HIT Policy Committee
Strategy & Innovation Workgroup
Final Transcript
February 12, 2015

Presentation

Operator
All lines bridged with the public.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Thank you, good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Health IT Strategy and Innovation Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. David Lansky?

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

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

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Hi, Jennifer. Brian DeVore? George Hripcsak?

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

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Hi, George. Jamie Ferguson? John Houston?

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

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
John Derr? Jonathan Nebeker? Kelvin Baggett? Kyna Fong?

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

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Kelvin was on earlier.

Kelvin A. Baggett, MD, MPH, MBA, FACP, FACHE – Senior Vice President, Clinical Operations & Chief Clinical Officer – Tenet Healthcare Corporation
I said here, I was on mute, I'm sorry, I'm here.

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

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
And Kyna said she would be a little late but she would be joining.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Okay, thank you. Mark Savage?

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

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Hi, Mark. Michael Painter? Paul Tang told us he would not be available. Richard Platt? And Sandra Hernandez? 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.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
And I'll turn it back to you David and Jennifer.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
All right, thank you, Michelle. So, I don't know how many of you have…I'll actually ask how many of you might have listened in or participated in the Tuesday Policy Committee meeting followed by the Joint Standards/Policy meeting? How many of you happened to listen or observe that? I know Mark I know you were there anyone else? That's a no. So, I thought what we would do today is…

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

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

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente
David this is Jamie Ferguson I've just joined, sorry.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Yeah, right and Jamie you were there at least in the afternoon. I thought what I'd do today with Jennifer is summarize both what we presented to the Policy Committee from all of our work over the last month and a little bit of what the Consumer Workgroup presented to the Policy Committee which as you'll hear is now germane for our work and then with Gretchen we can catch you up on some of the follow-up steps that have been recommended to us after the discussion of the Policy Committee.

Brian DeVore – Director of Strategy & Healthcare Ecosystem Intel Corporation
Hey, David…

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

Brian DeVore – Director of Strategy & Healthcare Ecosystem Intel Corporation
Brian DeVore joining, sorry, late.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Oh, hi, Brian glad to have you. So, I thought Jennifer and I could walk you through what we had…what feedback we got on Tuesday and then talk about some of the next steps that have been asked of us if that's okay? Gretchen anything you want to say by way of…tee up?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology
Well, just to…one thing that I'd like to remind everyone above and beyond the conversation is that we had been talking about the public comments and getting information back to you folks that you can help process that alone with the recommendations that you'll be doing so just wanted everyone to know that we are in the midst of reviewing all of those comments and we'll be giving you a thematic description of those later on this month but the good news is that we received over 400 comments from the public and that includes individuals as well, we had over 120 from various organizations and the rest of it was from individuals.

So, as we develop our final recommendations to the Policy Committee know that we as staff will be giving you some feedback from the public comments that map quite well to the recommendations that you had placed for the initial recommendations as well.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Great, thanks a lot and thank you for wading through all those comments and looking for the gems that will help us.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
David, this is Mark Savage, can I ask a follow-up question to that?

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

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
So are we supposed to go back to the Policy Committee with reconsidered recommendations and if so does getting the public comment by the end of the month…how does that fit into that timeframe?

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
Good question.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Gretchen do you want to answer that?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology
Sure, Mark they're sort of independent. I think that, you know, we can give you some of the themes that build upon some of the recommendations that you folks had already proposed, it sort of backs up some of the information that you folks had and if there is anything that is different, which some of the things really aren't, that we've seen so far, I mean, I have not read through all of them I'll let you know, but it's more just so that you know what some of the flavor of it is and if there is anything that's completely separate from what you're recommending we'll just say, we'll we've also heard x, y and z.

