



**HIT Policy Committee  
Strategy & Innovation Workgroup  
Final Transcript  
January 22, 2015**

**Presentation**

**Operator**

All lines are now bridged.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Good morning everyone this is Kimberly Wilson with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Strategy and Innovation Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this call is being transcribed and recorded. Please also keep your line muted if you are not speaking. I will now take roll. David Lansky?

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

Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Jennifer Covich?

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

Present.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Brian DeVore?

**Brian DeVore – Director of Strategy & Healthcare Ecosystem Intel Corporation**

Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

George Hripcsak?

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

Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

John Houston?

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Kelvin Baggett? Kyna Fong? Mark Savage?

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

Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Michael Painter? Paul Tang? Richard Platt? Sandra Hernandez?

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

And Jonathan Nebeker?

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design - Department of Veterans Affairs**

Nebeker here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

And from ONC do we have Gretchen Wyatt?

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

Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

And Matt Swain? Is there anyone else from ONC on the line? And I will now turn it over to you David and Jen.

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

All right, thank you, Kim.

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**

John Derr is on the line, I'm the liaison with the Standards Committee.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

And Jamie Ferguson the same here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Thank you.

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

Hi, Jamie, welcome. And I thought I heard Kyna on earlier but she didn't answer the roll call maybe she is on and off. Well, thanks everybody for making time again for the call.

**Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR**

Can you hear me?

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

Yes? Kyna is that you?

**Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR**

Yeah, that's me I thought I answered the roll call but maybe...

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

Okay.

**Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR**

I was muted or something.

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

Okay, thanks.

**Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR**

Sorry about that.

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

So, we have a pretty full house, I appreciate everyone making time and of course I really appreciate the work you've done over the last 10 days or so to try to take a first cut at the strategic plan document and begin to put together our feedback. We've got a lot of good input from each of the goal areas and we'll try to go through the high points of those today.

I think the overall sequence of events now is today to try to react to the individual reports from each of the subgroups and giving a feedback that the staff can begin to craft this into something a little more synthesized that we can then review again as a group and bring to the February 10<sup>th</sup> meeting of the Policy Committee where they will discuss and respond to whatever we might say and then we'll have another few weeks to digest their comments and come up with a final set of recommendations.

So, that's where we are I think. Gretchen anything else on the timeframe?

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

No other than just to remind folks that within that space of time is also the closing of the public comment period for the strategic plan which is going to be February 6<sup>th</sup>. So, if we see anything that we think that you folks should react to from those public comments we'll try and make sure that we get those over to you too.

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

Great, thanks. So, are you processing those in real-time or are you waiting until the closing date to start compiling them?

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

We're going thematically as we can. We are trying to process them just so that we don't have too much at the tail end but we know that a lot of people, especially organizations that have large comment letters they have to get those processed as well. So, we expect the next few weeks to have those bigger ones coming in, but we've had really good turnout so far. So, we've just been trying to categorize them by responders and by the themes of their responses.

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

Good, we'll look forward to that. So, for today's agenda Jen and I thought we would just take a few minutes, 10 or 15 minutes, at the top and talk about some of the broad themes that seemed to surface from all or several of the Workgroups and then go into each Workgroup for 10 minutes or so, whatever we need to hear from the group and look at the comments that the staff has synthesized onto the slides and just take the pulse of this group to see whether this reflects the group as a whole, that is whether the Subgroups work, something the group as a whole feels comfortable with carrying forward, or if there are additional thoughts or changes we want to consider.

I think then the staff will be listening to this conversation and translating it into a little more polished product over the next few days. So, our goal today in a sense is to respond to each of the Subgroups work and give enough input that the staff can assemble something coherent out of our conversation.

So, with that I took...I think some of you I've shared a couple of notes that I took as I looked at the templates that each of the Subgroups compiled and I would just note, with appreciation, that two of the groups only met yesterday so some of this is very fresh and we really haven't had a chance to digest it yet.

So, today's conversation is still pretty much a greenfield, but some of the comments that surfaced in a number of the Subgroups...let me just summarize them here and I'd appreciate people "yea" or "nay" on the way I'm summarizing it so that we can decide if that's something we want to carry forward.

I'd also say that the Consumer Workgroup has done a very nice job with a first pass at their comments and I don't know if those have been shared with everyone yet Gretchen or are they just with a few of us?

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

I think it was just to the Chairs and at this time it was more informational just so that you could see the work that they're doing. So, it's not for us to incorporate into your recommendations they'll be doing a separate recommendation to the Policy Committee.

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

Right. So, one thing I appreciate about the approach they took is they did identify a few crosscutting themes that they spoke to at the sort of preface of their overall comment and then they went into the more detailed work behind that. So, I think we may end up in the same place wanting to make some broader comments. So, I've identified a few of those and let me test them with you.

So, first...

**W**

Hello?

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

Yes?

**W**

My apologies, this is...dialing for Dr. Kelvin Baggett he'll be right on okay?

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

Okay, thank you.

**W**

Thank you.

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

So, I have four or five of these themes that I've detected in our comments so far, one of them is that overall there is great appreciation for the work of the staff in compiling the document and in pulling so many complex threads together and in particular many of the strategies that have been identified people found appropriate and worthwhile and they want to support and endorse, so, I think, the overall feedback I heard was move forward, these are appropriate, incremental expansions of the infrastructure we have today.

A second theme I heard was that while these things are all ones we endorse there are some broader objectives or goals that the current list of activities may not be sufficient to get to and there was a pretty strong emphasis in almost all the groups on the focus on improving health and the information needed to improve both personal and population health, supporting a learning health system, supporting the changes in value-based payment and deliver system transformation that there may be more we can talk about and do to strengthen that focus of the document.

Third, I think we talked about this on our last call, a number of people here have said there is a desire to take what's now goal four and give it more visibility as the overarching integrating goal of the strategy that is the goal to improve health and that some of the other goals probably are supportive or instrumental to that larger strategic goal number four, so whether it's as simple as an editorial adjustment of where it sits in the document or whether there is really a restructuring to be considered we can come back to that, but I think elevating the visibility and importance of the health improvement goal is something people talked about a good deal.

I heard some concerns surfacing about something that's pretty fundamental and we may want to be careful how we discuss it, which is the collect, share, use paradigm. And what I've detected from a number of people is that the emerging IT infrastructure for many industries and for the country as a whole is less segmented than that and that there is a closer integration of what we call collect, share and use on a common platform like social media platforms incorporate this but a lot of the health platforms do as well where the content and the applications are integrated with the collection and sharing in a common platform serving a population.

So, whether the plan as a whole by depending upon this framework ends up being a bit too fragmented and there needs to be some process to look at a new or fresh way of thinking about the underlying architecture is something some people have mentioned. And obviously the other reports we're aware of that have surfaced have raised similar questions and we may want to encourage ONC and HHS to also come back to that question.

Another point that I saw was that the focus on two key words that we've all used a lot, adoption and exchange, and this may go back to this segmentation question I mentioned a moment ago, seems a little disconnected from the issues of using information and making decisions, those are two pretty tactical process oriented frameworks adoption and exchange much like collect and share, and a number of you in the groups talked about healthcare decision making, access to information, making relevant information usable.

Goal two talked about information exchange efforts focusing on a defined set of health strategies. So, most of our groups talked about the use cases if you will or the applications, or the information and less about the technology adoption or the data exchange. So, that's again a pretty deep question, a deep theme that we would need to give a lot more thought to.

And the last thing is most of the groups mentioned the importance of payment across all healthcare payment; obviously with CMS as a principal player, as a driver of adoption and use. And that this needs a primary focus rather than a...kind of a second tier focus in the document.

So, those are four or five things I heard from a number of groups. Let me pause and ask people to say whether they do or don't think those are germane or should or shouldn't be in our continuing discussion.

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

David, this is Sandra and I think you've nicely captured a number of the things that Workgroup three talked about sequentially and I actually think it would be productive for us to kind of flesh that out a little more deeply today but overall I'm in complete agreement.

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

Thanks.

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

David, its Mark Savage and these themes did come up in our small group discussion as well and in some ways it explains why we came back with a slightly different approach outside the template in our response and I was...we were goal four.

A couple of things to add, it may be that...it may be that focusing on outcomes might be one way to think about integrating the different things, what are the key things that we think the 35+ federal agencies should and could do between 2015 and 2020 that provides us with the metrics as well because it's about outcomes and not necessarily about strategies or goals so just a thought. That might be...one of your questions to us was, is there anything worth discussion in the larger group and I throw that out there.

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

You know one thing about that Mark, I agree with that thought. Several groups mentioned both the National Quality Strategy and Healthy People and so on, which are both ways of doing that focus on outcomes you mentioned and...

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

Yes.

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

Taking a broader, a well thought out but broader view of health objectives.

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

And the HHS Disparities Action Plan.

