



HIT Policy Committee Advanced Health Models & Meaningful Use Workgroup Final Transcript June 23, 2015

Presentation

Operator

All lines bridged with the public.

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

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Advanced Health Models & Meaningful Use Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll and I said good afternoon, but it's actually good morning. Paul Tang is not here yet. Joe Kimura?

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

I'm here now.

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

Oh you are; hi, Paul. Okay. Joe Kimura's not here. Amy Zimmerman? Art Davidson, I don't think he's able to join and Charlene Underwood as well. Cheryl Damberg?

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

Here.

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

Hi, Cheryl.

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

Hi.

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

Devin Mann? Frederick Isasi? Ginny Meadows?

Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies

I'm here.

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

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

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

Here.

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

Hi, Lisa. 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; I didn't think you could join. Marty Fattig?

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

I'll have to drop off a little early, but I...

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

Mike Zaroukian?

Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)

Marty Fattig is here.

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

Hi, Marty. But no Mike Zaroukian. Neal Patterson?

Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation

I'm here.

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

Hi, Neal. Norma Lang?

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

Good morning.

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

Hi, Norma. Patrice Holtz? Robert Flemming? Shaun Alfreds? Shawn Terrell? Stephan Fihn? Suma Nair?

Suma Nair, MS, RD – Director, Office of Quality Improvement – Health Resources and Services Administration

Good morning.

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

Terry O'...hi, Suma. Sumit Nagpal? Terry O'Malley?

Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital

Hello.

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

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

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

I'm here.

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

Hey, Alex. Samantha Meklir?

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

Here.

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

Hi, Sam. Anyone else from ONC on the line? Okay, it sounds like Paul's here so I'll turn it to you, Paul.

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

Thanks a lot Michelle. It's not going to be a secret for very long that I'm sitting here in an airport terminal, so you'll be hearing the security announcements every once in a while, but hopefully this will be a fairly short call. Next slide, please. So we're here to review the findings and recommendations from the hearing. As you know, we spent the next half a day after the hearing coming up with our recommendations, so, we're really sort of reviewing the work from there. You did not see a summary of the findings, so that's one of the things we're going to put in front of you for your approval. Next slide, please. And next slide.

Okay, the findings. So we found that there are a number of community organizations that are already working with provider organizations to try to look at using the advanced health models to take a holistic view of individuals. Community organizations are highly motivated to share the data, but it tends to be pretty hard, part of which...part of the reason is the connectivity; the second reason is sort of standardization. So we were saying that we had heard from some of the advanced health models and they're making substantial progress in mobilizing what already exists, not getting new data but trying to get existing data to flow. And there are a couple of ways that we're going to talk about in how they do that. By the way, how's the noise background? Is that okay?

M

It's fine.

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

It's not bad right now.

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

All righty. Number 3, there's a lot of interoperability challenges so people tried to do things by accessing either a single platform, and we had examples of a couple where they're just letting people into their electronic health record system rather than really having true interoperability so people who have a need to know share the data. Next slide, please.

So we think that there needs to be a data infrastructure, and this is...and we've said this before, but to make it clear, it goes beyond just EHRs. So EHRs do a great job of capturing information from clinical encounters, whether in the ambulatory setting or the hospital, but doesn't do a good job of getting all the other kinds of data about the whole person that impact health. So one of the things, as Neal will remind us that we need is a way to link the data that belongs to an individual and no other data that belongs to other individuals and patient identities, patient identifiers is a key need we'll talk about later in our recommendations.

Fortunately, it's not as if, and maybe the other way to say it...hang on; we don't really want to be spreading the whole chart around to everybody. And one of the panelists mentioned 9000...organizations; I don't think that's probably the best thing to do and fortunately, it's also not what's needed. So there is probably some limited amount of information about an individual that goes to key stakeholders. So that, of course in our recommendations, we're going to have to say we need to get...find out what that limited information is because it not only would expose us to a privacy risk, but it also would overwhelm the data recipient. Next slide, please.