So, it shouldn't be something that you folks should consider. We have to take all of this in when we draft the final one, but we will make sure that you are aware of some of the themes and how that might color any of the recommendations that you might have.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
Okay, thanks so much.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Okay, thanks, Mark. So, I thought what we might do, Jen if you think we can pull this off, is start by very briefly summarizing what the Consumer Workgroup reported to the Policy Committee and then talk about what we reported to…I think everyone knows what we reported but we can share with you the feedback we got and then talk about what the recommended next steps are.
So, Lonnie if you're able to skip ahead to the Consumer Workgroup section, perfect, I guess you are, that was fast…for those of you who are on the webinar this morning you can see the slides from Christine Bechtel's presentation to the Policy Committee on Tuesday morning and we'll go through these pretty quickly. So you can just go forward Lonnie to the one with the list of members I think it is coming up here, yeah, so, you can all just kind of eyeball it so you know who is contributing to this discussion from the Consumer Workgroup, our colleagues across the hall. And then skip ahead again maybe to slide five, one more, yeah.

So, the Consumer Workgroup presented some general comments on the high-level components of the plan much as we did and then more specific comments on the goals, objectives and strategies much as we did and also like us they only on Tuesday presented the high-level themes.

We also, in our presentation, only had time to do the high-level comments so that a lot of the detailed work from our Subgroups was still there and we need to come back to it but it wasn't primarily the focus of the Tuesday discussion although also like the Consumer Workgroup the Policy Committee was given all the detailed work but it wasn't the focus of the live discussion on Tuesday. Next slide.

Thanks, so here's some of the high-level themes the Consumer Workgroup put on the table and I'll foreshadow for you the reason we're looking at this is we have been asked to integrate our work with their work over the next few weeks so you'll want to give this a little more attention but just to give you the flavor of it. They, like as we did in our comments, they wanted to broaden the conceptualization of Health IT to not be just EHRs but to include newer platforms that consumers are using as well.

They asked for more clarity about the terms that are being used widely and in new ways across the healthcare space that bear upon IT and its use and like the plan currently does they asked to have attention given to behavioral health and other services that are not in the traditional medical category.

Also, as we did, they raised some questions about whether the collect, share, use framework was the right meta construct to be putting this discussion into and they recommended that people be at the center of the framework and how we think about the relationships that are brought to bear to improve the health of people is the reframing that they offered up and again very similar to the reframing that we put forward in our positioning of goal four as the driver of the overall approach and then you see some additional principles that they wanted to give more attention to. So, I think even at face value you can see that this is very compatible with the general direction of the comments that our committee has been working on over the last few weeks. Next slide.

They wanted to also make, as we did, in terms of the communication clarity of the document, make sure that the strategies about people, about consumers are very much part of their objective rather than pigeon holed into one category.

They recommended an interesting proposal which got some support from the Policy Committee that there be a new goal that's a bridging goal between the original number three and the original number four which is you see worded at the bottom of this slide to build a culture of individual, provider and community partnership to achieve shared person centered health and healthcare goals. So, in general people like this way of talking about it and, again, I think this is compatible with our committee's recommendations that the language of goal four be given more prominence as a unifying theme for the plan as a whole. Next slide.

So, they elaborated upon this proposed new bridging goal and you can read some of the detail of what they recommended there. And some of this of course is more patient centered or person centered than the focus that we took but that was their charge. So, let's see the next slide or two and we'll move on.

Then they had specific comments about the individual strategies and you can see some of the areas they worked up. Let me pause there and see if Jen do you want to add some comments about Christine's presentation or the reaction to it?

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
No, I will just say that it was very much in alignment with the recommendations that we made particularly the emphasis on goal four. So, I think, the Policy Committee felt like it would be beneficial for our two groups to kind of combine our response.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
So, let me just stop there and see if people have additional comments and Mark I know you were there and observed both presentations and you might have some observations or anybody else and then I'll come…

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
No observations here it can wait until we get to the discussion.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Okay. All right, well let me…why don't we then go back and talk about our presentation and some of the feedback we got. So, let's go forward into our deck and keep going a little bit Lonnie, one more.

We summarized our timeline that we've been working on so far including the forward looking timeline, the meeting today and the meeting in a couple of weeks and then by March 10th we are asked to bring back our final recommendations on the strategic plan. Next slide. Go to the next slide. We summarized how we broke up into small groups and who the lead people had been for those. Next slide and one more. Thanks.

