via e-mail sometime next week probably towards the end of the week, we will not have the call on Monday and we will ask you guys to get started digesting what's in Meaningful Use and we will come back with some further instruction on how we're going to approach our comments. Any other questions or suggestions on our next steps as a Workgroup? Okay, are there any public comments?

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

No public comment.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

All right, thanks you guys, I know it's been a lot of work so I really appreciate you hanging in there and we will talk again soon but you'll see us on e-mail before then. Thank you.

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

Thank you, Christine.

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

Thank you.

M

Bye.

M

Thank you, Christine.

W

Bye.