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

Yes.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

This is John Houston, I mean, I hear all of this and I think that...I understand the broader context but, I mean, this is intended to be sort of a technology roadmap to get to those things, so I guess I'm a little...I guess maybe I'm more tactical in my thinking as to what, you know, we're trying to recommend and trying to achieve for these documents. So, I mean, I guess I'm less concerned or bothered by a little bit slightly more I guess what I would refer to as a tactical focus in all of this.

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

This is Jen; I don't think that...I don't think that we're on a different page here. I mean, I do think that most of the group...I was in two different groups, a lot of the discussion was about really focusing on outcomes that impact health not so much about adopting technology.

So, I just want to echo what David was saying earlier that this came up a number of different times. And I think that a lot of the strategies and outcomes in the plan could help us accomplish that and could help impact health.

So, we just need to kind of reframe the plan a bit so that the message that comes across is that we're trying to impact and improve health not just adopt technology.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Hi, it's Rich Platt, maybe a way of saying more of what I think I heard David said is, at least for goal five around the advancing research scientific knowledge and innovation, one of the things that I think is really critical to do is to make clear that the data needs are qualitatively different for those purposes than they are for robust support of patient care and I think it's really essential that the communication that comes out of this group leaves no doubt about that need.

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

Can you say more about that, Rich, what that entails?

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Yeah, the...in caring for individual patients there is much less need for standardization or consistency, or completeness of data across organizations over time and they become critical when you want to sort of describe characteristics of an entire population or look at trends over time, or be able to assess outcomes in the fragmented system that we use.

We tried to put some of that language in the material that we submitted, but in the condensing a fair amount of that became so condensed that I don't think that a reasonably knowledgeable reader would sort of understand those imperatives.

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

That's a very interesting point and coming at it as I do from the quality measures side it's the same challenge. Certainly, providers feel that they want to have highly reliable standardized data to support any inferences that are going to be made that might affect payment or reputation, or everything else.

So, not only for research purposes but also for payment and recognition programs that same higher bar seems called for.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Right.

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

Maybe there is a little bit of a disconnect we should work through on the patient care, data standardization and the other purposes.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

It's Jonathan Nebeker from VA, you know, I guess I have the opposite both taking care of patients still as an active provider as well as trying to put together an EHR system that interoperates across 130 odd systems plus interoperating with another, you know, 100 or so of DoD facilities that standardization is just essential to what we're trying to do for patient care and that can't be lost and some of the new things coming down the pike with industry are also kind of emphasizing this.

To what John was saying is that, John Houston, that, you know, again, and David I think I wrote this to you, I think it's really important to apply the levers of policy closer to intended outcomes and, you know, industry is moving so fast also with individual technologies that VA is just kind of looking to new industry led efforts instead of ONC led efforts for finding the technology solutions that we want to implement and I think that's one of the reasons we need to focus on outcomes or these are two reasons we need to focus on outcomes primarily and then give guidance since this, you know, facilitates some of the tactical things, but without the focus on outcomes primarily we get into perversity, perverse effects of the policies.

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

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Jonathan, it's Rich, I'm sorry, I missed the last piece of that, what's the perverse effect that you're trying to avoid?

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

Well, so we get...when we say, look everybody needs to adopt this technology or everybody needs to adopt, you know, this standard then people are all...you know they try to gain the system, right, we have a complex adaptive that's highly susceptible to gaming in healthcare and the farther away we get from the actual outcome with our policies the easier it is to game to check off the box, get the, you know, reimbursement, get the incentive but we're not any closer to getting the outcome.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Oh, yeah, yeah, yeah, so I support that completely, but I think we have to be clearer at least in talking about the research scientific knowledge and innovation, I think we have to be clearer about what the outcome assessment capabilities are that we need and they sort of require...they require more different, better data than face-to-face encounters with patient's needs and I think we have to be clear about that.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

Yes.

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

Well, Rich, that comes back to a theme that has come up several times for us, which is looking beyond the clinical IT system to capture data that is going to be used for these purposes that we're talking about and having the plan be stronger on that part of the strategy.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Yes.

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

Other comments at the high thematic level before we dive into the individual goals?

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

This is George, so I agree with what you said David and one way to look at it is, is this plan, you know, a continuation of what we've been, you know, seen as a logical extension of what we've been doing and we've succeeded at adoption to, you know, an amazing extent and HIE is the one thing or health...various forms of interoperability is the thing that we've not gone as quickly as we hoped and so that's why there is a feeling...part of the reason there is a feeling there has to be a break, you know, some kind of change now and not do more of what we were doing in the first five years because we didn't get as far as we expected on interoperability. So, I think that's one of the points.

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

Very good, well said, well said. Any other comments at the thematic level? All right well we may take a stab at writing something up and then we'll have another round of discussion as we do that and capture the comments from this morning too.

Okay, let's...so I know... if the slides are available now on the webcast we can look at the...I don't have it open in front of me so maybe Gretchen you can tell me where we are in the presentation deck and follow along.

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

It looks like we can move to slide four, sort of talk a little bit more about the broad themes that we captured. This sort of covers some of the things that you brought up David but I think there's a couple of other things that we want to make sure that everybody concurs with.

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

All right, so why don't we take a look at slide four, the high-level feedback, clarify language, the set of bullets there and see if people have comments about these. I think the two larger type items at the bottom are probably the most...as George just said. Can we talk for just a second about the bullet point that's worded improving individual health is the plan's top focus.

**M**

Could we say individual and population health?

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

That's my question to the group.

**M**

Agree.

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

How does everyone feel about the community...

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

Or community, this is Mark Savage, community which was the word in goal four.

**M**

Better, better that's better.

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

You know maybe...this is Jen, maybe we should look at goal four again, we talked about on the last call that being the primary goal and that all the others kind of fall under that. I know Mark and Paul, and I had a discussion about this when we went through goal four. That might be a way to kind of reframe the plan a bit so it focuses on individual health and population health.

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

That's a good suggestion.

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

David...

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

What do others think about that? Yes?

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

Jen, my comment was going to be before we moved onto...if we moved onto goal four so I'll wait until you're finished.

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

Yeah, I think, let's hold the thought. I think everyone has previously, not everyone, many of you have voiced before that elevating goal four is primary and whether that's a structural change in the document it's not up to us I guess, but at least on this...Gretchen on the slide four text here I think the group feels that this language, improving individual health is the plan's top focus should be replaced with the goal four language at a thematic level where to do it and how we can come back to.

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

Okay, we've got that noted and to the discussion as far as the elevation of goal four as the construct for the plan we do have that in our back notes we just didn't put that in the slide. So, we have that noted but we can make sure that this works into the draft that we finalize for the 10<sup>th</sup>.

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

Thank you. Other comments about this slide? We're looking at the high-level feedback slide.

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

David, this is Mark Savage, there was a bullet in there about defining terminology which can often take a lot of time and I don't know the answer to this but I wondered how useful that would be in a Federal Health IT Strategic Plan that's going to be...going to cover 35 agencies, I don't know that they're all using the same terminology in their applications. So, I pose it as a question, is that...does that actually help or does it confuse things?

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

This is Nebeker and I can tell you that's going to help a lot. We deal with different terminologies across the agencies all the time.

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

And you're saying, so it would be helpful...

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

Yes.

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

To have a strategic plan that found a common term?

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

Yes.

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

Okay.

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

I have a...my dumb question is whether this phrase on the side means that the document itself has to define the terminology as it goes to help everyone be on the same page or is it about the need for improved standards, vocabulary, etcetera in the federal initiatives? Was it meant to be about the document?

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

David, this is Gretchen, when we said "define terminology" it was that as we...within the narrative as we wrote things to...

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

Okay.

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

Explain what we were talking about, but we definitely understand Jonathan's point as far as making sure that we're all speaking, all of our regulations and programs that those alignments are made, but that would be one of the strategies to, you know, make sure that, you know, federal programs use the same terminology, but what we're talking about with terminology here is making it a little bit clearer what we're talking about within the narratives.

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

Okay. Okay, anything else on this slide or should we move onto the goals? Let me just ask a question of the group, I know maybe George when we come to goal two you can speak to it, but the last bullet on interoperability I've heard because of the desire to shift towards sort of the information use focus and less transactional way of talking I wonder if this is a phrase you'd want to keep or if there is another way to say this that would be more...better address what we've been talking about at a thematic level.

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

Let me think, Jonathan, you have comment?

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

No, I didn't quite understand the question though?

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

Should we call it interoperability at this level or because we're trying to focus more on the use is interoperability too much of a technical term and at this level we should be using a term...I think, interoperability is not a bad term.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

I think so too even though...

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

Yeah.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

It took us 3 years to define interoperability between DoD and VA, the...I disagree I'm going to leave it at that.

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

Okay.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

So, yeah, this is Jamie Ferguson, you know, I just wanted to weigh in, I think that interoperability frequently does have the transactional connotation of physically moving data from point A to point B where I think the goal is really sharing of information which may or may not require the...sort of the technical transaction, so I think that information sharing or some other...you know something else could have less of that technical baggage.

**Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation**

This is Mike Painter, sorry, it took me a while to get hooked up on audio, I really endorse that. To me, you know, and I understand about the definitional problems with interoperability, but to me it sort of implies connecting boxes and particularly within healthcare and it doesn't get to this sort of broader health vision so I like that sharing of data upstream point very much.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

This John Houston, my concern about using a broad word like sharing sort of...my concern is it takes us backwards into some people's thinking and thinking that simply sharing of data is what's important whereas I think sharing data in a way that can be meaningfully used and integrated into other providers and other entities not systems, but, you know, integrated in a way that allows them to be able to effectively use it is also an important concept.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Yeah, agree completely, this is Jamie again, so I think, you know, so, you know, meaningful integration of information something like that, you know, could be also an alternative way of describing it.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Right, so, we distinguish...

**Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation**

And Mike here again, I totally agree with that too, I'm just sharing it as a shorthand, but, yes.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

This is Rich; we distinguish between the data and information. So sharing of information is a much...or making information available is a much more useful term I think because that means the data might never move around but answers might be provided.

And then the other thing that I think would be worth at least thinking about is sort of making clear that data has to be fit for purpose. That data that is perfectly valid in one context isn't necessarily useful in another context. So, having that concept of the data being fit for the intended purpose would be a worthwhile thing to have as...

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

Another way of...

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

High up on the list.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

Sorry.

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

This is George...

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

...make sure that the data has meaning, you know, be the purpose may differ but the data if it has appropriate meaning attached to it will allow it to be used for appropriate purposes regardless of what the context is.

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

So, I think when we...this is George, when we drill down we have to explain Rich it's fit for purpose. I think definitely going from data information is a little bit of that in just the short name for it.

Health information exchange is the other word we use. Sometimes people think of RHIOs but it's really a broader word than that so it could be that health information exchange is the plan's top challenge and if not it would be health information sharing or something just as the one-liner kind of thing what would that be.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

Yes.

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

You're saying is it better to go from interoperability to health information exchange or not?

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Well, this is Jamie, I would strongly vote against health information exchange because that is purely transactional...

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

Okay.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Leverage of data whereas information sharing could be actually physical sharing of systems and virtual databases in an ACO or a patient centered medical home. Because I think that taking the transactional view of HIE or interoperability as it's understood really hampers those programs.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

Yeah, I think HIE even if we use it differently there is already a historic definition of HIE that's going to confuse people.

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

So, we could call it health information sharing.

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

This is Mark, I just want to throw out one other concept that we've talked about that I think helps here which is usability. So, fit for purpose, you know, sharing but we've also talked about how this...how we've used usability as a proxy sort of for fit for purpose and making sure that it's designed to be useful for the various roles.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

So, it's Jonathan, the...I guess you guys can't see my stuff, I'm typing into chat so I'll just have to talk. So, VA's...we discussed this in our gold group, is using the three part definition from interoperability that came out that was based on what HL7 did in 2007 but we kind of cleaned it up based on I think sort of richer understanding that everybody has now what interoperability is and that breaks down into the technical or what some people call syntactic and then the next one is semantic, and then process interoperability.

And process interoperability is really what ties everything together because it ties in data sharing or...it ties in all these use things because the goal is to be able to use the data in processes of healthcare and even more so to be able to have a seamless extension of a process of healthcare in one healthcare system in one setting or even from within the same healthcare system from one setting and one encounter to another. And the level of interoperability...so I guess that's why we favor that is because it puts the emphasis on how you're using the data plus it provides a definition of what that use actually means instead of just being, oh, for use and we're not really sure what that means.

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

Yeah, so this is George, I vote that we keep interoperability for that reason and we just explain what we mean by it in the paragraph. If we call it health information sharing people are going to see health information exchange and go back to RHIOs anyway. So, I don't think it's possible in three words. So, I think interoperability is about the best we can do.

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

Why don't we hold the conversation here so we can get onto the other sections, but whenever we do come back to our thematic introduction this is obviously going to be a critical thing to get right. So, we'll need to come back.

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

Yes, David?

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

Yes?

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

Sorry for interrupting...

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

Go ahead.

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

David, Sandra here, the interoperability we discussed quite a bit in goal three, I apologize I didn't get those slides to you, but I just wanted to echo the conversation that has just been had that interoperability does seem to be the most relevant important part of what we're talking about here in this conversation.

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

Okay, thanks, well, thanks for all those perspectives, it's a pretty rich issue and I hope we can shed some light on it in our round of recommendations. But, let's try to go through the goals section we don't have a ton of time today and so we can probably take 10 minutes or so on each of these and I'm sure the discussion will range far and wide. So, the first one up is goal one and Jen I think you just had a discussion with that small group yesterday.

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

Yes.

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

I'm hoping what we can do is maybe summarize where you think the group came out, whether the slides are a good representation of that and anything else you'd like to suggest that we take under discussion.

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

Yeah, I want to make sure I fill in some of the gaps here because there was a lot of discussion yesterday and there was no way that the staff could have captured it all in one slide. Thanks for trying Gretchen. I think that, you know, we had a lot of discussion about goal one and the language in goal one and the focus on adoption and I think you already mentioned this earlier and this has come up a few times, that again we don't feel the focus should be on adoption alone, it should really be on supporting an infrastructure that supports health, safety and care delivery which is actually what the objective of 1C is. So, some of the language there in 1C might make more sense in terms of messaging there.

The other thing we talked about was ensuring that the plumbing is there and that the plan really needs to talk about how we need improved plumbing so that these systems can connect to improve health or information sharing, or interoperability, or whatever the final language is here we're going to decide upon.

And some of the outcomes that should be focused again are healthcare data being digitized to make sure it can be used to improve health. Again, focusing on that person centric health information, that came up a lot in our group, I know...I think the consumer group and many others talked about that.

We talked about outcomes related to broadband, which I know are in there right now and seem to make a lot of sense. We had a discussion about standard terminology and how care means different things to different people and we really need a standard language so that we can talk about health and define care and it sounds like the federal agencies could benefit from that as well from the previous comment.

And then we had a pretty broad discussion about the collect and share framework, which I think you mentioned earlier as well, David, that it isn't really, that framework isn't really reflective of the systems of future care that we're trying to move towards. The care that we're moving towards, hopefully, is much more dynamic. So, we need to make sure that the plan reflects that.

And a lot of discussion about actions around purchasing and payment models as well. So, oh, and one more point let me make, the technology, we talked a lot about how we want to make sure that the technology is not...that we allow for innovation and that we're not so specific about technology within the plan because things do change very quickly. So, we need to be careful that we're not too prescriptive there. And I would just let John and Brian I don't know if you have additional comments or thoughts?

**Brian DeVore – Director of Strategy & Healthcare Ecosystem Intel Corporation**

I thought that was good.

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**

That was good, this is John.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

This is John Houston and I...

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

...

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

Looking at the second bullet point on the screen stress that the goal is technology agnostic. I think our group, we're working on goal four, had really tried to think in other terms about not just agnostic is maybe the wrong word but...

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

Right.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

One where there is some way to encourage or to get the vendor community to work together on building interoperability or building, you know, I forget how we even said it, but there has to be some private action to try to build an environment whereby, you know, data information sharing is done in a seamless and in a way that allows us to better share data.

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

And let me just add one more thing about the language here, just on the first bullet because I want to make sure that it's not misinterpreted. So, we did talk about how goal four was kind of the overarching goal. So, it wasn't that goal one was foundational to all the other four goals, but that there were pieces and outcomes, and strategies in there that would fit nicely under goal four. So, just make sure...

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

If, I misspoke, I was working on goal two by the way, I apologize, this is John Houston.

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

Okay, thanks, John.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

I just messed up.

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

John could I go back to your comment?

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

Yes.

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

I'm interested in this issue of what's the relationship and role between the federal programs and the vendor community. One of the things I think Jonathan said earlier is the more the federal programs focus on outcomes than we can stimulate innovation by the vendors to help everybody achieve those outcomes. On the other hand this idea is kind of convening in helping the vendors get on the right road toward some common standards or platforms, or architectures seems important.

Is there any sense by the group as a whole how...what the strategic plan should say about the relationship between the public agencies and the private vendors?

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

This is John Houston, I mean, again, I think our goal two, you know, we said create incentives for vendors to cooperate and agree to practical standards and processes for, you know, for exchange of health information.

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

Okay.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

And that's what we tried...how we were sort of trying to deal with that issue.

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

Yeah, that's good.

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

We wanted to see some innovation from the vendors. So, we wanted to do more than just give them incentives to adopt the centrally decided standards but rather have them help come up with the solutions.

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

Okay.

**Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation**

Mike Painter here, in group five we were sort of in that same vein only talking about the importance of articulating a vision and recommending standards. So, definitely in sync with that.

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

Okay.

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

David, this is...

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

This is John Houston, it seems like unless the vendors...if the vendor is simply told there is a standard they need to adopt I guess they may do it but more...sort of begrudgingly do it. I mean, I think the thought here was that if you get vendors to cooperate in establishing these practical standards rather than being told to adopt them I think there is...I think it changes the tenor somewhat.