So, we began by, I think you've all seen these slides in the review process a week or so ago, so we complimented the work and I'll do it again today thanking Gretchen and Matt, Michelle for having really put together a very strong plan that addressed a lot of the issues in the field today and put, you know, good reconciliations with a lot of federal agency support of things that need to happen to continue to drive the agenda we have today. And I think that we then tried to put that in a context that said we have additional perspectives from what's happening more broadly in the market and in the technology arena that we think the proposed strategic plan needs to be put into this larger context and a lot of our discussion on Tuesday was how we thought that might be done.

And I think that was very receptive and I appreciate Gretchen having on slides indicated from the staff point-of-view they were also appreciative and receptive to some of the proposals we were making and they saw it as building upon the work that had already been done.

So, we made some of these comments and then we went through the next slide and a couple of more, again, these I think are all familiar to you so I'll just touch on them briefly. One set of recommendations, as we've said, about goal four and linking goal four to some of the health goals the country has already discussed in various processes and documents, and rethinking the breadth of what we mean by interoperability to get beyond the EHR data exchange environment to a much broader architecture and framework. Next slide.

To talk more distinctly about the federal role, as I said what the market can also be expected to do to support the obtainment of these goals and federal specific points where the federal agencies could really focus their attention in a helpful way. And then one more slide in this setup.

The issue of how to move beyond the current EHR paradigm into a broader framework for health information being available to people who need it in a variety of context and settings. So, those are the three big areas we asked the group to think about on our behalf.

Let me just summarize I have a few notes on what responses the Policy Committee gave to our presentation and let me just tick off some of the comments I heard and others I'm sure can add to this. Several people spoke up in favor of thinking in, I'll put this in lower case, personal health records or longitudinal health records as being an important platform that needs more attention and we maybe now ready to give that more attention and people didn't speak specifically to what forum or structure that would take or where it lives but the thinking about the person centered health record we need to be giving that more attention.

Some suggestion that we give more attention to cost data and as we think about the value strategy the government and others have identified we'll need to accommodate some ways of bringing information about cost and utilization into the health information construct going forward.

Some support for the idea of a national strategic plan which addresses themes beyond what the federal agencies can do, which is of course the thrust of this document, about looking more broadly at how the federal agencies lead us toward a national plan.

A number of people commenting on privacy and security challenges today and some very interesting suggestions that we do take a fresh look at that and really ask a fundamental question given strong agreement about the goals for privacy and security of health information should we look for really new ways of achieving those goals and maybe just working the current methodology harder may not be the solution anymore and maybe we should be the people to take a look at, a fresh look, how privacy goals could be obtained.

Some discussion about integration with public health and of course our group has discussed that quite a bit. A lot of interest and agreement that this linkage to health goals is an important thing to do but I think the group as a whole came back to this issue of whose job is that. Since the National Quality Strategy and Healthy People 2020 it's not clear that anyone owns, on behalf of the government, an articulation of priorities and health goals which could in turn drive strategies like IT.

So on the one hand I think the Policy Committee discussion supported what we said that IT should follow a set of health objectives but then we kind of get to the edge of the cliff because we don't know what those health objectives are and we don't think it's our job to identify and define them but we do want the IT work to be linked to them. So, we'll come back to that task here in a minute.

There was a very interesting discussion about the tensions that are implied by our work. The tension between having a dynamic responsive IT platform and the need for regulation and certification, trust building, etcetera and how do we balance those two objectives going forward.

Similarly, as we've discussed in our group the tension between absolute assurances as we can make them on people's privacy of their health information, especially in the recent news, is intention with the utility of information getting to people quickly and when they need it and in the form they need it for all kinds of purposes both patient care and beyond. So, balancing privacy and utility as an interesting tension to keep working on.

