



HIT Policy Committee HIT Strategy & Innovation Workgroup Final Transcript May 5, 2015

Presentation

Operator

All lines are now bridged.

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 Strategy & 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

Yes.

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.

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

Hello.

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

Brian DeVore, not available. George Hripcsak? Jamie Ferguson?

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

Here.

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

Hi, Jamie. John Halamka? John Houston? John Derr?

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

Here, here.

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

Hi, John.

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

I was on mute.

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

Jonathan Nebeker?

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

Nebeker here.

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

Hi. Kelvin Baggett? Kyna Fong? Mark Savage?

Mark Savage, JD – Director of Health IT 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?

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

Here.

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

Hi, Michael.

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

Hi.

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

Hi, Michael.

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

Paul Tang? Richard Platt? Sandra Hernandez? 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

Hi, Gretchen. Anyone else from ONC on the line? Okay, well back to you David.

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

And I'm on, too, Paul Tang.

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

Hi, Paul.

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

Hi, Paul.

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

Hi, Paul.

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

Okay, our small group got a little mightier, David, so back to you and Jennifer.

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

Yeah, it's just great. Well I apologize for our lack of good, timely communications for one reason or another, but I'm glad you all were able to carve out a little time to check in. We, as you know, have completed the work on the transmittal letter, with the help of our colleagues on the Consumer Workgroup and the Policy Committee and we can take a look at that today, which is then approved, I think, or do we have to still approve it in the final form, Michelle? I think we do.

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

Yeah, so this group will weigh in then we'll send it to Paul for his review and edit and then it goes off to Karen.

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

Okay, so we will have a task today of approving the transmittal letter and then the primary business we wanted to start today was developing a set of recommendations to the Policy Committee for the issues...strategic and innovation issues they should be looking at over the next year or so. And you'll see a couple of materials we sent out today, some preliminary thinking that Jennifer and I did based on our last couple of phone conversations here and in addition, the longer list of topics which had surfaced both last fall and during our review of the Federal Strategic Plan. So I think today our main goal is just to check in with ourselves on the topical areas we may want to recommend for further work by the Policy Committee and then once we identify some of those priorities, we can assign ourselves some work to flesh those out and make recommendations to the Policy Committee.

So I think to get started we should probably first review the transmittal letter and I think that was provided to us today in that email as an attachment as well...I don't know what we have on the slides, Michelle, but should we just look at the attachment?

W

Um hmm.

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

Yeah, there are no slides for the letter, but...

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

Okay.

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

We can bring up the word document as well.

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

Well, I don't know, let's wait and see if people had a chance to look that over, if they have any comments or suggestions about how we proceed with this letter. I think the staff deserves a lot of credit for taking a large body of material, both from our work and the Consumer Workgroup and the Policy Committee discussion of both, and compressing it into something which was concise enough to be transmitted on behalf of the Policy Committee. And Michelle, maybe it would be worthwhile or Gretchen also just mentioning on the background, how do you see the staff taking these comments into account and where are we with developing a final draft of the strategic plan?

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

Well we...knowing that the transmittal letter was coming, we used the recommendations from both of the groups as we started to develop the final draft of the strategic plan, and we are in the midst of that as we speak. We're working on narrative and using both the direction that we got from the group and from the public comments to try to incorporate a lot of the recommendations into what we're redrafting. We still have to go through the clearance process, of course, before we have a final draft, but it was instrumental in our thinking in revising the plan, I would say.

So I think that we're in a good spot. Of course, you know, as I say, going through the clearance process we'll see how this turns out but it was really good advice and really had to think about how we were phrasing things and where our targets really were, what we were trying to accomplish.

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

So at this point is it fair to say the letter we're looking at right now is more formalizing or documenting the recommendations we've made, but the staff has already absorbed most of this information and is working with it?

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

Well, because of the timeframe yes, we had to get started on the redraft so that we could meet the internal targets for getting the document cleared. But there...again, once the...once Paul does the revision, if there's anything else that comes out of that, we are still in the draft process, so there's nothing that's been baked and put into final concrete. So if...

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

Good.

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

...the workgroup has additional recommendations or Paul and the Policy Committee have additional recommendations, we are still at a point where there is flexibility to be able to incorporate that.

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

Okay. Well thanks. So with that context, let's see if people have any additional comments that they'd like to make with regard to the submitted letter that we're asking Paul to review and hopefully forward. Any recommended changes or additions to what we have in the draft letter?

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

David, its Mark Savage with a couple of things.

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

Good.

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

On page 3 there's...the second bullet point from the top it says "use a broader...starting, use a broader set of data multiple traditional," I'm not sure where the extra or missing word is, it might be just the word data needs to be dropped out, although that's the long phrase. Anyway, somebody can take a look at that and make sure that it says what we want to say.

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

Good catch.

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

Wait Mark, can you just say again where that was? I'm sorry.

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

Page...at least as I've printed it off...

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

Page 3...

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

...page 3, the second bullet point that begins, "use a broader set of data."

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

Okay, thank you.

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

The second think I noticed actually came to mind from looking at the slide deck for today where there's a reference to a longitudinal health record and that struck me that that might be a good phrase to include in here someway, it's certainly implied. So for example, even on page 3 going down to the third bullet under "identified gaps," improve usability and design from multiple sources." That is longitudinal health record; it struck me as perhaps a useful phrase to weave in here to help people understand more concretely what we're looking at.

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

Yeah and...this is Jamie; so I support that. I like the letter. I was going to make a different comment, I think complementary and aimed at perhaps the same thing but from a slightly different direction. At the top of page 2 of the letter, we're talking about reframing or revising the plan to emphasize the desired end stage with the effective use of information and the importance of person-centered health and wellness.

I was going to put...add the suggestion to put those two together perhaps in an additional bullet and maybe somewhere else to emphasize the importance of person-centered information or person-centered...comprehensive person-centered data, which I think is...it's a slightly different thing from a complete longitudinal record, because it tends to be more comprehensive including the non-traditional data. But I was wondering if there is a way to emphasize comprehensive person-centered information as an end state that should be achieved?

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

Well I think that's compatible with what both the Consumer Workgroup and our workgroup had said earlier, so I don't see any reason we shouldn't do that if we can find the right place to reflect it.

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

And slightly piggybacking on that, you said should be more of a health improvement plan but we sort of lead with the digitized information. Maybe emphasize the desired end state is improved health of individuals and community using whatever health information technology.

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

I think that's all good. So it sounds like all that belongs in the same section that Jamie flagged, the first one...

