



## Collaboration of the Health IT Policy and Standards Committees

Consumer Task Force

Final Transcript

July 18, 2016

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### 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 joint meeting of the Health IT Policy and Health IT Standards Committee's Consumer Task Force. This is a public call and there will be time for public comment at the end of today's call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Donna Cryer?

#### Donna R. Cryer, JD – Principal – CryerHealth, LLC

Here.

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

Hi, Donna.

#### Donna R. Cryer, JD – Principal – CryerHealth, LLC

Hi.

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

Patty Sengstack?

#### Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

I'm here.

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

Hi, Patty. Brian Ahier?

#### Brian Ahier – Director of Standards & Government Affairs – Medicity

Yeah, I'm here and my name is misspelled on the PowerPoint it is B-R-I-A-N, but I'm here.

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

Hi, Brian. Susan Brown?

**Susan Brown – Health IT Director – Telligen**

Here.

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

Hi, Susan.

**Susan Brown – Health IT Director – Telligen**

Hi.

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

John Derr?

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

Here.

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

Hi, John. Allie Foti?

**Alisa Foti – Health IT Policy and Outreach Coordinator – National Partnership for Women & Families**

Here.

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

Hi, Allie. Kevin Fowler?

**Kevin Fowler – Consultant – Kidney Health Initiative**

Here.

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

Hi, Kevin. Leslie Kelly Hall?

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

Here and congratulations Brian on top 100.

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

Susan Hull? Angela Kennedy?

**Angela Kennedy, EdD, MBA, RHIA – Head of Department & Professor of Health information Management – Louisiana Tech University**

Here.

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

Hi, Angela. Carolyn Kerrigan? George Mathew?

**George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna**

Here.

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

Hi, George. And from ONC do we have Margeaux? Is Lana on? Okay, well Donna I'll turn it over to you hopefully Margeaux will join momentarily.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I feel confident they have not abandoned you or us.

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

Thank you.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

So, thanks everybody for making time on this, particularly during the summer for this work. I think that part of what we'll discuss today is the fact that we have been so engaged and efficient as a Task Force that we've earned some time off and so you'll see some changes in the calendar.

Our goals for the day I really see as twofold, to ensure that ONC has accurately captured our past feedback on the individual chapters and to also take a step back and look at the Playbook overall and give some feedback, and I would say also to emphasize how this can be best disseminated for optimal adoption not just to get it into people's hands I think is step one, but, you know, making sure that people use it and since it is something that will be an iterative document can be used to go back to use it. So, keep those things in mind as we go through. So, next slide, please.

Okay, so we're all here and we'll spell Brian's name correctly. Our charge, I think we have charged through a lot of work both on the Blue Button Connector and now on the Patient Engagement Playbook so you're making my job easier as I think about presenting to the Joint Policy and Standards Committee and proud to represent this body to that one. So, next slide, please.

Okay, I'll let you talk Michelle...talk about the updated work plan.

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

Yeah, thanks, Donna, yeah, so when we initially kicked off this group we had said that we would have you all take on different items that came up from ONC. So, we had scheduled a meeting for August not

knowing exactly when things would become public and for us to be able to share and have feedback from this group. Based upon on the timing of things it seems like they won't necessarily be released until the September timeframe but we are going to keep one of the early September meetings on the calendar, hopefully things will be public by then and we'll be able to share them.

So, we're going to give you basically the month of August off. Maybe in that September meeting also will help us prepare and just go through what will be presented at the Joint Meeting in September based upon the feedback that we've now received.

So, we'll be in touch once that next item for you all to work on is released and there will probably be additional meetings scheduled around the September timeframe. So, basically, you get August off.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Yay, thank you. Okay, I'm assuming that this works for everyone to have some time in August off and maybe Margeaux and Lana have made an early run for the beach, but, can we have the next slide, please?

Okay, so the next few slides just are giving a summary of the feedback that we've given to date, some overarching recommendations for all the chapters, more real pictures, some design elements, suggestions and I really am gratified that people have really gone to that level of thoughtfulness and we have such a variety of expertise that I'm glad that the sort of user interface and design folks weighed in as well as those making comments to the content and the substance presented. Drawing attention to links and hyperlinks, real life examples that is one the things that I've heard consistently from the Task Force about the strong effect and usefulness and the appreciation to ONC of going to search out and to find real life examples and videos and that the more the better to guide people through this and really engage them.

Then in terms of language since I'm a lawyer I'll simply say less legalese was asked for, simple, clear phrasing of sometime very drier complex subjects has been something that has been a consistent comment throughout.

In chapter one, we talked about facilitating easy enrollment and also mentioning the security and privacy concerns involved. So, next slide, please.

So, just sort of refreshing people's memory of the work that we've done to date on chapters two, three and four a lot of it has to do with reframing that we found that the content generally got very good grades throughout but we've asked for some reframing and repositioning of some of the information and really a focus on providers both in this case in chapter two in setting clear expectations of, you know, when a provider would get back to a patient and making sure that the term provider is really used across the entire care team is something that was consistent across many comments.

When we came to chapter three to talk about caregiver proxy access we need to get rid of the word "proxy" was sort of the unanimous decision. And then examples of why giving caregivers access is an important thing, is an important part of the process of engagement and use, and adoption was some of the feedback given there.

And finally, when we talked about integrating patient generated health data be really clear on, and I think this is something that really applies to all the chapters, you know, the what's in it for me for the provider as well as for the patient and in terms of the real world examples making sure that the sort of breath of complexity from, you know, very simple examples of patient generated health data, I think the realization that clinicians of all sorts are getting patient generated health data now they may not just think of it in that way and so maybe that sort of takes some of the fear factor out of integrating this, but more real world examples that range from very simple to some of the more complex ways that different places have used patient generated health data particularly to make an impact directly on clinical decision making so that providers see a real tangible value from that is what we discussed in chapter four.