So, those comments all surfaced and then Paul Tang did a very nice job of trying to pull this together into something that would guide our work going forward and essentially I think he crystalized the opportunity here in the next some months for the Health IT Policy Committee to take up the challenge we threw them of thinking about a national strategic plan for IT support and improvements in healthcare and health rather and he identified three areas that might be worth digging into by the Policy Committee.

One was this question of health goals, what are they, how are they set, how do they influence the IT strategy?

A second is a privacy framework that is more future oriented given the very dramatic changes in the information environment.

And thirdly, how can the strategy address more dynamic information platforms and approaches that are emerging different from the traditional office-based, hospital-based EHR approach.

So, that was all…maybe before we talk about some of the next steps and actions that have been suggested to us more practically in the next month, let me stop there and have people want to comment about the Policy Committee discussion, Jen what else you heard that I didn't touch upon…

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
Well, I think you…

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Or your reaction to this?

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
Yeah, no, I think you covered it really well so we should just open it for discussion.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Okay. People have either questions or reactions to that summary?

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
David its Mark, I had a few additional things too that I heard that might or might not be useful. The PHR point there was some back and forth about whether this was a new idea or whether there had been some pre-existing work and I think the conclusion was that there had been some pre-existing work. I don't know how relevant that is to our looking forward in the strategic plan but I just mention that there was some discussion about that.

The interesting point on cost and utilization the point was made that it's not price, it's not just claims data and it also goes to value, so, you know, one of the triple aim elements.

On the privacy and security challenges and the degree of looking forward or not the thing I wanted to add is that it's interesting to then go into the interoperability discussion and hear a lot of back and forth about here's the structure we've got to work within it to move things forward and there was some uncertainty about how much it would actually change. There was some discussion about how much it could be harmonized among the states for example, but I just…I think you're right about the way it came up in the first discussion in the morning, but then in the afternoon there was this other theme that worked its way in as well. And I think that's all that occurs to me to add.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Could you just say more about the privacy and security linking to interoperability issue because I didn't understand the connection as much? When you say, here's the structure do you mean in terms of both federal code and state law that prevents…

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

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

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
Whether HIPAA is broken or not broken and I think it was Lucia Savage that said that for her as Chief Privacy Officer she has to…and I think Karen said this as well afterwards, is that she has to work within that structure until it…and that's where they're building going forward but that they're recognizing that there is a lot of variation around sensitive data, statutorily sensitive data, among the states and that one of the ways and things that they're trying to do is to create some harmony or structure around that so that it can be more useful still working within sort of the existing structure.

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

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente
And this is Jamie, I'll add another thing that came up in the discussion the day before yesterday was that, you know, we're looking at essentially multiple models of interoperability and where we have up to now been focused primarily on or exclusively on the transactional movement of data between entities really duplicating data and that has of course, you know, privacy and security risks along with it, but providing shared access to a shared resource in the alternative model that, you know, where you could have standard APIs for example that provide access to an authoritative source of a patient centered information it not only reduces the risk of data integrity laws but it reduces the privacy and security risks at the same time compared to the transactional data movement.
David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Is that, Jamie, as the discussion has been started does it implicate HIPAA or Common Rule particularly to think in that paradigm versus the transactional paradigm?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente
No, not really, honestly.

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

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
This is Mark, I think it sort of depends on whether it's touching covered entities or not as to whether it really sort of fits into a HIPAA framework. Because HIPAA is sort of agnostic as to whether it's paper or electronic.

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
Mark, this is Gretchen, I just had a question about that and about the discussion and if everybody could sort of help us clarify this a little bit, I got the idea that HIPAA and DURSA, and all these different, you know, structural requirements are going to change much more slowly than things themselves can evolve naturally and we shouldn't be focused too much on, you know, changing that but look at like how can we actually make sure that information is getting where it needs to go and the fact of actually allowing it to be exchanged should be the focus and not thinking of the hang-ups. Is that pretty much so where you've saw the discussion going as well?