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

Right.

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

...revise plan framework and key themes. So I'll ask if Michelle and Gretchen you feel comfortable making...reworking those couple of bullets to make that clear?

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

Yup. And I just want to clarify, we're just making clarifying comments, because this has already been approved by the Policy Committee, so we just need to...we're not changing content really, we're just clarifying.

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

That's right.

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

Exactly.

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

Okay.

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

Well that's the way we should...

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

Right Paul?

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

Right, right, right.

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

Okay.

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

It's clarifying the intent of what's already here.

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

And what was...yeah, what was presented.

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

Exactly.

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

Mike Painter here. So, this is probably falls in the line of...across the line in that last comment but when you look at the, on page 2, where you talk about clarifying the federal role in new health improvement...in a new health improvement framework, it sort of...it talks about the plan should show how the federal government will support the nation to build and design this infrastructure that is person-centered.

But it sort of begs the question about, well then who's setting the overall sort of goal about what that is? You know, and I guess we didn't recommend that maybe...I don't see it, where we said the federal government could have a role in sort of helping show where we're going. It still do...we still don't say that anywhere, it seems like. It's like there's this hypothetical new health infrastructure that's out there somewhere that we're kind of wandering toward, but who's sort of set the goal for us, for the nation? And because clarifying the federal role means clarifying the federal government's role in going in that direction, but others have a role too; but who's setting the North Star? I don't know if that made sense.

W

Um hmm, yeah.

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

This is John Derr sort of on the same thing. I'm been doing work on the TEFT Grant and should it maybe be show how the federal and state governments or is that not our goal? This is on the eLTSS.

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

Yeah, it may go beyond where our formal process took us in supplying comments on the federal plan. I don't recall, I just don't recall whether there was any prior discussion about state function...

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

No...

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

...within that structure.

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

Right, and David that is...from our viewpoint, we would be looking at states as another collaborative group, umm, it is definitely how the federal group would be coordinating with others, as Michael was getting at. But as was talked about at the Policy Committee, there is nobody who is official setting that North Star, it needs to be a collective effort and that is one of the reasons why we have the work plan discussion for later on today, like how to get towards that. But the Federal Health IT Strategic Plan is not the place for deciding what exactly those goals are. We can say what it is that we're doing to get there, but we can't say that this is arbitrarily the actual activity that everybody must do.

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

But you could say part of the federal strategy is to help set the North Star; I mean, somebody has to do it, somebody has to take the lead in setting it, having the conversation, whatever. Right now it's not clear who would ever do that.

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

So Mike, does the...this is Mark. Does the bullet immediately below the heading, "the plan should show how the federal government will help support the nation to build and design," does that capture what you're talking about?

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

I thought it provided opening for us to like hone that language a little bit to get there maybe. I think that that bullet meant something like within the federal government's role, this is the kind of thing we would expect a federal government to do rather than, I don't think...in our workgroup I don't think we meant, oh, they should also set the...they should help spearhead the drive to set a...the North Star vision or whatever.

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

So something like instead it helps take the lead?

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

Well, you could add another bullet that says, the federal government should spearhead the effort to set the national health infrastructure vision. That should be part of the strategy.

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

I'm going to defer to Paul on that one, but that seems like a more substantial change.

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

Yeah, probably.

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

I agree.

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

I'm sorry, that was Michelle, by the way speaking.

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

Telling who, yeah. Giving orders to the federal government, yeah.

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

...sensitivity and I could imagine the Policy Committee discussion would be more controversial if we were as specific as that suggestion. And I don't think we had that specific topic on the table when we did meet with the Policy Committee.

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

And just, I was just being really like unvarnished to make the point in the discussion about so you could, I guess you could shave that and slide it into the...into one of those bullets. But the point I was trying to make is the more unvarnished one...version of it. But you're right, it probably is controversial. But on the other hand, I mean, anyway we'll...it's not clear how we'll ever get there.

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

Hey, it's Jon...

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

Any other...

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

Yes, this is Jonathan Nebeker.

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, I'm from Veterans Affairs and the...I think I'll channel George Hripcsak as well, if I can get back to the letter. So on page 3, the additional reframing comments from the Strategy and Innovation Workgroup and the...I think that the clarifying comment there is to...I would like to expand on interoperability and the...it's rather vague here and so maybe it doesn't matter so much of what's included in the letter.

But maybe what happens, having now been working with our own 130 odd stations, different EHRs plus DoDs now for a few years with pretty good semantic interoperability, we've realized the extreme limitations of semantic interoperability when it comes down to taking care of patients and actually executing a plan of care. And so we...I said to David, I think I heard David on the line, our levels of interoperability which included process interoperability but it's really this interoperability needs to be nuanced because I think most people think about semantic interoperability as sort of the holy grail when really that doesn't get us very far.

And so whether you change the letter or whether you just make sure you get to an emphasis of as the consumer group stated a little bit on healthcare planning, interoperability for healthcare planning and managing patients across EHRs; that is what we need.

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

That's a little bit of what we're doing...isn't what we're doing here today, from this workgroup's point of view, is to refine anything that resulted from the Policy Committee comments? We're not trying to rewrite the letter, right, which has already been approved?

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

Right.

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

It's not...the letter doesn't concern me as much as just that it seems the...I mean, we had a lot of discussion about that on previous phone calls and that just seems to be kind of lost here.

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

Well let me ask if Gretchen or Michelle has...thinks that this topic is captured and reflected in the staff work. Do we need to have additional precision about it in this letter? I don't think...because the letter's been reviewed around for a while now, I don't really want to do a lot more editing unless we've misstated something that either our committee or the Policy Committee had felt was important.

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

David, I would say that from yours and Jen's presentation to the Policy Committee, the discussion was at the same meeting as the interoperability roadmap initial presentation and I think that the idea that the Policy Committee had said is that some of that level of detail would come through from the various workgroup's recommendations on the roadmap. And so the...what we had talked about from the Strategy and Innovation Workgroup was to align with the work there and so I don't think that we need to do any type of revision to get more into the details on that for this transmittal letter.

I will defer to Paul on that, but I think knowing that the discussion has occurred, Karen would definitely be taking the recommendations on...from both on the strategic plan and on the roadmap and asking staff to make sure that the level of where it's set between the two is appropriate.

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

Well, this is Jamie. I was also going to say that if...I mean in the letter we're really saying that focusing on achievement of goals and outcomes if you will should be a part of the reframing of the strategic plan. And so I think it would be counterproductive frankly, to start to point to some more specific prescriptive details around interoperability.