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**

This is John Derr, at one of the public hearings we had when we were doing the certification we came up with the idea of doing Kaizen and everyone said...there were vendors on the panels and that, that we should be working with the vendors and not just telling them what to do.

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

Okay.

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**

We used the word Kaizen...

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

Yeah, someone else, was Sandra trying to get in, Kyna? Okay. Other comments, Jen anything else you want to ask about or surface from this first slide besides what you've already...any other feedback people have for the themes that Jen described and are on the slide.

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

I'm sorry, David, I was on mute, let me...could I just weigh in here on that prior conversation which is that...

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

Please?

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

It really doesn't relate to exactly the prior comments but I think it's important to note that if you look at the public sector and particularly the public sector delivery system that it is often...and, you know, if you think nationally about the large expansion in Medicaid, a lot of those are delivery system entities that we would want to participate in this notion, really don't have the financial resources in many cases to be able to afford what's out there in the marketplace in terms of vendors and somehow that notion needs to be incorporated in the thinking about how the federal government can incentivize the uptake of the kind of vendor offerings that would be helpful and relevant to the overall effort.

**M**

We talked about that in goal one too, about the price issue limiting adoption.

**Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR**

Yeah, this is Kyna, I might just add that that's a very relevant point from a vendor perspective when a particular standard is mandated then there becomes a certain infrastructure and cost barriers that surround that kind of implementing those protocols and whatever is mandated.

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

This also bears sort of directly on the disparities objective we talked about quite a bit, to Sandra's point, if a number of the delivery systems serving populations without the benefit of commercial insurance, etcetera, may have difficulty staying with the technology curve if the price structure isn't realistic for them. It might be...I don't know how we fit that into the...I guess it's going to surface in a couple of our objectives but it's a good theme to come back to.

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

David, this is Gretchen, it's kind of hard to flip back and forth with the webinar but you might want to go to slide number six which covers some of these challenges that people have been bringing up too like what Brian and Sandra were saying some of this ties into it and, you know, while we know that the language that we've got in the plan right now isn't correct, from what we've heard from you folks, the adoption part isn't necessarily focusing, as we were talking about in the goal one discussion yesterday, on, you know, maintaining the same programs but getting it towards, Sandra's point of, increasing the use of various technologies.

So, it is, you know, getting people just to get onto the bandwagon of...and making sure that the systems are available for them. And these were some of the challenges to try to get that ubiquitous use of technology that we were talking about yesterday.

**Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation**

So, Mike Painter here, on...you've moved to the next slide and I guess the second to last bullet there about confidence raises something I was going to say, and we touched a little bit on this in the fifth goal group but it's also something that we're hearing a lot in our data for health series from the public as we go about and asking them various questions about using data for health and it's this trust issue or competence issue meaning as part of the sort of exchange that happens, even the transactional exchange of data, that if I serve up my data and somebody else is using it that I trust that it's going to be used for a great purpose and that I trust that it's protected, I trust that I have some control over it all these trust issues seem really important to folks. I mean, obviously.

And I don't really...I mean, other than this confidence point and then maybe sort of putting it in that last bullet on the prior slide about facilitating the exchange but really to get the use of information to support...to help decision making. I mean, it seems like an upstream problem is sort of getting that bedrock trust in place so people can do all these other things they wanted to do.

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

Yeah, thanks, Mike, I think, the goal four group had some discussion about this, let's come back to that as well there. Other...I know our time is going to get tight of course today. Anything else on this second goal one slide that Jen you want to highlight or Gretchen for discussion or any concerns about this list?

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

Yeah, we took out the word "confidence" though in terms of the objective two which we had also discussed or 1D earlier that we didn't want to make the outcome to increase confidence but rather to have the outcome to have actual safe systems. So...

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

I'm sorry, to have what?

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

To actually have systems that support health safety and care delivery not that we want to improve confidence but if we have systems that actually do that confidence will result but that shouldn't be the goal.

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

Well, you know, it's interesting when I, this is Sandra, when I saw that confidence it made me think a bit about was it really an issue of trust because I do think trust is an important element and that's a little different from kind of the integrity of these systems to be able to do what they're intended to do.

And so I wonder if there might not be...rather...I see that you're going to delete confidence but maybe it's worth thinking a little bit more about. The trust that is necessary in order to do the kind of sharing that is optimal.

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

I think we absolutely agree with you that we need the trust to get things done but we just wanted to frame the outcome in a way that the goal was actually to have a safe system not just to increase confidence or trust in the system but to actually have a system so that...

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

But the...

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

Yes?

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

I imagine we all think that both are needed.

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

Right.

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

We want reliable and safe systems and we want public confidence that their data will be properly handled.

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

Right.

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

Whether...what the strategies are for that we should come back to in a little more detail.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

Yeah, this is John Houston it's also confidence in the accuracy of the data, you know, there is this discussion about data is fit for the purpose.

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

Right.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

And I didn't really hear that, is that something else that's assumed by that?

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

We didn't talk about that but I think that that's an excellent point and we should include that.

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

Well, I also think it's important to think about the different sectors so this isn't just about...I mean, let me phrase it differently, I think it's really important also to think about how the consumers view this notion of trust and so thinking about it by stakeholders might also help flesh out that theme.

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

That's a good point.

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

And to Sandra's point, even within stakeholders groups there can be variations. So the National Partnership recently did a survey, nationwide survey, and found differences among consumers and their understandings and needs of trust. So, it's sort of a diversity of points-of-view.

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

Okay, so David, do you want me to go to goal two?

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

Yeah, let's move onto goal two, thanks Mark and George.

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

Let me summarize what the group came out with which matches the slide...I'll look at the slides in a moment but first let me just summarize.

First and most important that the five year interoperability vision should be driven by specific prioritized health needs as we discussed earlier and for each of these needs we...you know the federal government is coming up with health strategies and that's like coordination of care being one I think extremely important example, although engaging patients and families in the process is another strategy, and so when we measure how we're doing we should be measuring it in terms of achieving those kinds of goals.

There has also been a lot of work in measuring HIE that we pointed out in a separate thing but it doesn't need to be on these slides.

One big point is we may need to step back a little bit for the reason I said earlier that this is the one thing that didn't seem to go as forward as quickly as we had hoped. Pull industry and develop a new pathway to successful sharing. And we talked about things that Jonathan mentioned earlier process interoperability so it's not just share, you know, swapping data.

Aligning incentives for...you know a big part of the problem is the business plans don't work so aligning incentives for patients, providers, HIT vendors and payers so that those shouldering the costs actually receive benefits, you know, we have to set it up so it's not just some group is mandated to do something to benefit others. And we did point out things like privacy, consent, patient matching, provenance, trust all those vital infrastructural things that we need.

As far as how do you do these incentives we talked about CMS payments, build a CMS payment program that's big enough and strong enough to create incentives to really do interoperability. I mean, the broad version that we discussed early of interoperability. And the HITECH program can do parts of this but it's not big and strong enough to do what the CMS payments can do.

Then just getting back to vendors, that...well, we already said this so I'll just summarize it, is saying that they should need to select and agree...they should be developing and agreeing to practical standards and processes for interoperability rather than just being mandated to them. We gave the example of the JASON...responding to the JASON Report by several vendors getting together on the FHIR initiative.

So, if I look at the slides I think care coordination probably is step one towards better health although we did have some pushback that it's not just care coordination and patient engagement was one of the things. Otherwise for step one I think that's pretty good and now we go to the next slide on challenges.

I think the last bullet we be my first, HIE or if we change it, interoperability serves a specific purpose rather than technology goal, I would put that as number one.

I agree that those are some of the key things privacy, consent, patient matching. That what's currently the fourth and the third bullet, incentives for technology developers to make system platforms more interoperable I want to make that a little stronger and actually give them some leeway in defining the standards and processes not just incentives to follow what someone else comes up with making them part of that definitional process. And otherwise I thought that this slide is pretty good. Let's see Jonathan and John any further comments?

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

Yeah, this is John, I think the one thing that I would focus on, we talked about the standards a good bit and, you know, I know this may sound like a nit, but make sure that the standards are practical, you know, this all goes back to the earlier discussion about, you know, fit for use for its intended use. Make sure these standards are ones that are not just common but meaningful or practical, or ones which, you know, will allow us to achieve these goals.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

I have no comment. I think that was well said George and John.

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

Can I ask...

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

And John Halamka is not on is he?

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**  
No.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**  
Our other John.

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

**David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health**  
I was going to ask Kyna a question as our vendor on this group, do you think this invitation for vendors to develop and agree on standards, you know, how does that play given the disparities among the slides and influence the vendors and so on and the opportunity for innovation by new entrance? Is there anything we should be saying about that process if we're going to give it some visibility in this report?

**Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR**  
That's a great question that's actually exactly what I...as people have been mentioning that that's what I've been thinking about. In the grand scheme of things we represent a smaller vendor and there are lots of larger vendors out there who...you know in a system where "vendors get together" to determine, you know, how interoperability standards are set and moved forward, you know, the playing ground would be level.

But, I do think that to some extent healthcare tends to recreate standards that may not need creation and that there may be some available kind of common formats that we can go to that are more accessible and more widely used beyond healthcare necessarily.

And I definitely think involving vendors in the conversation is hugely valuable and hugely important and I think developing or identifying standards that are the most accessible, you know, across all vendors is definitely a good direction as opposed, you know, just having one is positive but choosing the right one is definitely a difficult task. So, I think prioritizing aspects of standards like accessibility, widespread use and being common I think is really important.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**  
It's Jonathan...

**Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR**  
But that's a hard question.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**  
I've got...I think the way that we believe that we can help level the playing field for vendors is to include healthcare systems and the decision making for establishment of standards and this way it really puts a focus on why we're trying to get this done so that on, you know, business models for using standards for the...for various other purposes and so, you know, we strongly endorse that.

We hope to make an announcement soon about our, you know, joining with, you know, communities that have a strong healthcare system influence on standards.

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

Great, interesting.

**Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR**

I...yeah, I totally would agree with that and welcome that having the health systems involved for sure.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

This is John Houston, I think that's a great catch, I think that does refine this nicely.

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

Yes, other comments or questions about the profiles from goal two that we just heard.

**Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation**

Yeah, David, Mike Painter, so listening to this discussion and honestly I didn't go back and read exactly what goal two is so maybe that impacts what I'm about to say, but this conversation sounds so healthcare oriented and not sort of with a broader sort of health vision. I mean, because all those things are true about the healthcare piece of things but they may actually not be true for a broader health perspective the data needs outside of the healthcare setting exclusively.

So, I don't know how those things translate, those recommendations translate to the broader health perspective like this discussion about the vendors is really important for healthcare but I don't know how important it is for a broader health perspective necessarily.

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

So, I agree, this is George, I agree with that comment, but the way I would frame it is that healthcare actually needs this quickly, healthcare does, and that's one of the top priorities, but the strategic plan should emphasize...because when I said earlier that care coordination was good but we had pushback, the pushback was exactly what you said is that health is much bigger than that and we need to address everything and so there is interoperability across the board.

So, it would be nice if we could have our cake and eat it too, that is say, this is one problem we really need to address for healthcare and it's costing us a trillion dollars, but on top of that we don't know what kind of new technologies and what kinds of, you know, different kinds of companies provide solutions for the other parts of health beside healthcare. So, I think the report should do both.

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

George what's the implication for the sort of standards and vendor discussion of Mike's comment and your support of it? Do we need to be asking the federal agencies to be doing something in this space that's outside the medical care platform?

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

I think...well, I don't know, my instinct is that for the wacky new things that will come out for personal health outside of healthcare I think it seems...I don't know, I like to hear from others, it seems to me it's too early to start talking about standards. I mean, you'd want to have growth and innovation there.

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

Yeah.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

So, well, I mean, I think that...

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

But we need to connect the devices though.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

Right, so this is Jonathan, I mean the VA already has a big program outside of healthcare for just helping, you know, in the health space and the short answer I think, yes that the federal agencies do need to engage vigorously in that space and I think that engagement, and I think maybe it was Richard who was just making a comment that there is still...I think although there is still a lot of room for innovation we do need to connect, matter of fact our program is called connected health, we need to find a way to connect that health space to the healthcare space.

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

David, this is Sandra, going back...this is an interesting conversation and I would say that, you know, the historical framework for care coordination was really within the delivery system but I think we're already beginning to recognize that a more broader concept of care coordination is connecting the literal medical information from, you know, healthcare records and the like but also connecting it to the kind of social services that are necessary for the outcomes we want for these populations and particularly for complex patients.

And so I think two things, one is I don't think we should take a very narrow notion of care coordination I think it should be considered in a broader framework and then as it relates to the feds I think really important to begin to look at the other information systems that HUD uses and others use, and to begin to look at the connectivity of information flow that the agencies themselves can do that would help us think much more broadly about health.

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

Yeah, that's real interesting.

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

David, this is Mark, I'd just point out one of the six year outcomes in objective 4B which helps to bridge what Mike is talking about to increase the use of Health IT in advancing public health situational awareness by incorporating environmental, psychosocial and other non-medical information, here it says in the provider's workflow and healthcare records, but it's a recognition that there are now and in the near future there are important additional data sources and important additional ways to think about what it means to be a healthy community and how to promote the public health, and at the very least the current strategic plan would have the agencies planning for how to be...to be incorporating that as quickly as possible.

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

Mark, this is Gretchen, the comments that you had from your group with goal four were really great on that point as far as like outlining the different sources of data and we just couldn't put all of that onto the slide.

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

Understood.

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

But, from the last call that we had I think it was on the 8<sup>th</sup> where we were talking about the social determinants of health, while they're just mentioned specifically within goal four, we as staff and as the, you know, the federal partners altogether recognized that those social determinants really belong as data sources across all of these goals and to Sandra's point the care coordination we used that for that very reason, you know, just the way that you described it, it's much broader than just within the healthcare system but that care is almost like a proxy for better health.

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

And maybe I should just add one other thing which is it's not just the data such as social determinants but it's also the community resources which is even more intimately connected to how care happens in non-clinical settings or how health happens in non-clinical settings that's how people are acting out in the community.

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

And Mark that's excellent advice and I will let you know, you know, without sharing any secrets or anything because it certainly isn't, that is a big issue of what the federal partners are talking about, how can we start doing that and aligning programs and what's necessary.

So, expect that we will be coming back to this Workgroup, you know, above and beyond just the strategic plan development, but, you know, how do we make sure that this work is prioritized and focuses on how best to get where we need to go.

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

So, let's...unless there are any additional burning comments let's go to goal three. And Sandra...

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

Thanks, David, let me...

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

Yes.

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

Yeah, I apologize I don't have the slides but let me try to talk through the high-level take aways and suggestions. Because the slides aren't there this is obviously on the healthcare delivery component which we were just talking about a moment ago.

And I think kind of high-level themes that emerged from several conversations were as follows, one is through this notion that we should move away from measurement of process improvements and really focus much more on measuring actual quality and to define a quality really from the point-of-view of outcomes and healthcare outcomes in particular, and as it relates...really thinking about how to enhance the use of evidence-based care and to be able to embed evidence-based care in sort of thinking about how we improve quality overall.

In terms of impediments many of things have been talked about earlier but I think one that hasn't that we talked a bit about was HIPAA and the extent to which HIPAA in many cases now really does seem to be somewhat obstructionist and difficult to make relevant in the current environment with the overall goals that the strategic plan has.

And so maybe it's worthwhile from the fed's point-of-view of really looking hard at HIPAA and seeing where those things either in regulatory format or in legislation could begin to be sort of more forward thinking about how data is shared across...within the delivery system, so for example, substance use disorders and behavioral health, and what can be shared sort of taking a more whole person view and then looking at HIPAA and sort of saying, how can HIPAA proactively do that.

I think another theme which was mentioned in one of the other goals that we talked quite a bit about in terms of the fed's role as well is this notion as the most important lever the feds have is the fed's as a payer both Medicare which is a big significant payer obviously but also their increasing role in Medicaid expansion and so really thinking about that lever very strongly not to say that the market forces are not equally important but that to the extent the feds are really thinking about how to promote the major goals of the plan that they think very significantly about that important lever.

So, I'd invite other members of the committee to make any other additions, but I...and I said at the top of the call that this notion that we were just talking about a moment ago as well that the delivery system is an important part but, you know, it's absolutely not sufficient to thinking about the outcomes both of individuals and populations, and so again that can be near earlier remarks at the top of the call. Invite others to add anything.

**Kyna Fong, SM, PhD – Co-Founder & Chief Executive Officer – ElationEMR**

This is Kyna, one thing I might add is we spent some time talking about...with respect to talking about outcomes measurement two things, one is transparency and the role that the government can play in helping disseminate the information since the power of pure insolence is strong and just making...and the second part of that is making sure that as we think about outcomes measurement trying to make sure that we feed it back to providers in a way that's actionable to them because ultimately they're the ones delivering the care so we want to make sure that the loop is closed there. So, we talked about those two pieces as well.

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

Good. Other comments from the group or the rest of the committee have other questions or reactions about the goals and objectives for goal three?

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

Hey, its Jonathan Nebeker I just have one comment I made this before but I want to underline it. I think that, you know, Gartner, the IT consulting company, and kind of more wide spread, has a framework for measuring outcomes that consist of output process and then, you know, the outcomes that you want and sort of key performance indicator framework I really would strongly encourage that we adopt, as part of this plan and that we have measurements at all three levels, that we try to get, you know, the...figure out, you know, as we do with, you know, in research with DAGs and that sort of thing, directed acyclic graphs, we try to get to figure out what processes are really in the mechanistic pathway and be careful that we again not...again trying to avoid perversity by measuring, you know, there's a danger in measuring, you know, relying too much on outputs and process but I think there is definitely a role for measuring those kinds of outputs and I think the current plan maybe has too much of an emphasis on those, but I think that there also needs to be clarification of what types of measurements we're making.