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
What I'm remembering is a comment that I think it was David McCallie made that we should not over regulate the things that are changing quickly and his examples of things that he thought were not changing quickly he mentioned DURSA as an example. So, I think that it fit within his overall comment about where to focus on directing things and where not to focus too heavily, it was a matter of degree was his point I think.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology
That helps, thank you.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
So, other comments about the discussion as a whole and the presentation we made or being made, or the comments we heard?

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
There was a lot of support for the value-based care and the cost data I just want to emphasize that especially I think it was Charles Kennedy, which I thought was interesting we didn't quite address that in our recommendations, but it was clear that this was an area we needed to be more specific about.

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
Actually one other…David it's Mark, there is one other comment that Charles I think made but maybe this came up in the afternoon around interoperability, but I think it's relevant to the strategic plan as well, that you can look at these things as just sort of a framework of standards and requirements, and architecture, and actions and so forth but that when you introduce users who start using things it sort of…it can change the dynamic for the better.

So, I know that in some of our work what we've seen is that as patients become more engaged they actually trust more, they use more, it improves their health behaviors which improves outcomes. So, just lifting up the general point that we're not…to not just focus on the systems but to focus on how…to think as well about how users are using the systems within this strategic plan and that this may be a very important factor as well to improve outcomes.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Very interesting, good, thanks. Okay, so where we got to, as you heard Paul had summarized a few things he thought the Policy Committee…so just to remind you all, our charge as a committee was first to respond to the strategic plan with comments of the kind we've been developing and secondly, to advise the Policy Committee on areas that they should begin to work on in 2015 and 2016 presumably to advance the strategic challenges that we've identified.

So, in a sense Paul in summarizing the whole morning's discussion laid out where he heard us giving some direction to the Policy Committee for its future work toward developing potentially a national strategic plan and tackling some of these very interesting issues we just talked about and taking the time over the next year or so to do that, to dig into those.

So, we have one set of recommendations to be made taking away from our previous work and the discussion Tuesday and Paul's suggestions and bring back to them, in the next few weeks, our recommendations for the Policy Committee's work plan.

Secondly, ONC and the staff are still looking forward to specific recommendations regarding the draft strategic plan that began our work. So, we didn't have time with the Policy Committee to look at the goal by goal recommendations that we all worked on over the last few weeks, but as I say, the Policy Committee has seen those and we may get some comments or reactions.

Both the Consumer Workgroup and our Workgroup have developed both these big themes and very specific recommendations on the specific goals. Paul has asked that we consolidate those into one set of recommendations that we can bring to the Policy Committee on March 10th as essentially the package we would like the Policy Committee to endorse and in turn recommend to ONC for consideration.

So, Gretchen maybe you can talk for a minute about how you're seeing the process of getting from here to March 10th given the two Workgroups that are active?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology
Thanks, David, we are meeting with staff next week to try to come up with a solid plan for everyone so these things are still in flux as far as this goes. But what we're suggesting is that administratively we can work with both committees to assess where the overlap lies and have, you know, like we did with our Workgroup have small Sub-Workgroups if necessary to address some of the areas and then what we're hoping to do is have the Consumer Workgroup join the Strategy and Innovation Workgroup on the March 3rd, I think, it's the 3rd or the 2nd or next call, to say, yes this is what we all agree on so that…because we need to have something in the public as far as all this before we put it forth for a recommendation.

So, staff right now is going through both recommendations and seeing what that overlap is so that we can present, you know, areas for discussion and do that in an administrative activity like we've done before and try to develop what the final recommendations are so that we can then talk about that at the end of the month.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
And so when you describe it as administrative work, in other words, the next couple of weeks we can work with you to consolidate the existing recommendations into something that is easily transmitted to the Policy Committee and then we'll bring it back to this group for approval and further discussion and public comment on March 2nd or 3rd?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology
That's what we're proposing so we just need to make sure that the timelines align and that there isn't any additional work that we might have to schedule another call. I think we should be able to do it but we just have to make sure that we have all of our logistical stuff and make sure that we can actually do that and see if there anything that might be a flag that we might want to schedule another call. We don't suspect that there is because there is so much overlap and from the discussion that we had at the Policy Committee this week, we just want to make sure that we do this appropriately.