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

I appreciate that, Jamie. Given this last succession, other recomm...

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

I guess...all right, its Jonathan. Let me, again I'm not asking for a change in the letter, what I'm talking about is in no way a prescriptive detail.

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

So Jonathan are you proposing specific language in the letter?

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

No, no not at all. It's just...

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

All right.

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

...I didn't hear an answer to your question that...whether the reframing on interoperability to really address better care transitions, from a process perspective...

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

...is reflected in the staff work, I didn't hear an answer to that and...

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

...concern that I have, but the letter is fine, I love the letter. The letter just reflects that absence of...or the sort of the amount of emphasis on interoperability the letter seems incongruent to the amount of discussion we had, at least for which I was present on this committee. And so it raises a concern that the staff work may not reflect that discussion; I didn't hear an answer to your question and so that's really all I'm looking for.

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

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

This is Michelle. I don't necessarily have an answer to the staff work, but I will say I think that we spent a lot of time on the letter when really we're just trying to clean up the language and make sure that it reflects what was presented to the committee. But I think a few good points were brought up that can be part of the discussion for today's meeting where we talk about the Policy Committee work plan and helping to gather things that have been brought up in previous conversations and helping to make sure that those get integrated into the Policy Committee work plan.

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

Sounds good.

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

Okay, good. So with that, any other clarifications or edits to the letter proper? All right, hearing none, are we prepared to endorse the letter and send it on to Paul for his further deliberation, Paul?

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

Right.

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

Further clarification, right?

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

Right.

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

That's right, in other words, send all your additional comments to Paul.

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

Sounds good to me. This is Mark.

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

All right, I hear no objections to that so we will give it to Paul. And thank you all for your thoughtful review of this. And so with that, let's move on to the next topic of today which is our attempt to take a start, this is actually where we began last fall, was thinking about what would we ask the Policy Committee to work on. And of course some of that may get handed back to us, but some of it may well get handed to other committees that are already deep into some of these elements. So for that discussion I think we had a few slides, Michelle?

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

Yes, your thinking is in slides.

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

All right, there it is, so our membership...okay. So Jennifer and I took a pass at looking through our past discussions and notes of same and as well as the work we did toward the strategic plan comments and just clumped together much of what we talked about into these 4 buckets and I think there's a slide elaborating on each of these a little bit. So let me propose that we first talk about these four and whether or not these are the right ones, which are most important and what we think of these four and whether we want to advance any of these for further Policy Committee work.

And then in addition, we've compiled as best we could a list of other topics that had surfaced in our meetings, so that we wouldn't let them drop off without more discussion. And I think those are attached under the document in the email today called work plan items; is that the right one, Michelle, May 5?

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

Um hmm.

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

Yeah, so that would be another resource to consider as you think about the question, what else do we want to encourage the Policy Committee to look at. And on that hand-out, the attachment called work plan items you'll also see in bold type the workgroups...other workgroups of the Policy Committee that may already be or are considering working on those same topics. So, these are areas that already had some interest and I'm sure Michelle and Gretchen can catch us up on what's happening on some of those other activities. So, does the task before us make sense? Hopefully.

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

Yes.

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

So what may happen is, we'll identify some things we think deserve attention from the Policy Committee. It will in turn assign some work to other workgroups, maybe including us, maybe the other ones. But for now what we're doing is just giving advice. So the four topics that we, Jennifer and I identified were the long-term roles of government and private sector; this bears upon our discussion a few minutes ago.

The emphasis on value payment and what data infrastructure will support this hopefully rapid shift towards value payment that the Secretary has promised. The workgroup and Jonathan and George did quite a bit of work on the policy challenges around research and innovation, and we promise to come back to that. And then the long-term data infrastructure and architecture that would be more broadly encompassing and this obviously would include the patient-generated information and integration of financial and clinical and so on.

So, those are the four buckets. I think we have a more detailed slide on a few of these; can we go to the next slide? Yeah, so this is the one titled long-term roles of government and private sector...

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

Um, David, before you go through each of these, the slides that explains each of these, back at the maybe at the top level. I had an idea and I'm not sure how this would be done, whether it might potentially be another major bullet or else if it could be perhaps a part of each work plan but it does seem to me that there are what I'll call opportunities for better inter-agency coordination among the regulatory authorities.

And so I think a couple of areas that this has become potentially problematic in, you might think of, for example, decision support. So with the release of the FDASIA report, sort of who's on first for which aspects of decision support between FDA and ONC and others. Or certainly there are many opportunities for thinking about perhaps better coordination in both privacy and security areas between the Federal Trade Commission, the FCC, the ON...etcetera, etcetera, etcetera. And so...and when we're thinking about these broader issues, when they come down to the ground level of implementation, these regulatory overlaps and conflicts really become perhaps a major issue. And so I wanted to just throw that out for discussion and consideration that this might be something else to think about, maybe in a couple of targeted areas like that.

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

I think that's a great comment and it does, as I look at those coming slides, it does seem to fit into each of them. And since we don't know which ones may get further work from the Policy Committee, I'd recommend we add that harmonization across agencies, whatever you want to simplify...shorthand as a bullet on each of the slides or each of the topics that...

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

Yeah, so maybe...I called it interagency coordination, but you can...

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

Yeah, okay.

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

Yeah.

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

Good. I'm for that. So let me go back to the slide that we had on the screen. So the first of the four...

M

David...

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

Yeah?

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

I had a thought that maybe if you can tell me where it fits I'm happy to defer it, but it may be...

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

Right.

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

...it was something that seemed to be...would be helpful but missing and that's something around usability.

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

Let's...yeah, I think that's an additional topic that we should tee up for possible inclusion. I think that appears on the long list, I didn't...I haven't rechecked that, but I think it is.

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

Okay, so you tell me where is the right...if it needs me to address it today, you tell me where that is, I'm happy to wait.

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

I'm just looking over our...yeah, improve usability and design. So the third on the written...on the Word document that was in today's materials, that's called Work Plan Items, about halfway down there is the focus on usability and I think...what I'm hoping we'll do is after we review these four clusters that we put on the slide, we'll go back to the long list and also bring forward additional topics that need beyond the first four, that we want to give additional discussion to. So that's where I'd put it Mark.

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

Okay. And just to make sure I understand that list, that's a list where we are identifying items, but we're not proposing to take them on as the Strategy and Innovation Workgroup but instead proposing that they be added to other committees, umm...