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

So, Jonathan, as you look at the proposed outcomes that are throughout the document do your comments sort of take us in a particular direction of how to rethink the way they've been...we haven't talked in our calls yet about these outcomes measures particularly and I'm concerned because I think a number of subgroups have said that it's important to get that right, we haven't got a systematic way to think about it. You are proposing kind of a tiered measurement framework...

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

Right.

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

That sounds more nuance than what is in the proposal so far.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

Well, I don't know if it's more nuanced to me it's just clearer. I think, we just need to have a clear framework for saying that...measurement framework.

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

All right, well maybe we should have a...maybe as a thematic issue if we want to bring it to the top and talk about the way the federal programs should be evaluating progress toward these big goals and find a way to take what you're saying and make it applicable for them.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

Okay.

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

Other comments about goal three looking through it? All right, well, thanks Sandra and we'll obviously capture a written form of this and bring it back for more discussion. Goal four, Mark were you on point for that?

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

I am, yes and in the group were Jen and Paul Tang. So, like others we looked at goal four and saw that it was in some ways a primary goal for the strategic plan overall and started off by talking about how it overlapped with some of the other goals and sort of based on that discussion we started with the goal and we asked the basic question, what's really necessary to achieve it, to improve the health and well-being of individuals and communities. And we settled into four large objectives.

The first was set the national health goals and targets that we're trying to reach and suggested drawing on the Federal National Strategy Quality, Healthy People 2020, the HHS Disparities Action Plan.

Second, identify the objective, identify the relevant information and data sources important to achieve these national health goals.

Third, make the relevant information usable to people and organizations that impact health.

And lastly, fourth, to develop the public policies that facilitate the safe acquisition and sharing of this health data.

So, let me go back and say a little more about each of those four overarching, those four objectives which we saw as coming together to improve the health and well-being of individuals and communities.

Under...we identified some strategies for setting the...under setting the national health goals. We talked about advancing Health IT to collect data and measure progress towards the national health goals and we also talked about using and advancing Health IT to conduct regular community health needs assessments as a feedback loop. So, this seemed like a pretty important opportunity.

Under the second objective, identifying the relevant information data sources we came up with a quick list of information types ranging from the clinical to the non-clinical from the individual to the public health, to the community, social services, even demographic and census data. And we talked as well that these are existing...there are existing data but it's not always useful data or useable data and that a component here needs to be to improve the usefulness of the data to the diverse stakeholders that are going to use it.

That got us to objective three on making the relevant information usable and we had five categories, it's not exclusive, healthcare professionals, individuals, communities, public health and research and we identified some particularly important points under each of those.

And then the last, developing the public policies that facilitate safe acquisition and sharing, we had sub-bullets for certifying products and functions to comply with the policies and certifying products and functions to meet interoperability standards. In some ways this is where a lot of the technical and standards discussion would...in maybe goal one, would fit within a larger framework of improving the health and well-being of individuals and communities.

Let's see, anything to...just one personal observation, I thought that the strategic plan was missing an objective and outcome to reduce health disparities and increase health equity a point made in some of the slides and just wanted to point out that goal four is a natural place for that since identifying and reducing health disparities can combine both individual and community healthcare components in a single objective or outcome. So, with that let me check with Jen and Paul if he has joined us, if you have anything to add?

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

Yeah, I just want to reiterate what you said with the first objective, I mean, it is pretty...it's pretty obvious it's missing from the plan that there is really no link to improving health. So, we really need some kind of national health goals to link this plan to and that was pretty obvious in that conversation that we had.

And the second one is in terms of identifying the relevant information and data sources. We talked a lot about, you know, the federal government and agencies have access to a lot of different types of information that could be used to improve health. So, as part of a federal strategic plan it would be a goal for the federal government to help identify all those data sources and let's figure out how to use them to improve health. So, that was something I thought that was important that we identified.

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

Thanks, Jen.

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

Okay.

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

Mark could you do a little bit of a crosswalk between the comments you just summarized and the plan as drafted? They've got the two or three objectives in the plan and you've kind of reorganized it and proposed some other higher order objectives which obviously we've talked about a good deal like aligning with national health goals.

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

Right.

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

And the plan perhaps, at least the strategies in the plan are a little more, I don't know tactical maybe as John Houston said earlier, more closer to the ground. How do we think as our recommendations get drafted about tying together what we have in the document and what the higher order of framework you've sketched?

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

So, you're going outside goal four when you say, tie together with some of the others things, you're not just talking about the objectives and strategies within goal four correct?

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

Well, I was actually...

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

Right.

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

Specifically wondering about how do we bring what's here in goal four as drafted...

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

Okay.

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

Into the framework that you've begun to sketch here.

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

So, in what I gave to you David I did include what we came up with some citations to things. So, we noted that in the first objective of setting the health goals and targets, and the strategy of advancing Health IT to collect data and measure progress that the six year outcomes under objective 4A to enhance the...expand the ability to individuals to contribute relevant and useable health data and decrease the number of federal care delivery systems that are incorporating innovative technologies are related to that strategy. So, is that the kind of thing that you're looking for from me David?

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

Yeah, I think, just conceptually just so that the group would understand how...

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

Okay.

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

We might go forward, yeah.

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

And the second strategy that we identified under setting the national health goals and targets, which was to actually look for a community or a feedback loop on the national health goals. If you look at the existing draft for objective 4B, strategy one, talks about increasing the public health entities ability to use and benefit in real time from health information for public health surveillance and, excuse me I'm reading the outcome I should be reading the strategy, the strategy itself talks about use of Health IT to help communities conduct needs assessments and protect health risk individuals, high risk individuals.

So, we did look for ways to connect what was already there in the plan with this higher level structure, those are two examples and we seeded other examples throughout. I can cover them if you want. I'm not sure if you want me to take all that time.

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

No, I think that's fine.

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

Okay.

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

I just wanted to help people understand how we might go forward with that. So, comments or additional questions or agreements, disagreements with this framing of goal four?

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

No, none.

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

So, do I take the silence as being mostly agreement this is a right way to take it forward or do people have reservations about the approach we've just heard?

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

I agree, this is John Houston.

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

Okay.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

So, it's I think...it's Jonathan, I'm not...I can't really comment as far as, you know, decision-wise, but I think, that the...I think that this could be stronger in that framework of interoperability where we talked about process interoperability and maybe we could do a deeper dive into that and also with care coordination and that I think this is kind of...this sounds a little bit like help, you know, data sharing to me, I know that's not the intent, but that's what I'm getting out of it.

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

Any...Mark or others any comments on that opportunity?

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

Yeah, I think in the way that we talked about it and wrote it up it was...we were actually sort of yoking it all under the overarching goal, improve the health and well-being of individuals and communities. So, it wasn't about data sharing perhaps the way I summarized it on this phone call brought it across that way, but I think...

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

Yeah, you know, the way you summarized it was great, it's just that...I'm just talking about the wording here. I think the wording could be strengthened beyond the word "usable" maybe specifically.

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

You mean the wording on the slide Jonathan?

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

Yes.

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

Oh, yeah...

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

Yes.

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

The wording on the slide I think doesn't really reflect...

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

Oh, you know, what that...

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

Yeah.

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

I forgot to come back to that, to the slides.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

Right, because that was a question, right?

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

Yes.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

The question was does the wording here look good?

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

Yes.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

And so that was my answer.

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

We...I really appreciate staff's efforts to categorize things, we didn't really line these things up as overall challenges and so forth. So, I think I'd go off my presentation rather than the slide to this one.

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

All right, so, just to clarify, yeah, Jonathan maybe misstated it, I also was asking whether Mark's verbal presentation was something people were comfortable with without speaking directly to the slides and maybe John Houston do you want to revisit your agreement in light of that clarification?

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

I'm sorry, I missed that?

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

Well, whether the way Mark had characterized the group's process into these four objectives setting national health goals, etcetera. I was asking whether that was an appropriate framework for us to support I wasn't particularly asking whether the slides were the right framework.

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

Do you want...maybe Mark should...

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

...

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

Yeah, Mark maybe you should read the four objectives again one more time...

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

Sure.

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

So, people get that.

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

Although there is important examples underneath, but here they are, objective one, set national health goals and targets drawing on the Federal National Quality Strategy, Healthy People 2020 and the HHS Disparities Action Plan.

Objective two, identify the relevant information and data sources that are important to achieving those national health goals.

Objective three, make the relevant information usable to people and organizations that impact health.

And objective four, develop the public policies that facilitate safe acquisition and sharing of health data. And these are all four objectives that are subsumed under the overarching goal of improving the health and well-being of individuals and communities.