So speaking about privacy, there is a lack of clarity; we know there's a HIPAA, we know there's only certain covered entities of HIPAA, what do we do? Community organizations are not covered by HIPAA so what does that mean? What's the responsibility of the healthcare organization, the covered entity with respect to other organizations that aren't covered by HIPAA? There are clear answers, but it's probably not well known by people who are afraid of their responsibilities in terms of sharing that data. On the other side is we need to understand how people should, with the responsibility of receiving data, what kinds of responsibilities and training should they engage in, in order to protect that private information or confidential information?

Shared care plan was identified by many because it is on, I mean, you ha...in order to coordinate care, in order to act on one page, we really have to understand what is that page, what's the shared goals for an individual, whether you're in Food Pantry or even housing and jobs or social services. They all need to be operating off the same shared dynamic care plan. Community service organizations may be mostly small and typically have varying levels of data to support for managing the data, protecting the confidentiality or how they make it known at the point of need. And then there's the lack of standards for human social services, people were exchanging text information, the computers not going to be able to help you manage that information if it's all in text. Next slide, please.

And we talked a lot about social determinant data; right now that one of the ways that's done is by moving that information around through HIE organizations. There's a lot of governance and privacy challenges when you do that; well there's chal...privacy challenges and governance challenges for that matter, no matter how we move data around. And so there...it still comes back to, we need to be operating under almost single, universal policies if we're to truly protect the information, but also at a lower cost. The more variance there is among different organizations, the higher the cost, the higher...the harder it is, actually, to treat adequately. And we would...and some innovative approaches to community resource directories such as crowdsourcing were described to us.

Advanced health models are in the early stage of developing patient engagement strategies. That probably hasn't been a real focus for them and that...yet that is a high value activity. And then we all recognized that if we would change our payment system truly over to global budgeting, we would...this would be a major enabler for us all to appreciate what different services are needed to improve the health of individuals and communities.

So that's the end of the summary of the findings; let me open up to any...have we missed things? Did...was that accurately represented in terms of, were these findings actually...did these findings actually represent what we heard? And if I could get the hand-raise part, please. Is there anybody that has a comment?

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

This is Mark, Paul. I did raise my hand; do you want to wait until you call me?

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

Yes, please, go ahead. For some reason it's not popping up; oh, I see it now. Okay. Sure, go ahead Mark.

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

So on finding 6; I thought that, I just wanted to flag the word generally. I think that probably was true of the examples that we heard; I don't know if it's true across the board. I don't know how closely anybody's going to be reading this, but, there may be instances where it is important to have a more complete record. So, just if it were me, I'd probably limit it to the universe of the presentations we received.

And then the other thought I had is on finding 8 about the shared care plan. There was talk about the importance of a longitudinal record and shared...and I wondered if maybe either here or someplace we wanted to include a finding that folks spoke to the importance of having a longitudinal record, not just the snapshot. That was in the wrap-up findings from...on June 2.

And lastly, didn't see anything in the findings about the importance of a role for patients and family caregivers. It certainly comes up later in the recommendations, but would we like to include a finding about the importance of that role?

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

All excellent comments, Mark; let me take them in order. The first one, in terms of generally, I think it's hard to imagine something that wouldn't...that would need the complete. What that says is there's a limited, meaning subset of the complete record. So do you find that that statement...do you find that statement to be inaccurate?

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

I find it to be true of what we heard on June 2 and June 3. But if these...I was just thinking more as my...some of my prior training. If this were taken as a general finding that applied across all advanced health model use cases, it might not always be true.

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

But would it be generally true, that's, I mean...

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

I don't know; I think probably most people want...don't want the whole record and all because they're looking more at episodes of care; but as we are going towards more longitudinal situations, I don't know.

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

This is Cheryl Damberg; I guess relatedly, the one thing that I thought I heard in the discussion in this area was having access to actionable data. And I don't see the word actionable in any of these summary bullets.

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

Okay, so we can add that...we can modify the phrase to talk about from what we heard. Okay, that was a good point. The next point that Mark had was shared care plan and adding the word longitudinal; does anybody disagree with adding that concept?

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

No.

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

Nope.

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

Okay and the final point Mark was?

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

The importance of the role of individuals and family caregivers.

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

...right, right. And that's just an oversight, so we can stick a statement back in...stick a statement in the findings as well.

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

Okay.

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

Next hand was Norma.