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

Umm, so let me clarify my thought on that. The intermediate step is we, out of this conversation and maybe another, we identify some number, 2, 3, 4, topics we think are important for this year. We then take that to the Policy Committee with our rationale for why we think the Policy Committee should adopt those priorities for further analysis and work, potential recommendation. They may...the Policy Committee will say, oh, I think this is something the Consumer Workgroup should own of the Privacy and Security group should own and I don't think we need to be concerned for today's purposes of where it goes, as much as that we think it's an important national priority.

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

So all I would add then to what I've already said is that I'm wondering if there's actually some long-term thinking and work around this as well as some short-term thinking and work.

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

Yeah, I think everything on our plate today is longer term.

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

Right.

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

That we would want in 2015-16 the Policy Committee to give serious attention to these topics because we believe it's important for the long-term strategy. So I would just as a placeholder Mark, I'd say that topic of usability, let's sort of think of it as number 5 on this list...

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

Okay.

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

...and we'll come back to it shortly, but I'm glad you raised it. So, first of the four is this long-term roles of the government and private sector that we had talked about in our previous meeting. But that we had some general conceptual understanding that the government would play a relatively less intrusive and regulatory role when it's possible, but it would do what it needs to, to assure continued progress toward the Triple Aim and the public interest of use of health IT. Some of the topics that we had raised uncertainty around was what is the government's role in continuing something that looks like Meaningful Use? What's the government's role in defining e-Quality Measures that might be used for provider payment?

What's the government's role in really leading the changes toward value payment and the use of data to support those payment methods? The government's role in FDA and other programs, going to Jamie's point and then the governance question very broadly of what's the government's role in establishing any governance across both inter...both HIE functionality but also aggregate data, intermediaries, registries, etcetera. So...and then I'm adding Jamie's suggestion to this bullet list under that last point, we might also say not only the appropriate roles of government and private industry, but the appropriate level of interagency coordination is an important topic to think about. So that's a potential topic and we should maybe hold it in our minds for a moment and come back to whether we think this is one that deserves to be asked for more attention.

The next slide lists a few of the things that we have talked about as potential activities, that the HIT Policy Committee could consider; some kind of a framework for identifying when is it appropriate for the government to be active and when is it not in the health IT industry space, looking at the use cases on the previous slide. And maybe others as ways of examining the government's role, when the government needs to be more active doing some kind of outreach hearings, etcetera to hear different points of view on this. And then ultimately the Policy Committee might recommend principles and specific structures, such as a governance structure for example.

So that's just a high level outline of what work might be undertaken. I guess the question for us immediately is do we think this is a priority body of work that the Policy Committee should take some responsibility for this year? Let's have a short discussion of that now and then we'll go on to the next one.

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

This is Jonathan Nebeker; I'd just endorse this, it's great.

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

Thanks; any other pro or con feelings about this topic?

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

This is John Derr, just...

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

Yeah David, this is Jen. This is...yeah...

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

I'll wait.

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

...this is spot on, I think, particularly the role of the government piece. I think we've...talking about this, so.

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

This is John Derr, I just have a...ask a couple of questions. Since the non-incentivized people are now included under ONC and all that, do I assume that behavioral health and LTPAC are part of all these things? I know there's an old saying about be fearful about what you ask for and we've asked to be included in all of these things...

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

Yup.

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

...and then...but now our...the name's been dropped off a lot, you don't see LTPAC and behavioral health in a lot of these things. But I'm making the assumption that we are part of that. Is that true or is it a special thing?

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

Yeah, I like that question. It seems like we should add that question to the slide 4, the list under uncertainty. I think a good question is what is the scope of ONCs what's called oversight or intervention and does it...and maybe flag particularly the behavioral, long-term care issue or other previously unincentivized provider types, because that has been a recurrent question. I don't think, John, that we have an answer to that question, but it's one that this investigation would want to discuss, I think.

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

...I have a second one. As I said earlier, I've been on this TEFT Grant part with the S&I Framework and all that and every once in a while I ask the question about harmonizing what we're doing here on the Policy and Standards Committee with what they're doing on the TEFT Grant and I get sort of, well yeah, we're gonna do that at some point in time, but that's not part of our scope.

And I know we mostly talk about Medicare instead of Medicaid and...but...and maybe that statement about, that you just said a little while ago about all the government agencies, maybe that covers it, but I have this concern that we're getting a little bit of a disconnect because they talk about a longitudinal care plan and we talk about a longitudinal care plan and I don't think the two are in harmony. And then when they talk about the different state agencies and that, and home and community based services and getting people into those systems, a lot of them that will come from a hospital and will have an EHR or they'll come from a long-term post-acute care setting into that section. And I mention every once in a while, we don't want two sets of standards or two sets of templates or something like that, and I don't know where that plays a role or whether I'm just out of my mind.

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

I think that's another one, I think it's an excellent question. I guess whether...on this bullet, we're going, I think the next or maybe the third slide here in this series comes to that. The immediate question to me is whether...is there a place for the government in addressing that question of what we mean, for example, by the longitudinal health record or the standards for that? Probably the answer is yes, but that probably belongs on our list here, too.

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

Thank you.

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

David, this is Mark. Can I return to John's comment about behavioral health?

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

Of course, yeah.

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

And just to note that I pulled up the Strategic Plan and on page 5 it defines providers to include behavioral health; so, nothing wrong with flagging it's importance but hopefully that reference also answers the question that yes, it's included.

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

Yeah. Yeah, I think, when I took the suggestion to where it takes me anyway is that over years now we've had a discussion about who's in and who's out and what's the government's role in influencing or overseeing IT functionality for these different disciplines and domains. And as we get broader and broader in our thinking about health, as we just discussed half hour ago, it opens the door awfully wide and I think there would be a lot of questions about whether government should be involved in, you know, blank; social work, school, community health, you know, activities of all kinds; I know Mike's done a lot of work on that. So, that's a question I think that this investigation would want to consider very broadly; obviously starting with the behavioral or long-term care issues.

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

Yeah, I got invited or was part of a challenge that ONC did, five challenge a couple of years ago and I noticed that Mayo Clinic in Minnesota was working on schools and the nurses in schools. So there...I agree there should be something stated, because it's going all over the place especially if you sit on any of these six or so states that are doing the TEFT Grant.

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

Yeah, okay...other comments about the long-term roles of government possible recommendation to the Policy Committee?