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

So, does that make sense to people?

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

Well, this is George, I see...I think Jonathan's point still holds even for the ones you've read because it's about...it maybe too passive that it's about information, if we can just get information to the right people and in fact, truly in our experience of giving information to the right people is what we need to do, but it feels like it leaves out care coordination. And now care coordination is letting people know what other people are doing but it seems...and predictive analytics I guess, well you have that there on the slide, it just seems there is more active workflow than is represented in that list of four.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

Agree.

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

So, this may...I think this was a perspective that we talked about in our small group, we were...it's not that we didn't think about care coordination we were actually trying to focus this on what the federal agencies would be doing so we didn't actually include all the care coordination that would be happening in community-based organizations, families, households things like that but what the federal agencies would do to help make all of that possible.

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

Possible, yes.

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

Does that help?

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

So, I think the emphasis is too much on the information still and not how we use the information and we need to...that's what the strategy really needs to help the world understand and how to get to that because I think this is just a real problem that both industry has and also, you know, the federal agencies have that it's...they can't get past the data sharing and sure we want to make it useful for something but I think we can have really good targets that give examples to really illustrate well how we can use the data.

So, it's important to identify health goals but we've also got to get to sort of those processes of how do we then...so how do we make the information usable more specific. So, I think this needs a little more specificity, at least by example or exemplar if not by saying, well these are the targets we want, these are what we want to drive towards.

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

So, David, this may be an example of where a discussion by this group of the interconnection of the goals...

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

Yes.

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

Would be helpful as a discussion piece and just as an infographic I would say that when I look at the Health IT ecosystem graphic and the draft interoperability roadmap which does try to show the intersection of all of these different pieces in one graphic I do get a much more...a much richer and more sophisticated understanding of how such big important pieces fit together than I do from the infographic for the strategic plan.

And I agree, even from my sort of breaking it down into four objectives, because they sound like four different objectives, but they are all mutually reinforcing and an infographic like the one in the roadmap can really help to appreciate that.

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

Okay, I think we would benefit from a deeper conversation about this. This theme has come up twice today in some depth of whatever we mean by information sharing, interoperability, usability, use cases, exemplars, health goals. The more we can lay that out clearly and what the federal role is and guiding of that evolution would be very helpful. So, we'll find a way to take a little deeper as we synthesize what we have so far. Any other comments on goal four before we go onto five?

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

Yeah, this is John Houston, it's not so much about goal four, but, you know, the further we go down through these different goals the harder it is to try to, in my mind, try to link everything together and I think even though each goal itself I think this is valuable conversation and it makes a lot of sense, there is...I'm afraid that when we get to the end of the day we're going to still look at the goals together and we're going to say they don't join well or they don't link together well or there are a lot of disparities between goals and the way we refer to things and the level we go into things.

So, it would be real helpful to look at all of these goal again with the groups we've put together so that we can sort of...in the format that we used on the teams that so that, at least for me, I can then go and try to understand the interplay between them.

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

I mean the thing I like about this David is that it does fit together and you can tell, although we call them objectives, but it's really a nice framework I think and it's something perhaps the existing goals we have could fit underneath these nicely in different areas and it does, it fits together. So, John, this might address the issue that you're struggling with.

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

You mean about folding everything under the goal four structure Mark laid out?

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

Yeah.

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

Yes.

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

Yes or...I mean, I agree with the coordination of care, we'd have to figure out some of the language there that I think George or someone just brought up, but, yeah, I mean, something that just seems to make a little bit more sense.

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

Well it's a question for me whether we can achieve, we can respond to the question that Jonathan raised and others have raised, John Houston as well, about having a more, I don't know, call it pragmatic applied set of recommendations that are derived from a more overarching health centric model of the kind Mark laid out and do both. The plan has some pragmatic advice to guide the federal activities but does it within a structure that is forward looking and health focused.

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

That's very nicely said, David.

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

Thanks, so let's see if we can do that. I think that's our shared objective. Let's go onto goal five and I guess Rich if you're still with us...

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Sure, yes.

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

Could take this.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Yes, I am. So, I think that we can try to couch the recommendations that our group made in terms of a number of the themes that have already appeared. We started with the notion that the primary outcome should be the ability to support a number of investigations which are actually listed on the next slide as challenges, but frankly we don't see them as challenges we see them as sort of opportunities and needs. So, maybe if you just want to flip ahead to the next slide.

So, it's all these sub-bullets for the first bullet as the things that we see as activities that would drive improvement in the health of individuals and of the nation and I think we would likely still prefer to list those as the goals rather than specifically as challenges.

And then we, in a couple of ways we tried to address the issue of fitness for purpose and to call out the fact that for these kinds of activities there are sort of special demands on the data, but I think that can be just another example of sort of fit for purpose and so we pointed out the importance of having complete longitudinal data for large representative segments of the US population and about the need to link health data to other kinds of data where we specifically called out the death registry data in part because there have been serious problems in being able to do that, but we also saw consumer information and other data sources as being important.

And then in the same theme but listing it as a barrier we noted the fact that many discussions of the use of data to support these goals sort of fails to appreciate the fact that for advancing research, scientific knowledge, innovation the data needs are roughly more stringent than clinical care needs and if you like we can talk more about that in the next few minutes but I'll just put a pause on it there.

And then another of the things that we pointed to that I think is a general issue is acknowledging and resolving the tension between privacy interest needs, individuals interests in controlling the use of their data and the importance of being able to use data for a variety of these purposes and having an appropriate sort of regulatory and oversight regime that sort of allows data to be used in an appropriate way while still preserving appropriate amounts of individual control. So, why don't I sort of put a hold there.

There are a number of other things that are important to us, but why I don't ask my colleagues to weigh in as well making sure that we emphasize for this group the things that we think are sort of most sort of distinctive to this goal.

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

Let me ask you a question Rich or others?

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Yes?

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

In the slide, on the challenges slide it mentions the potential misinterpretation of HIPAA and I think Sandra's group also mentioned that as an important question and raised kind of a third rail issue of whether it's time for the federal agencies or others to take a fresh look at HIPAA's appropriateness and relevance for the new environment.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Yeah, well it's...so, A, yes for HIPAA. B, there are additional regulations that come into play for research so both the Office of Human Research Protections which guides the interpretation of the so called Common Rule that governs a lot of research and the Office of...and the FDA also have regulations that often are inconsistent with one another.

So, there are three different sets of federal regs that are inconsistent with one another and which are often sort of interpreted in highly variable ways so that different IRBs will give completely different answers in their interpretation of the same regs.

**Michael W. Painter, JD, MD – Senior Program Officer – Robert Wood Johnson Foundation**

So, this is Mike Painter, just one...I was in this group and your presentation was great it really captured our discussion I felt like. I was just going to underscore that second to the last bullet on the challenges slide about the control of personal information, secondary uses, it just, again...and maybe this is another one of those third rail issues that we sort of tiptoed around and put in nicer language here but we were really sort of suggesting, I think, that we probably needed to address head on the sort of management of the data, control of the data and it also gets to that trust point I was making earlier. We were talking about, obviously in goal five in the research setting, it is more of an overarching goal, issue as well though.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

To be even more explicit it would be deeply problematic if we arrived at a societal convention in which individuals had to opt in to the use of their data even in highly abstracted form to support these kinds of research.

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

This is George, so I agree with Richard's comments also. And this goal is interesting because more than the others the main stumbling blocks are policy stumbling blocks, rules, like in other words for care coordination we actually have to develop things and we have to actually exchange data. Here we kind of know how to do the thing we just...our biggest stumbling blocks seem to be related to, you know, how to do it and then in some cases, as we pointed out, it's the fact that two things contradict each other, you can't move forward at all, you can't go this way or that way because you get caught on the other rule.

And the one example that I've been giving is rules around, you know, we used to be able to carry out research fairly reasonably with an outcome of mortality and now we're not allowed to know if a patient died anymore for fear that someone will reuse an old patient identity I guess, identity theft problem and so I realize that's a real problem it has to be addressed, but shutting down all research that uses one of its measures, mortality, seems like a pretty high price and that's something that needs to be decided at the policy level it's not more computing or anything.

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

It sounds like it is implied and several of the Workgroups have surfaced these sets of questions, you've also got the patient identifier issue that's going to keep coming up and I think maybe it was Sandra's group that fairly boldly implied that it might be time for some forward looking people to really take a bold and broad view of these questions and that's something we might consider recommending as we develop our final package that this is something the Policy Committee should take on even though it is third rail feeling, maybe we're coming to an impasse or at least a critical junction where we can't achieve the health goals we're talking about or the health improvement goals without a fresh understanding of how to address these issues.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Yeah, I think that would be terribly helpful and I think that in the spirit of saying these are all manifestations of ways to advance the bullet currently known as number four making clear enough how the actual data needs differ and often are more stringent for this generation of knew knowledge theme I think is one that's important to sort of preserve even in the highest level presentation and part of the reason I say that is I so often encounter very sophisticated scientists who don't work in this environment who are confident that simply having access to electronic health data will solve a great number of problems that are not appreciating just how far we currently are from the data being useful for those kinds of ends.