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

Hi, good morning. And generally I think they did a really awesome job of collecting or accurately reflecting. My...couple of concerns that still plague my mind and that's the clinical and non-clinical and where does things that we don't see very often in here, like home care, long-term care, palliative care, and hospice care fit? I'm just, is that clinical or is that non-clinical? I would put that in clinical but I'm not sure everyone else would. And then I want to be absolutely sure when we talk about clinicians that we are including all the professionals, not just the eligible providers, which I think we did a pretty good job of stating, but I just kind of worried about that. Thank you.

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

Thanks, Norma. Would it help to have maybe a glossary as far as what we mean by clinical? And I suppose if we are...if every statement has clinical and non-clinical, that pretty much covers it, yeah?

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

Well then does social services, the other big part of this, or community; does that fit in non-clinical?

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

Well I think every time we say clinical and we say clinical and non-clinical, so regardless of people's perspective which one is...whether social service is clinical or non-clinical, it would be covered in the statements we make, hopefully.

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

Yeah, I'm just so used to the exclusions of so much and I want to be sure that the other parts of the caregiving system are included because it still so often goes back to the acute care part of this and not the chronic and the long-term care.

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

So maybe we can help define that, but we tried to be, as I said, every time the word clinical was used, we say clinical and non-clinical; so, we're hoping just the way it's written that it would be very inclusive, but we can make that more explicit.

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

Yeah. But where would you...

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

Good.

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

...I'm just, once more; where would you put things like home care, long-term care and hospice care? Would you put that in clinical or non-clinical, if you were to...I know you want to...you're inclusive, it can go someplace? But it does make a difference because there are certain things and goals that we have for the clinical care and certain ones that we have for the community or social service care. And so I'm still not quite clear in that.

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

Norma, this is Alex...

M
Hi...

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

...I'll just say as we were writing this, the goal was to have clinical refer to all of those settings including home care and hospice, etcetera and then non-clinical referring to social service agencies, schools, prisons, those kinds of settings that really are not in the current clinical universe.

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

Okay, that's helpful to me.

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

Great. Thank you. Cheryl?

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

Yeah, I had a question about number 14 and I'm wondering whether the language needs to be expanded a little bit to indicate what I think was meant here. So we use the term major enablers but my recollection of the discussion was that these types of actions would provide the financial incentive to invest in developing these advanced healthcare models. So do we need to kind of refine the language in there about, you know, better aligning financial incentives to encourage investments?

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

Uh, I think that could be helped.

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

Because that's intent of 14; do I have that right?

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

I think it's both; I think you're right that it does...it not only is an enabler but it's almost a motivator or incentive. So we could certainly strengthen that to include both aspects; would that make sense?

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

Yes, that would be helpful.

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

Okay, let's do that. Next is Terry.

Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital

Hi, just on 14 as well, perhaps a comment about removing some of the barriers to sort of gainsharing that currently exists, some of the Stark rules and the anti-monopoly rulings. It’s a policy lever that we might want to look at.

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

So I think, although it’s tempting to talk about a lot of things in the advanced health models, we’re trying to, I think our scope is limited to more the information infrastructure and support of that; so I think that might be beyond that...scope. Does that make sense?

Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital

Fair enough...no, actually, it’s all right.

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

Okay. It’s not...there’s a number of things we could throw in here, but we’re trying to be somewhat disciplined here. Any other comments? Great, thank the ONC staff for...

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

Paul, this is Amy and I just want to let you know I’ve joined and I’m on my phone, I don’t have a screen in front of me, but I am listening to try to catch up because I couldn’t make the in-person meeting, for which I felt bad about. But, I am here and I am listening.

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

All right, thank you. Okay, let’s go to the next slide, please; okay so now going into the recommendations. The first is that...the first couple have to do with standardization and we talked about the need for clinical data standards, I mean that certainly applied to sharing amongst clinical systems, but it certainly applies to sharing across all the data systems for the entire holistic team that impact an individuals and the community’s health. So that’s the source of this recommendation and some of the things for HHS to consider are the use case...the prioritized use cases and trying to work with the National Information Exchange Model for human services. Any additions here? Mark.

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

Hello, this is Mark...yeah. Here and in some other places I’m wondering if it’s good to say greater standardization but also usefulness; that was a concept that came up at various points. And the second thought I had here was to again to reference the role of individuals and family caregivers, so it’s not just connecting with service professionals, but it’s also with the individuals and their caregivers.