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

You know...sorry, its Mike; I am...I agree with the slide as it is and I agree with the comments some people have made and, you know, I just...I'm going to raise my health banner again here but, it's sort of...I agree with them to the extent that what's there is true, but it sort of leaves out a huge other sort of track. I mean your last comment David about as our notions of health get broader and broader, when I look at this long-term role, the bullets, I don't see any indication that we're recommending that they sort of urgently...change that perspective and leave the discussion about the change in perspective.

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

Right.

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

That all of the uncertainty bullet points for the most part, from what I can tell, really are right back in in healthcare...

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

Yeah.

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

...and we're right back at Meaningful Use and really in 5 year...in the longer term, we're still going to be talking about Meaningful Use? That kind of thing is sort of...it's interesting like the healthcare tracker beam just pulls us right back into like the bigger challenges are all these other things really, it seems to me.

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

That's a great point. I think we should try to capture that in the next discussion about this long-term roles question. The think I was trying to work with is knowing that, and Paul can speak to this, the Advanced Health Models group is thinking about within the mostly delivery system frame, but as we get to these risk-bearing, comprehensive organizations, they will, as the example just given, be looking at broad contributors to health improvement and health maintenance, outside of traditional medical model. And I was trying to put a little bit of a bracket around what we want to recommend for looking at, that wasn't already covered by the AHM Workgroup.

But, I do think this question of the long-term roles of government and private sector totally com...brings us back to the question you just raised. So I'm very...I think we should modify that slide 4 or 5 to reflect that, the need to ask that much broader question.

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

Right, right.

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

Yeah. Paul, do you want to say anything about that AHM group and where that...this issue fits with you guys?

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

No, actually we're planning a hearing, it's June now, for looking at advanced health models and we've been doing really heavy vetting, looking for not just...we don't need to hear more people say, well we need to have...consider other data sources and social determinants. We actually are looking for people who are doing that, and that reminds me, I don't know that we have schools yet, John, but we are definitely looking for people who have looked outside at all of the determinants of health, social and others, and how do we incorporate both the data, but also the reach that we really improve the health of communities. So that's exactly what we're trying to target and so the kind of your question about the government role and HIT, you know, information sharing role in that is germane to the HIT Policy Committee.

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

So...

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

David this is Mark, I would throw something on top of...alongside what Paul was saying. One of the phrase that we've used there to describe this current look is accountable health communities.

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

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

And there's a notion in which we're looking at health and care planning as a combination of clinical and non-clinical settings and it seems to me that there may be...there would be a government role and a private sector role for that; that might be a useful thing to weave in here.

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

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

And just maybe a little further out on the future, but that seems consistent with what we're trying to do; it's already getting discussed so to...for us to be thinking about long-term structures for that could be very helpful.

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

And in case people don't know, ONC is leading an initiative to look at what used to be called care plans, but trying to figure out a different word so that it's not just embedded in the medical model, but looking at life health plan, or some...you know, just like you have a financial plan, a life health plan that's more...that has a much greater breadth and a much greater length in terms of longevity than just the end of life.

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

You know, just listening to us talk though, it still sounds like, and I'm sure I'm an outlier, but it sounds like we're...we have this kind of professional centric view of where we're going rather than citizen-centered view of a data infrastructure; like we're building it for clinicians and people who might be doing health, you know, like on...two steps away from outside of the clinician circle rather than people accessing data to improve their individual health and, oh and by the way, doing innovative things to work with their leaders in their communities to improve health, as well as interacting with the health professionals and other public health leaders and what not. It doesn't...I don't know, I mean it seems like a longer term role for the government should be sort of having that kind of vision and building for that.

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

So Mike, this is Mark and from our work, totally resonate with that; we've worked on...we talked with the Consumer Partnership for eHealth and built a notion of health and care planning around personal goals and the question that comes up though is, how do you, since there are sources of information in clinical settings that are useful to that and li...and conversely, sources of information in the personal health goals and planning that could be useful in the clinical setting. How does one get the biggest bang for the buck in that combination? But as you're saying, the starting point for our work was what's the way that the person articulates it for herself or himself in their own life?

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

Yeah. Anyway, just...

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

But, I think we all resonate with this, I wonder what should we do...I don't think today is the day we have to get all the elements of this notion embedded but there's a strong discussion here about broadening the conversation that the Policy Committee might have to take a very tight person-centric view and discuss the importance, as Mark just said, of the clinically sourced data as part of that long-term vision. And ask the question what's the government's role in building that out or stimulating it, promoting it?

So, sounds like reframing these slides to open up that...open that door for further work, we should certainly do that. But I guess, given our timeframe today, I guess what I'm hoping is we just go through each of these four and also the long list, just quickly take the pulse of this group that this is a topic worth more depth. It sounds like on this one we have a "yes," everybody so far has said this is an important topic and needs quite a bit of thought. And then let's come back to this topic again on another call and get deeper into some of the topics that are now coming up, so we can really get this...we can frame it properly for the Policy Committee's consideration.

So with your indulgence, I'd ask if there's anything else big or missing here and let's move on to the next topic for preliminary consideration. Does anything else big hit you on this one, that we haven't already at least mentioned and noting that we'll come back to it again later? If not, let's try the next topic, which will be on slide 6, which was data infrastructure for value payment.

So here the comment is, value is going to depend upon how we measure quality, and of course we've been struggling, including in the poli...in the Meaningful Use Program with how to measure quality, a lot of interest in measuring outcomes, that seems to call for some real new thinking about EHRs and data, longitudinal health records, I think as John just mentioned. The strategic plan certainly mentioned this frequently that the government payment methods will be the key driver or interoperability and certainly the interoperability roadmap made a big point of how much it's critical that payment drive adoption of interoperability.

So there are some things that outcomes measurement probably needs; a longitudinal health record, patient-reported measures and linkages across multiple platforms. And that value payment in particular is going to need a link between the financial information, the clinical information and what the patient says. So, given all that, it's a big topic. We haven't exactly talked about it yet in the Policy Committee.

So the next slide suggests that the Policy Committee could work with those both providing and paying for care and certainly those who use care, patients and consumers, to think more about these data requirements that will enable a more robust payment environment. Develop an architecture or a framework for pulling that data together and then think about the policy challenges that are needed to get us there. So I think that's all on that topic, let's see if people think that is something we should encourage the Policy Committee to work on or other components that are really missing from this short summary?