So, I suspect that what we'll be doing with staff as is just making, you know, an outline of the two recommendations and showing where there is overlap and whether we need to, you know, restructure things as far as the recommendations where the Strategy and Innovation Workgroup is saying, let's make goal four the overarching structure versus, you know, having this new goal see if there are things that we can tease out from both of those that could come out as just one basic recommendation and we think it's doable we just have to look at it more closely.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Okay. So, what about the Policy Committee work plan part of our suggestion should we take that separately that is the work you just described is that mostly about restructuring or adding comments to the strategic plan itself and this issue of guidance to the Policy Committee as a separate task that we should…you won't be leading us on?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology
Well that's…so there are two pieces, yes, there are…what we're talking about right now are the recommendations on the strategic plan and because part of those recommendations are areas that you folks, you know, from both Workgroups find as gaps or weaknesses in the plan those can be identified as areas for the strategic plan to either address immediately or the recommendation can be for the Strategy and Innovation Workgroup to make these recommendations to the Policy Committee for additional input and those then can be part of the work plan that can be proposed back either as amendments to the strategic plan or areas that require additional resources at some point that's one of the things that we're trying to find out how to address.

But basically we should think of them as two separate things that what we're doing right now with the Consumer Workgroup is making recommendations for the Policy Committee for areas on the strategic plan that need to be fixed separate from that are areas within…you know, either they've identified as areas, you know, like how do we deal with privacy and security that might be one of the issues, how do we deal with telehealth something along those lines, how do we actually get that shared partnership between providers and patients, what are some of the ways that this could be worked. Those are things that then could be proposed as ideas for the work plan for the Policy Committee.

So, it's some of those longer range items that have already been identified by this group but we probably will need to flesh out after we get done with those recommendations in March so that we wouldn't have to present that as two fully baked products on the 10th.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
So, David, this is Mark, if I could ask a question. I'm a little confused, the task as I understood it originally was to look at a federal strategic plan and then the discussion on Tuesday looked more broadly at a national strategic plan and I'm wondering whether that overlaps with what Gretchen is just describing as some of the issues that need to be dealt with separately…I'm not quite understanding how these two things fit together.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Well, I'll take a stab at it. I think we can work with the Consumer Workgroup and the staff to develop a set of recommendations about the federal strategic plan which can help them hopefully get to a final document in the next couple of months. Some of what that will imply speaks to the federal role in supporting national objectives which we all obviously think needs some additional work and I think that's it.

Then I would encourage us in parallel to take up that larger task and encourage the FACA to provide some leadership in dealing with those big issues because the FACA is as good a place as any and we seem to be the ones willing to raise the question and other players haven't been.

So, I'm wondering, and I don't know if Gretchen has another thought, whether we should in parallel with the work Gretchen just describe we should write a relatively short letter to the Policy Committee even for March 10th recommending topics for the Policy Committee's work plan in 2015 and perhaps 2016 coming out of our discussions so that…because it is already March so if we want to get this onto their radar we have to get going pretty quickly and that might just be a short letter saying we've identified these topics, we think these need some deep attention maybe some suggestions of how to go about it whether it's a hearing or some research, or whatever we think is needed so that that's on their radar starting in March.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology
David, from a staff view-point I think that's kind of what Paul Tang would like to see, it doesn't need to be completely fleshed out like…

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

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology
Here's what we think you should propose for a work plan, but I think that initial stab is what they would be expecting and whether those are things that fall from the strategic plan of areas that you think are necessary or get more towards that idea of national health goals whether, you know, we're establishing them through the FACA or just identifying areas that should be part of that discussion. Michelle might weigh in on that as well but I think just outlying some of those issues would be ideal for the work plan.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Yeah, this is Michelle, I agree with Gretchen.

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

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

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Go ahead, yes?