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

Good catch. So we'll try to insert the notion of, yes. But when we talk about prioritized data to standardize, trying to prioritize it by its usefulness; good point. And then you're right that the...one of the set of service professionals, that seems a bit more restrictive; thanks for pointing that out.

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

Thank you.

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

Norma? Norma, you might be on mute.

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

Let's see, am I on mute? Hello?

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

No longer.

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

I'm okay?

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

Yes.

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

Okay. I was just saying I like the use of professionals and I like the use of individuals. I didn't...I can't respond to this last statement; were we going to keep service in or put in health professionals? I don't understand why that would be restricted. Could you just help me understand what you decided on the last comment?

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

What we're trying to do is the need for standards...the need for data to flow goes beyond "service professionals, which seemed to just imply that it's the professional health...health professionals...

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

Hmm.

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

...rather than amongst the entire team involved with an individual's health, which certainly includes the individual and their families.

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

Yeah, that part of it I like. I have to think about the other part. I just don't want to lose all the health professionals who have desperate need for these data.

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

So I think we're trying to be more inclusive rather than less.

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

Okay.

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

We have an inclusive footnote for a health professional definition...

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

Okay.

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

...on the bottom of page 1, if you'd like to look at that, Norma and share your thoughts.

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

So what would this one say then, utilized by whom then? How are you going to change it?

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

I'm not sure we'll do the fine editing on the call, but it's by all members of the health team comma, including the individual and fam...their families; something like that. It's really to make sure that we don't exclude individuals.

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

Okay. Okay, thank you.

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

Okay. Thank you. Any other comments? Okay, next slide please; okay and then as I said, the second part of the standardization talks about an important kind...type of data that was mentioned during the hearing, and that's the social determinants. And we talked about, how do we prioritize again, you know, you could have volumes...hundreds of data elements; how do we prioritize the ones that are useful and important? And what can HHS do in order to promote that; how can HHS use the social determinants in its programs, whether it's in payment or a risk adjustment? Comments on this? Mark.

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

Yes, again here something about integrating the role of individuals and family caregivers in contributing and using social determinant data. Something we talked about at the hearing and we put it up under the standardization thing; it seems like this would be the place to mention that.

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

So one question is, do we actually...so this brings up an issue of approach; so this one is written, I see what triggered your response last time, but I wonder if the better approach is this which is, let's have better standardization and it doesn't restrict who uses this data. Maybe that's actually a more inclusive way of dealing with these recommendations both 1 and 2. So if we focus on high priority useful data, whether its clinical or social determinants and not say who it's for, maybe that's actually even a better way of being inclusive.

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

My own thought is that we've...is that we're...we've done more work on thinking about it from the professional side, we're doing a little bit of catch-up perhaps on integrating the individual and family caregiver in that and therefore that it's worth calling out and mention...calling it out, as we did at the hearing.

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

That makes sense. Another possibility is to literally have a recommendation about making sure that we include the perspective of the individual and their families; that might be more actionable. How does that sound to you?

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

Umm, it sounds logically correct but in my experience, it's always good to have words right there on the same page where people are integrating them and understanding to think about it. But, I defer to you.

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

Okay, we'll take a step back and see if it's becoming a bit awkward to include a phrase in every recommendation versus trying to make sure people take...make sure they go through whatever they're doing and make sure that when you're standardizing things, when you're writing privacy policy, that we take the individual's perspective in mind. I think we could do the...let's see if it becomes awkward to include a phrase on that in each recommendation.

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

Understood.

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

But the point is well made. Terry?

Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital

Hi, Terry O'Malley; so we talked in the hearing about the conundrum of balancing flexibility with standardization and reading this makes me wonder how we're going to turn into a learning system if we're only emphasizing or if we're putting our emphasis on standardization? Do we need some sort of modifier that says we need a process to be able to evolve these standards? Because we're going to be doing things that we haven't done before, or at least expanding the number and types of data elements that we're going to need and the number of types of users of that data. I don't know if this is the place for that or whether it's already implied, but the flexibility versus standards in an evolving system.

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

That's a good point. Alex, I forgot where it...this balance is talked about somewhere, but I can't remember where that was.