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

This is Paul, if you could back to slide 6, the bullet that you started working on. It's outcome measures are likely to require X, but the policies are likely to require not just a link. It's like John Derr was mentioning about school; so it's not just that we get multiple different data types and sources, but really reach in to the people who can act on those to change school lunches, as an example, and reconfigure...and influence city planning. So the stakeholders and the beneficiaries and the users of information, which is our bailiwick, can be much broader than the usual suspects. So not only getting data from other places, but providing information to our interdependent stakeholders that bear on individual health and...of health.

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

So you're saying not only capturing data for payment purposes but feeding back data for management and improvement.

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

For the effector arm...

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

Yeah.

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

...so the statement right now only says outcomes measures, so we talk about "patient-reported measures." What about the consumers and the actors on it? And I think that actually is a different perspective that we haven't really talked about before, but now is our chance.

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

Yeah.

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

Who has to...so in the new data architecture, who has to get this data or actually more importantly, who has to get the information to make their decision? We can't be feeding serum potassium levels to the teachers but, we can under...we can look at the underpinnings of what...why the BMI of my students are different from the BMI of your students and look at our lunches and look at our walking, etcetera. It really is taking, you know, and also related to measures, it goes back to the IOM report that was just released last week, a lot of these "core metrics" focused on one, individuals and people rather than patients and communities. And maybe we should weave those themes into our strategic plan topics.

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

This is Mark; I'd piggyback on that just to say that individuals, communities are not lifted up as much in this description of the data infrastructure as I think they should both to...in the role in improving outcomes, that's where the outcomes are happening. Going back to Mike's comment earlier, this is more on the provider side of things. So I think I'd weave that partnership in...slides.

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

My only caution about it is I think the...there's...this particular slide, this topic that we might advance to the Policy Committee was meant to be pretty tactical and pragmatic; that is, the specific change in payment affecting a specific group of providers, which is almost everybody, and that the infrastructure to support that is weak. Broadening it to cover lots of other domains like the patient...for example, patient cost sharing would be a legitimate topic that has to do with payment, and maybe we should open that up. But I...bringing in, I mean Paul, to your point about schools, I could see if I'm an ACO I might want to make sure I know how to give feedback to my community partners and those entities that might be influencing outcome and therefore payment.

From an IT point of view I might want to have an infrastructure that would facilitate all that communication. I'm a little afraid of boiling the ocean on this particular task, if in the next 2 or 3 years we want CMS to be paying...how much...how far is that process going to get in the next 3 or 4 years?

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

Well...

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

And how much do we try to tackle?

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

Maybe we're looking at...so, the title on this slide says data infrastructure for value payment. Is it...are we thinking of value payment as really reimbursing "healthcare providers?" Or should...

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

Yes.

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

...we be thinking of data infrastructure for deriving health value and what does it take to support that? What is the data information infrastructure to support that? And it will come back, I would think, to the traditional healthcare delivery system becoming health systems that partner with other effectors of the whole influencers on individual health.

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

Yeah, I really like that proposed change a lot.

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

I do to, I like the way this is going. And David, I also...this is Mike here; I get absolutely what you're saying about the payment reform and the data needs for high value payment. Obviously we all really agree with that. I guess, though, and it goes back to the sort of entry point in this whole discussion it depen...some of it depends on your sort of philosophical approach because, I mean, you could be arguing...you could say to do...think more broadly is boiling the ocean or you could say, well wait a minute, what is the government's true role here in this data infrastructure?

Is it to sort of do a one-off attention to a particular segment of the health problem in healthcare and try, as they've been doing for decades, to solve the information issues for value in healthcare or should we be thinking more broadly about sort of a health Internet and a health...and getting data and information and people's ability to use information to solve the broader goal, is that where we should put our...the government's sort of punch. I don't know, but in that sense to me it's less boiling the ocean and more being strategic.

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

So...this is Jamie. I had actually a different comment on this page that I wanted to make. I think, and I like the discussion thus far, but I think when we talk about driving interoperability, you know, we've talked about achieving the goals of interoperability, which is ready availability of usable, comprehensive patient-centered information sort of when and where it's needed for improved patient and clinician decision making.

I think that the number 3 on here talking about successful linkages is frankly too narrow minded an approach to achieving that goal. It's certainly one way, but I think we really need to broaden the approach to looking at measuring achievement of the goal of broader appropriate availability of comprehensive, patient-centered information rather than only transactionally moving extract copies of records so that every provider on someone's team has a copy of all their records. That's certainly one way to do it. I think that the API methodologies where the authoritative systems retain the data, the data stays put and the programs access it via APIs where it needs to be accessed that may be a second method to look at that would cover under linkages.

But then there are two other methods that really are not linkages, one of which is really...there are many models of data aggregation. So you can look at the Indiana HIE model of data aggregation as one way of shared access to comprehensive longitudinal information. You can look at APCDs, you know, as an important...another kind of aggregation. And then I would say that the...finally, what we're seeing is increased interest in sharing of single systems across entities within ACOs and within, in some cases even competing hospitals sharing a single platform because it reduces their maintenance costs. So I wouldn't want to preclude all those different methods of achieving the goal of interoperability by just focusing on linkages of existing fragmented records.

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

Hey, it's Jonathan Nebeker; I'd like to pile onto what Jamie was saying a bit. And I think that if you have number one is a longitudinal health record; I believe that means a longitudinal health record across all settings, is that what that means? Or does it mean something else?

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

I think it's a person-centered record that implicitly is across all settings and not just settings...

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

Yeah.

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

...personally generated information.

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

It could be explicit but if that's the case then the number 3 is sort of subsumed in number 1, right? And then I think that what we should be calling out more is how people are using the data instead of an emphasis...so, great we have a longitudinal health record, number 1. Number 2, we're using that for measures; great. Number 3, its support of the processes of medical care and this is something, the type of...so the HL7 in 2007 recognized three levels of interoperability; syntactic or technical, semantic and process and people really always stop at semantic interoperability because we just haven't gotten there, largely.

But semantic interoperability has...is very, very limited. Just because you have access to data and just because you can understand what the data means does not mean that you can actually use it to take care of patients and support processes even within, let alone across healthcare settings. And so I think that it would be really great to instead of having us mostly not completely redundant number 3 with number 1, but talk about the use...emphasize more the use of interoperable systems to promote processes of...beneficial processes of healthcare delivery or something like that.