George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC
This is George, I just…when we talk about coming up with a combined recommendation Consumer and our Workgroup, I mean, their charge is to make sure that the consumer is prominent and probably our charge is balance and so it's kind of like we should work out our differences and emphasis ourselves and then give it to the Policy Committee or have the Policy Committee…you know, it seems like there is a little bit of a conflict of interest and to give an example, and I'm sorry that Rich Platt's not on the phone, you know, what we do for research which is an important thing that he wanted in the strategic plan was the importance of research and how that may have to, in some cases overcome, you know, somehow take higher presence than certain types of personal decisions because it just won't be practical to do research and so will we be working that out in the next couple of weeks between our two groups or…I mean that's just to use one example.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Yeah. I think that's a really good important point and my own tilt, and if Gretchen thinks this is achievable, would be to consolidate recommendations where possible but to leave distinct, invisible places where they may not be aligned.
George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC
Very good.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
And literally as you say the Strategy Committee felt strongly that, you know, privacy has to accommodate the needs of research in the following ways. And the Consumer Workgroup may either be silent on that or disagree with it and I agree with you I wouldn't want to blur the important points that our group has identified.

George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC
Thank you.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology
And David, this is Gretchen, that's exactly why staff is meeting next week to see if there are any of those areas that might need additional work.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Yeah I think to the extent it's possible for our two groups to reconcile any of these differences that saves some trouble so to speak at the Policy Committee but I don't think we should do it at the expense of the integrity of the work that's been done on either side so far.

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
It could also make for a more productive joint meeting whenever that happens…

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
If this synthesize can happen beforehand.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Right and any unresolved questions we could really spend some time on when we get together that's a very good idea. Okay. Thanks, George.

So, in order to get to the cover letter if you like the Policy Committee on the work plan that seems like that's also an administrative task since so much of this has already been drafted and maybe Jen and I can take a stab at a one or two page letter on that subject…

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
Yes.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
That we could also bring back to this group. We can circulate that off line for editing and then bring it up for discussion at our next meeting.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
That sounds good, this is Mark.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Does that seem okay?

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
Yes.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
All right, any other issues or questions people want to surface from this process so far? Gretchen or Michelle any other staff concerns?

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
No I don't have any at this time.

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

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Okay, Jen anything else we forgot to take up today?

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
No, I think we've covered it.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
All right that's efficient thanks everybody.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
David, this is Mark…

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Yes, go ahead Mark?

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
The one thing that hasn't…to say is appreciation to you and Jen for carrying all the water on Tuesday.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Oh, this is a very easy group to represent and everybody did so much good working getting us to this point with a lot of really fresh thinking and I'll just tell you I think the Policy Committee really enjoyed our report and thought we were bringing something that they wanted to hear and responded very well to. So, you know, I think we were all a little nervous going in thinking we maybe off on a limb, but I think we got affirmation and as Gretchen said some of the public comments are going down the same path.

So, compliments to everybody for putting their heads together to get us this far in just a few weeks it's really good progressive and a receptive audience which is great. So, thanks everybody for continuing. I guess…do we take a little bit of public comment today if there is any Michelle?

Public Comment

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Yes, operator can you 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.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology
David and Jen this is Gretchen again there was just one thing…I'm going through my notes from Tuesday that I wanted to reflect, one of the Policy Committee members did also suggest that we look at the workforce issue within the plan and see if there is anything that…especially in regards to our idea of having a stronger architecture for moving from the current system towards the future state what might need to occur in that area as well.

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
That's right that was a good point thanks for bringing that up.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
Yes. Where there any comments Lonnie?

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
We're still waiting for the operator.

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

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
We have no comments at this time.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
All right, thanks, so our next call scheduled will be in about two weeks and if there is a need for any interim calls we'll let everybody know but otherwise look for your e-mail to see some of these preliminary documents get circulated for editing.

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

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health
All right, thanks everybody.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families
Bye-bye.

Jennifer Covich Bordenick, MA – Chief Executive Officer – eHealth Initiative
Thanks.

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

W
Bye.

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

George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University NYC
Bye-bye.