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

Yes, so in the document there's some explanatory prose under each of these, which we didn't put on the slides just for conciseness. But, that's where we mentioned that and in some of the preamble language.

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

So...okay, so we have two running themes that we would like to apply everywhere; one is I'm sorry about...most of you know about the TSA announcements. Yeah, so the two perspectives or three maybe it's one, to be very inclusive of all the clinicians and two to be very inclusive...remember the perspective of the individual and families. And the third is this balance between standardization and innovation. So we'll make sure that we figure out how to handle that in the most visible way. So let's check our work when we get done with the recommendations and see if we need to be separate recommendations or include them. Is that fair?

Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital

Sounds good.

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

Okay. Why don’t we go to number 3 and just to remind you, and I know that was sent out late, the prose definitely calls that out.

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

I’m sorry, just...in the final version for your presentation to the committee; we can certainly include more of that in the presentation so that it’s framing the whole...all the material.

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

Yeah, it’s definitely an important point. Okay, the next recommendation has to do with the phrase that we were using at the time, and I wish we could come up with a better phrase for the presentation is, the concept of dynamic shared care planning and the phrase I’m looking for is to get away from care planning because it’s so confining from a medicalization point of view. We called this a life plan for...we tried to come up with something in that listening session before, but at any rate, is to try...so, thanks. So it’s to accelerate the activities around planning for and implementing dynamic shared care plans.

And one of our suggestions was that ONC perhaps both partner with a private foundation, so it’s a public private activity, but also to have a working summit, I think we referred to it as, so it can bring together a lot of different stakeholders in creating this. People have some preconceived notions of what a care plan is, and I think we have to sort of extend beyond that, and that’s where we need convening of a lot of different folks from training to the profession to the implementations in the provider groups. We need to unders...have sort of a shared understanding of what this might be and the vision for it. And the thought was that that would stimulate creation of some kind of private...public private activity, a consortium, to carry on the implementation.

So, we’re not proposing that HHS be, you know, carry the water for the actual development of this concept, but that that...it be a convener of these multiple stakeholders. So that’s sort of what we talked about at any rate. And then figuring out, you know, we can’t boil the ocean so what are the priority demands...domains for this “care plan,” and what are the standards that are needed to support that? And how can the government play a role? Comments on this? Remem...so it’s just a start, but we thought one, we’d highlight the importance; it really was brought up by the majority of the panelists. And a suggestion for how HH...ONC/HHS can take an action that will start this activity going forward. So comments? So is that an agreement with the recommendation?

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

Yes.

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

Yes.

Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital

Yes.

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

Yes.

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

Okay, great. Thanks. Next one, next slide please. Okay and this one refers to again almost a near universal plea for matching strategies as you aggregate data across various settings. And we might, I think in our prose, we acknowledge that the federal government cannot take its own action under the current laws, but that we think that it's an important topic, federal government may play a...well, that we really encourage the private sector to tackle this. And we're sort of suggesting that out loud, in a voluntary program. Any further comments or Neal, anything you want to add? Mark?

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

Yeah, just to note that we...here we can build upon some work that's already been done; I don't know where it's housed now within ONC, but Lee Stevens had convened some broad stakeholder groupings and come up with some recommendations. I don't think the work is over, but at least we've got some good work to build on.

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

Okay.

Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation

Paul.

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

Oh, Neal.

Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation

This is Neal.

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

Go ahead.

Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation

I'm sorry I was out of reach from the mute button. The...so I think it's very important to have this included. I'm reasonably pleased how broadly this subject is being discussed, both in Congress and starting to be in ONC a little bit. I think this is very appropriate.

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

Okay.

Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation

Absolutely required, too.

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

Great. Okay, next slide, please. And this is sort of dealing with the privacy I think confusion...and a lot of the confusion sometimes actually impedes the sharing that we heard so much about. So this was sort of clarifying guidance; it's really we ask for even clarifications because we think even the...a common understanding of what HIPAA does and doesn't cover and what other privacy regulations or laws might cover would be helpful so that at least the ones the barriers that are out of fear of violating some law or regulation could be reduced, if we had a better understanding.