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

I like that...this is Mike. I don't want to step over that comment. I did focus on the longitudinal health record though, prompted me again to think and sort of wish for that sort of North Star we talked about a little earlier. So, it's...I mean maybe we're driving toward a longitudinal health record for everyone or maybe we're not. Maybe we're driving toward everyone's ability to access the pieces of data about themselves when they want it and constitute it into information to use at the time they need it rather than this sort of notion about...of recor...this record that floats along with us. I don't...it just sort of highlights...it jumps out to me that we need a vision.

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

This is John Derr again. There's...we in long-term post-acute care look at the longitudinal care record or plan as something over a long period of time which has the different medical elements aggregated and the setting up of alerts and also being able to predict something and prevent something, more or less prevent something, from happening.

So there seems to be a difference of the definition of longitudinal and maybe it's the difference between a record and a plan because the plan, when somebody's in one setting or hopefully goes from one setting to another setting and they're setting up maintenance or really long-term chronic care type of measurements, you need to have that longitudinal, person centric electronic longitudinal care record to have all of the information that's germane to whatever their disease state is and be able to set up goals and also alerts that when they get out of normal, they do something themselves or call their doctor. So, I keep running into different definitions of longitudinal care, even heard at last HIMSS, not this year, but people were telling me longitudinal was the transition of care from a person's hospital to their home was longitudinally. So, maybe there should be some work on really what is a longitudinal care plan and/or record instead of we're throwing around different definitions of that word and it should...I mean, my personal feeling, should be that we get some firm definition of it so people can understand it.

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

Good. This has been a great discussion and I think we've broadened the topic quite a bit and again, let's kind of hold it for now and come back to it when we decide if we want to bring it to the Policy Committee. Any other sentiment that this topic should or shouldn't be something we carry forward to the Policy Committee? So far, it seems like it has a lot of interest. All right, I'm hearing the interest, I'm not hearing any negatives yet.

So let's keep it on our list and go to the third one, which is on slide 8, which just has a short couple of bullet points here; I think George and Jonathan probably want to flesh this out, but just to remind ourselves that there was a lot of concern about federal and state policies that can now be interfering with the ability to do research projects and to develop new, innovative solutions.

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

I think Rich Platt was on, not so much me...its Jonathan Nebeker, but maybe Rich Platt was more doing this with George.

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

Yeah, thank you for saying that, I think that's correct. So I just want to bring it here, we obviously don't...haven't got any meat on the bones here, but I want to raise with you whether this group feels like this is a topic, we can ask perhaps George and Rich to build out a little more of a notion of what might be done this year. Any thoughts on whether this is one that deserves further attention at the Policy Committee level or you just want to send it back for a couple of people to flesh it out?

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

It's Jonathan; I think this is severely needed, speaking as a researcher and leading the data structure for research in VA, I think this is really important.

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

I do too, especially in light of the sort of research kit announcements and things like that, absolutely...regard to the consumer participation, for instance.

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

David, this is Mark. I would just flag whether there is any overlap with work that NCVHS is doing. I sit on the Data Access and Use Workgroup; these are...this is a topic that comes up. I don't think there's much overlap, but I would just...I am just flagging the question.

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

Yeah, is Paul; I was going to make a similar comment. It's...it is an important topic but a lot of groups have weighed in, including the IOM actually, so I'm...yes, in priorities this is something where we're uniquely talking about some policy issue where others may not, you might rank that a little bit higher.

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

So is the proposal then to just to do a horizon scan for the need of coverage of this?

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

Well my thought would be to ask a couple of people, and we've already mentioned George and Rich Platt, to bring back to us a little more complete notion of what the Policy Committee might do that's distinct from these other groups that have just been mentioned. And then we can talk about whether we think there's enough there to make that a priority. I think we don't, and Paul, you might speak to it, I don't think we want to make...we don't want to recommend 5 new topics to the Policy Committee, we probably want to pick a few that we think deserve the resources and attention this year, and this may or may not make it once we see it fleshed out. But Paul, what do you think is appropriate?

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

I think that's exactly right. It's much more likely that we'll do something substantive if we focus on a few.

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

So I'd certainly give people a chance to build this up and make a case that this should be one of those few, if you all think that's at least worth asking, unless you think it doesn't rise to that bar and we don't want to take George's time working on it. I've heard two or three people say it is important.

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

I think everybody thinks it's important; it's just whether it's necessary, right?

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

Yeah, in a priority compared to the other ones we just talked about. Well, why don't we...I'll talk to George and Rich and see...let them know the status. We haven't heard wild...not as much burning energy around this as the first two, but certainly a recognition that it's important. So rather than ask them to do a lot of work on it, let me put it to them and see what they think the level of importance is, since they're not able to join us today. Is that alright?

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

Sounds good.

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

All right, let's go to the fourth one, long-term architecture requirements; and this may go back to a lot of our discussion today about a much more person-centered question. So that would raise, I mean, maybe we should want to rewrite this again because it hasn't been fleshed out, it's just a broad notion that do we need...does the Policy Committee need to commission some effort around what is the long-term data architecture going to look like in a world of much more distributed data sources and users than what we've been initially doing through the EHR Program and the HIE Program?

Maybe this has been covered by our previous discussions, if we took those first two topics in the direction that this conversation has gone, maybe the...those first two topics would address what's implied here. Or do you want to take this in a different direction and make it, how do we envision an infrastructure for the person-centered, distributed environment that's coming?

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

So I'll go, Dave; this is Mike. I totally agree with what you just said and given my comments thus far, this would be, to me, this is like the highest priority for the federal government to be doing right now, but that's, you know...

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

This is Jonathan Nebeker. So I just had a phone call with Michelle and some of her bosses yesterday on this very point and the VA has an extreme interest in this area to pursue this as an independent endeavor. We believe that content is going to be king, the EHRs are going to be less, you know, much less interesting in the future, even a lot of the other sorts of...many of the platforms or applications we have now are going to...are just falling short of being able to deliver sort of intelligence that we need to support medical care.

And I know that our Secretary believes that we'll be heading towards platforms and probably open source platforms in this area that other people can build on to deliver content and...both for commercial as well as other types of solution of content services and applications. And there, you know, the Health Services Platform Consortium that was kicked off by Intermountain Healthcare and Dignity Health and some other people that's trying to get some traction in this area but additional ONC support would really be helpful to figure out how we can get to a basic, at least a reference architecture to allow the ex...you know, the proliferation of content services and applications.

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

VA had some strong endorsement.

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

Is it for all these 6 bullets or a few of them or is it really the title?

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

The title.

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

Yeah, I wouldn't hold too much for the bullets; they were just thrown here again kind of as a placeholder...

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

...from our previous discussion, but...