**Jonathan Nebeker, MD, MS – Associate National CMIO for Strategy and Functional Design – Department of Veterans Affairs**

This is Jonathan, also, I second all the comments that Richard and George, and others have made, but I just wanted to emphasize also that this idea of process interoperability can...and standards that help that can also facilitate research because, you know, I've done several multi-center studies, you know, with centers across the country and we find often times, way late, that data that we thought meant something that was used for, you know, one process, you know, actually was used for a different process and this of course, you know, radically changes the way you interpret, you know, your outcomes from the study.

And even within the VA we see, as Richard was maybe referring to sort of naïve people who just, you know, kind of dive down into the data and don't understand the process representations of those data and more transparency around that and I'd like...and maybe I'm alone in this, but I think more transparency around that would also help research.

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

That's helpful, let me ask one other question Richard of the group. Five B in the strategic plan talks about innovation, I'm going now to another thematic area, and obviously when we have the president's recent announcement about precision medicine as a priority, etcetera, did your group take on 5B and then also 5C in any more detail?

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

I think the answer is not directly. I think we would stand by the comments that we submitted as being applicable to those though.

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

Okay.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

But, Michael and George are on the phone and I haven't heard Brian speak, but...

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

No Brian had to drop off earlier.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Yeah.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

This is John Houston, I was about ready to make pretty much the same comment, but I think, you know, in the context of innovation there are a lot of things that go on that we've spoken about today that don't really fall under, you know, research or the like and fall into almost private sector innovation that we've talked about how, you know, vendors need to work together on practical standards and things of that sort, but I think also, you know, private sector innovation in the advancement of Health IT is I think also important in addition to research and scientific knowledge as described here.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Right, we did not address innovation in the Health IT field per se, we sort of were thinking of IT as sort of a supporter of knowledge generation.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

I think sort of if you look at the learning health environment system that you need to have that IT innovation to keep that circle going and so I think it is important at least from my perspective.

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

Okay, well we've made...any other comments or questions about goal five before we try to pull this all together? All right, well thanks to everybody for your work and thoughtfulness in getting us to this point now we've got some work in front of us and I know the staff will have its hands full too trying to take all this very rich discussion today and make sense of it and find a format that we can share with the other committees we're working with.

So, I think there is a slide that summarizes some next steps, I just lost my screen, but I know Gretchen we have that. So, Gretchen do you want to walk through the schedule coming up?

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

Oh, sure and I guess just a clarification, are you asking staff to revise the slides or did you want to take a first stab at it based on the conversation?

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

Well, previously you had said that was something you thought staff would do over the next week or so, but why don't we take it off line and figure out a way to do it that captures all this discussion.

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

Great, because there are a lot of things that I think we might have been missing, so I think just working together and make sure that we've got that process together so just wanted to clarify that first. But, as far as the next steps, we will be working with the Chairs to refine all of this based on the comments today and the initial feedback that we received from folks with the templates and the Workgroup sessions so that we can present recommendations on the plan on February 10<sup>th</sup> to the Policy Committee.

And just as a reminder that the Consumer Workgroup was tasked with looking at goal four as well to provide their comments on the strategic plan to the Policy Committee at that same meeting.

So, I guess the next thing we need to do that is not reflected here in the steps is also talk about that Subgroup activity like David was talking about at the beginning and see how you folks felt about that and about, you know, making sure that you folks feel that you can contribute successfully to this Workgroup and to its continued work moving forward. So, we don't have that as a bullet but that should be inserted here as well.

Next steps for this group, above and beyond simply that presentation to the Policy Committee and then taking their comments to bear and doing any additional research is developing a work plan that would be presented to the Policy Committee based on gaps or challenges that you have noticed either in the strategic plan or things emerging issues that need additional discussion, some of that could be towards the national health goals that you were speaking about or areas of where additional information to ensure the policies are implemented it could be so we need to get started on that.

So, looking at getting the agenda for the 12<sup>th</sup> there is going to be follow-up work to be done based on what the Policy Committee says about the recommendations and any additional information that they want and then also working on the work plan.

And then just a reminder as we said at the beginning that the public comment period on the strategic plan will be closing on February 6<sup>th</sup> and that we will be sharing any thematic and other information from those public comments with the Workgroup Chairs to make sure that this can be incorporated into any recommendations as needed.

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

Okay, thank you. So, I think the very challenging task in front of us it to synthesize this in a way we can share with the Policy Committee and others over this next week or 10 days and I guess we don't have another call Gretchen, so if we work together to develop a presentation or a letter to the Policy Committee then we can share that with this group for any off line edits correct?

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

To my knowledge, yes, I think, that we will need to do some additional work with the group but I think it's more administrative did we hit this right and stuff like that since we don't have another call.

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

Okay, so let me ask, does anybody have any questions or concerns about the process that's in front of us?

**M**

Well...

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

One question...David I have one question which has to do with when we will get the Consumer Workgroup's recommendations and what the timing of that is in relationship to our next steps?

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

Well, Sandra, this is Gretchen, it's a separate work stream, the Consumer...their recommendations go directly to the Policy Committee not to this group. So, it's not for us to process their comments and then, you know, refine them it's separate. It's more of just being aware that they're doing it.

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

Yeah, but I'm trying to think...

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

Well, Sandra...

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**

I appreciate that clarification I guess I think it would be helpful to us as well as, you know, their direct report to the Policy Committee to see if there are issues that were raised there that we haven't contemplated.

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

I think that the idea is that the Policy Committee will do that synthesization, I'm sorry my English today is terrible, and ask both groups to do any alignment afterward but that it's not necessary before hand especially because of the timing.

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

Well, I don't know Gretchen who decides these things but I think there is a sense from this group they'd like to see that letter if we can just as Sandra just said. So, if you can ask and if it's possible to share it more widely that would be appreciated.

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

Oh, we'll definitely do the back office stuff to see if that can be done.

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

Thanks, other questions or process issues?

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Well just...it's Rich, just so we all hear the instruction, how limited are we in terms of sort of the number of words that can be used to handle this? I mean, these slide are admirably concise but sometimes we pay a penalty for being concise.

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

Right.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

And are we...are there external constraints or can we provide a little more context and detail?

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

Well, I don't think we're clear yet, and Gretchen and I talked about this earlier, what the right format, the final format will be we need some guidance from the Policy Committee because they ultimately take all this and turn it into some kind of a transmittal letter on behalf of the Policy Committee itself. So, we want to feed into that hopefully.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Okay.

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

As I mentioned the Consumer Workgroup developed theirs in the form of essentially a long memo which has a narrative and enough room to, you know, talk a little more in depth. So, we may want to...for the purposes of a slide deck do something pretty concise and then in parallel develop more of a narrative that fleshes out our thinking. So, I wouldn't feel constrained at this point Rich about how we communicate it, we can edit it down later if need be.

But, I think for now I'll work and Jen will work with the staff to come up with a format that leaves enough room for us to be thorough in our communication.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Okay, terrific, thanks.

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

And then...I mean, are we allowed to circulate it for comments amongst the Workgroup and do a round that way? Because it seems...

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

I think Gretchen was advising us that as an administrative matter if we're trying to get the words right and clarify what we said on the phone and writing yes we can circulate that as an administrative activity but not really as a discussion format which is something we need to do under public, under a public process.

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

Okay and there is not another call?

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

Right.

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

But just so everybody knows, remember these are draft recommendations that we're presenting...that you folks will be presenting on the 10<sup>th</sup> and there is opportunity to do those refinements, we are working behind the scenes, you know, to see if we can get an extension so these aren't our final recommendations that you would be presenting on the 10<sup>th</sup> but it's just the initial ones. So, while the Policy Committee will have questions we're sure about either recommendations both from the Strategy and Innovation Workgroup and from the Consumer Workgroup any final transmittal that would come from the Policy Committee would allow for additional work over the course of February and probably even March.

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

Okay, thanks. All right well let's...I don't know if we have any public comment but why don't we see if we do and then we'll be able to wrap up and take it forward. So, again, thanks everybody for all the work getting us to this point, very rich thinking. Can we ask for public comment?

**Public Comment**

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology Human Services**

Operator can we please open the lines?

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

And 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.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

There is no public comment at this time.

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

All right, well thanks everybody for all your hard work, we'll be connecting again off line by e-mail and we'll talk again in a couple of weeks, thanks.

**John Houston, JD – Vice President & Associate Counsel – University of Pittsburgh Medical Center**

Thank you.

**M**

Great, bye.

**Richard Platt, MD, MSc – Professor & Chair, Department of Population Medicine – Harvard Medical School; Executive Director – Harvard Pilgrim Health Care Institute**

Thanks so much.

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**

Thank you.

**Sandra R. Hernandez, MD – President & Chief Executive Officer – California HealthCare Foundation**  
Bye.

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