So this was asking HHS to put out some clarifying guidance, to share best practices and to maybe even produce some examples of things that are permissible under law and of value. So part of the considerations are guidance, FAQs, things that would take the perspective of whether you're a healthcare provider organization being asked to share data or whether you're a community organization, what are your responsibilities? Or whether you're an individual, what happens when you click some button and say, either I agree or send this? So that's sort of what we're asking HHS to do. Comments?

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

Paul, this is Cheryl Damberg; I thought this was a really important point that the communities were making and I think this recommendation nicely summarizes the discussion and some of the key action steps.

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

Thank you. Mark?

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

Thanks Paul; I wanted to pick up on your last comment and suggest that maybe where it says best practices for community-based organizations, we might also refer to best practices for individuals, just that HHS consider what those might be as well.

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

That's a great point. One of the ways we were handling this in a different discussion having to do with our comments to Meaningful Use is really if there are best practices or even a model checklist of what an individual should be looking for. And then we thought about in that context, oh, those could be the model checklist and a vendor can say, I subscribe to that or not and that would be sort of...all voluntary sort of a seal of endorsement. And that can help individuals understand what vendors are supporting; it also can help with enforcement because the FTC can back that up. Any other comments?

I might make a suggestion in terms of the...just the order; I probably would put clarifying guidance first because really I think that's the meat of this and then we can share best practices, but really what's...what is covered by HIPAA and how would be really helpful.

Okay, next slide, please. I think that'll be our final one. And this was talking about outcome measures and presume the data that is behind those so that we can measure accountability of organizations in the new alternative payment models. Any comments on this? Mark, is your hand still up?

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

Ah, not intended to be, sorry.

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

Okay. Any other comments? Okay, as we look back over this set of recommendations that we picked up on one, the perspective of individuals and families and the balance of innovation flexibility and standardization. And we threw in sort of the usefulness and just high priority elements rather than the full set. Comments on the overall recommendations or comments about whether we include those caveats as part of a different recommendation or in the preamble; right now it's in the preamble and the text for each of these recommendations.

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

All right, Paul, can you just run the question by us...by me one more time? I'm not sure I caught it.

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

Let's see, we have let's say three choices; one is to include these caveats, and an example is what you mentioned about the perspective of the individuals and families, another is the flexibility and standardization in each recommendation versus having a separate recommendation versus covering them explicitly in the text, both in the preamble, sort of the framing preamble, and the text of each recommendation.

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

So for me I continue to be drawn to including them in the language of each of the relevant recommendations.

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

Other comments?

Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies

This is Ginny; I agree with that. I think it's good to include that within the text of each recommendation.

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

Thank you. Others?

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

I agree; so many times the recommendations are taken out and stand alone, so I think that would be helpful.

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

This is Cheryl; I concur.

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

Okay, so we'll work those in where appropriate. Okay, are people comfortable with the set of findings and recommendations we have? This is not final; this is what we'll be presenting to the Policy Committee for their endorsement.

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

Yes comfortable and unfortunately I have to drop off now. Thank you.

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

Thanks Mark. Okay. Next slide, please; which we had and next slide. The next steps is that we're going to be presenting to the Policy Committee on Wednesday...no, Michelle?

Helen Canton-Peters, MSN, RN – Office of Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

Next week.

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

Okay, like June 30 or something.

Helen Canton-Peters, MSN, RN – Office of Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

June 30.

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

Great. Thank you. And if there are no other comments, we'll be opening to public comment. And why don't we go ahead and do that please?

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

Caitlin or Lonnie, can you please open the lines.

Public Comment

Lonnie Moore – Meetings Coordinator – 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 telephone 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

Lonnie, it looks like I lost my connection so you'll have to announce if we have public comment.

Lonnie Moore – Meetings Coordinator – Altarum Institute

Okay, it looks like we have no comments at this time, Michelle.

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

Thank you.

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

Okay, thank you everyone and I really thought it was a wonderful hearing and we came up with some actionable recommendations on the day after and appreciate your participation in both the hearing and the discussion afterwards and this call. And thank you to ONC staff, Alex Baker and Sam Meklir and Michelle Consolazio for...and Kim, for helping us through the hearing; really an excellent set of panelists to hear from. And thank you all.

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

Thank you, Paul.

Multiple speakers

Thank you.