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

Okay, the title...

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

...we want to...yes.

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

...about the title.

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

Yeah. So is there more sentiment that we should encourage ONC and the Policy Committee to take a look at this as a relatively higher priority on our list so far?

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

Because the bullets are so diverse, really, is there a way to characterize what you mean by...what...same criteria, what would the role of the federal...what actionable steps...what steps could the federal government do that would be actionable by the other stakeholders and constructive? That might be helpful.

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

But, you know, that's exactly why I have a problem with this is that if this goes back to sort of the first of the major areas that we talked about, which is what's the long-term role of government versus private sector...

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

Yeah.

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

And so I think it's sort of like these are sub-bullets under that first major heading perhaps.

M

Right.

M

Well I'll just say, the way I was...

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

This is Jonathan, I agree, but it's just, I guess, whether it gets treated as a sub-bullet or whether it's really...there's just a lot of work to do in this area...

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

But that's not the same thing...

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

...but either way...

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

...as a lot of work for the federal government to do. I'm just trying to make sure I understand, is it a recommendation for the federal government to do? And if so, what is it?

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

Right.

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

Hmm. So do you all think we can get there from here if we lump this into the first one, the federal government versus private market roles? And make sure that that first one we talked about, slide 4 I guess and 5, has these...this question of the long-term architecture in it.

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

Well yeah, I mean I would add it in there and I wouldn't even call it long-term architecture requirements, I would just say, questions about each of these things and what's the government's role. Because I don't think these are necessarily requirements.

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

Right, I agree.

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

So David, this is Mark would throw out two thoughts. When we were looking at the strategic plan and reorganizing goals, we started off with, what are they...what are the federal government's health goals as a driver. Umm, so that's one thought; I'm going to go to a second and then I'm going to draw my conclusion. The second thing is that we are where we are now because the federal...just speaking broadly because the federal government helped out where the market wasn't doing what we needed.

So I think, my conclusion is, I think something like this isn't...this is a federal role and to drop it into a discussion about what's the federal private may make it more difficult if there's agreement that something this big sort of what are the long-term needs, like what are our health goals, is something that belongs with the federal government. I think it might be worth just carving it off and keeping it separate.

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

Yeah, I guess I don't agree this is necessarily the government's role. So...

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

Right.

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

I would add...

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

Yeah, two things; what is the government's role and whether the government could be good at it.

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

Right.

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

And maybe I should say, if it's architecture per se, then I probably...I would agree with that. I'm thinking more about what do we need from the system? Things like I was saying earlier about health and care planning; what do we need to make sure is included; maybe that's a better way to put it than to just say architecture.

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

Right, I think that...Jonathan Nebeker again from VA; I think that it is not the government's role to define the architecture or even the necessary standards, I believe, for...to make such an architecture work. The...however, the government can have a very important role in creating a forum or working with the private sector to create a forum for advancing the goals of facilitating reference architecture, standards, you know, service standards and to facilitate consumption of content application services.

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

But I also agree, I just want, you know, the V...again, I'm from the government, I'm here to help you but I think the government shouldn't...is a participant in this discussion and can help create a forum, but is not even necessarily the lead for this.

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

I think part of where this comes from is the recognition, and we've learned it through the Meaningful Use years that what the government does with incentives and standards and rules will influence the whole industry, whether it's proactively toward a particular vision or just bringing into formal requirements things that have been open-ended in the general economy. So being...having the government be very conscious of its impact on the long-term evolution of the way information flows is going to be just so important, even if it's not the one that makes the infrastructure, it is going to inevitably influence it.

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

So Mike here and just to clarify, I mean I agree with the comments about what the actua...what the government actually does, I mean, in terms of dictating or designing something behind a veil and then announcing it to every...I don't thin...I think that's right. But in terms of sort of helping, and maybe that's not right, but helping the field determine, okay, what's the stacking protocol? What are the...what's encryption? What's the role of APIs? Are we going to tag the data? I mean, how is that...how does that all fit together, driving the conversation so everyone can go, oh, that's what we're organically building toward. Somebody...we need something, right; some direction.

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

So, let's go back to the question whether this is something we would want to in our further on discussions, we're almost out of time today, we'd want to take this within that first number 1 what we called whatever, roles of government and put it there. And then let it play out as we discuss it in a little more depth as opposed to a stand-alone topic for further discussion. Does it work to fold it into the first one?

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

Works for me.

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

I think that's where you would discuss it, yeah.

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

Okay.

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

Yup. Go for it.

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

Let's do that. So, I know we only have a couple of minutes left, we should allow for any public comment. We didn't get to the long...so what I took away was we're going to collapse this fourth one into the first; so we do have one topic of potential further work on the roles of government and private sector. We have a second topic of potential work on value payment infrastructure. We're going to talk to our colleagues about the research topic and whether that should be given more time and more thought by all of us.

And then we have the Word document that we mentioned earlier today that was in today's calendar entry called, HIT PC Work Plan Items, which we didn't talk about and won't have time for. But I would think in our next call, we should, and maybe all of you could in the meantime, take a look at that list and your own creative imagination, and think about what is it that we need the Policy Committee to be working on in the next year or so, that isn't covered by what we talked about today but perhaps will be brought to mind by looking at that list and that you would like to advocate for more discussion with this group, for potentially further development and bringing to the workgroup.

So if you look at that page, it's got, I don't know, 10 or 15 topics on it that we've all flagged as important; are they important enough to ask the Policy Committee to focus on them this year? So we won't...and usability was one in particular that Mark mentioned right at the outset, and there may be others that also deserve our attention. So I propose at the next meeting we talk with George and Rich about the research question and we have all of us contribute our thoughts based on this list or other input and that will help us get to a narrower set of topics for deeper dives. Does that sit okay with everyone?

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

Yup.

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

Sounds good.

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

All right. So Michelle, can we see if there's any public comment for today's meeting?

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

Caitlin, can you please open the lines?

Public Comment

Caitlin Chastain – Junior Project Manager – Altarum Institute

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

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

So while we wait for public comment, we don't currently have any additional meetings scheduled, but we are going to work on that; so, stay tuned for next meeting. And there are no public comments.

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

All right. Well thanks everybody, it was a very lively, energetic discussion today, a lot of great ideas, powerful trends for our future work. So we'll schedule another meeting and please do take a look at that list and think of other topics you really want the Policy Committee to give a look at that we may be omitting so far. Thanks everybody.

M

Take care everybody.

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

Thank you.

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

Thank you.