So, I'm just going to stop there and ask the group, does everybody feel that this sort of...are they comfortable with that sort of run through of our past feedback, is there anything that we would add, change or subtract to either what's on the slides or anything that I said?

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Hey, Donna, it's Patty.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Yes?

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

The only thing I would add is that just remember team that these are just two to three bullet points per chapter and, you know, the other...there are more details in the previous presentations they put together and so they haven't forgotten those either just kind of what they put together as the most, I guess redundant themes that they heard, so no worries that some of the other things that we've seen in the past aren't seen as important as well.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Thank you, Patty, yes, absolutely we have saved everything that you sent us and we'll make sure that the richness of that work is conveyed. So, thanks, Patty for reassuring us of that and for making that point. So, next slide, please.

So, the homework questions for us to sort of look at this overall, you're very familiar with them because everybody has answered them, pretty much everybody so that is fantastic. So, they are in sort of a standard format of, you know, what worked or what you liked best, what we liked least, what you feel...do we feel it was appropriate for the key audience, what we'd change, what was missing, how can we make it better, how can we disseminate.

I might put the question about the title earlier in this, and I'm just thinking about presenting it in the future, I might put the discussion of the title earlier in this list of questions so that we have that all buttoned up before we talk about exactly what we're disseminating.

And then currently updates are planned to be made on a quarterly basis, is this frequent enough, too frequent so I think some of that will depend on how well the first round of dissemination goes and the

feedback we get for that, but if we can go to the next slide we have some condensed versions of your feedback for this and rather than have me read it through really start opening up for discussion what did everyone like best about it? Navigation and examples were the sort of two top themes but opening it up for comment from the group for what do we like best, what worked?

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

So, hey, it's Patty again, I think, you know, overall the aesthetics of it I love the...the navigation was very clear and I know we say that, you know, up on that first bullet, but I would tell ONC don't change a thing in terms of the way it looks and the way it is navigated, I think that was really a good job.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Okay, other comments?

**Kevin Fowler – Consultant – Kidney Health Initiative**

Yeah, this comment, this is Kevin, and this comment has been expressed earlier, but I would just reiterate it, is just I think the most important part is, you know, why physicians or healthcare providers should embrace, you know, this Patient Engagement Playbook. I think that is the key point to be answered is why should they, because I think, you know, the other elements, the examples and all that are good, but I think that's probably the most important element and I think that we need to make sure that is fully defined and compelling.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

So, let me...based on that let me just go a little bit out of order then, you don't need to change the slide, but do we think the title reflects the audience and the purpose of the Playbook and there were comments on either side of that. I just wanted to get people's feeling about...

**Kevin Fowler – Consultant – Kidney Health Initiative**

Yeah, so, just my initial reaction, until it was brought to my attention, is I thought this patient engagement was, you know, a consumer project versus a physician project, so, you know, it wasn't clear to me that this was physicians, once we got into the project it was obviously but initially it doesn't catch my attention as being about physicians and patient engagement.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

For the, you know, healthcare system and clinicians in the group if you were passing it by or there was a meeting, you know, listed that said "we're going to discuss the Patient Engagement Playbook" would you know that this was for you? Would you know what this is about and would you go to the meeting I guess?

**George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna**

If it is a hospital meeting that's talking about patient engagement I may or may not go depending on how seriously I take it. There are some...just assume, again, this is the typical paternal system of "look I'll talk to my patients and they'll get it and I don't need to be taught about patient engagement." But for those that see it I think I'd put this in my comments too, a lot of what we talk about are more digital tools to help engagement but engagement is beyond just the electronic health record or trackers, or

whatnot, it's really getting the patient, you know, bought into the point and then obviously the goal is to get to patient activation.

So, I mean, again, we're splitting hairs here. I think I'd know it but I may not know that we're talking specifically about these tools until I got in the room.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Do you think your colleagues who are not as involved in this space but who we would need to get on board for this type of effort, as we sort of, you know, expand the group of true believers, do you think that they would know that this was something to help providers engage with their patients in health information technology?

**George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna**

If it is presented as an option that they could or could not or, you know, choose to be a part of, sure, but, you know, in terms of...if I have to compare that versus a quality improvement initiative that they're talking to me about improving my quality metrics by giving out beta-blockers or, you know, doing other stuff unless this is linked to that it is going to fall in the area of "I might do it, I might not."

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Okay, that's really interesting. Okay.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

This is Leslie and I would just add to that, it is a title for those in the know, what are we trying to have them achieve, providers...we want them to know how to include patient portals and engagement tools in their workflow, we want to provide ways...how to sign up patients, how to engage them in this so something that's more concrete and contrast might help in the title.

**Alisa Foti – Health IT Policy and Outreach Coordinator – National Partnership for Women & Families**

This is Allie Foti...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I think...

**Alisa Foti – Health IT Policy and Outreach Coordinator – National Partnership for Women & Families**

I agree in that while patient engagement maybe the ultimate aim of the Playbook how to leverage these digital tools to engage patients more effectively I think of that the title could benefit from something that's a little clearer and perhaps a subtitle may be effective in that capacity.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Yeah, a subtitle sounds like a good idea.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yeah, this is Patty, I'm almost thinking like...I don't know, does anybody use notebook, I'm sorry, yeah, OneNote, sorry. So, you know, how there are notebooks in it, you know, so I'm thinking that the Playbook is kind of like the global like the umbrella and one of the notebooks that ONC has developed is

this one about patient portals it's almost like it is the providers guide to the patient portal, you know, I can see other patient engagement initiatives being developed, you know, other notebooks being created under this umbrella, so, you know, something about, you know, social media patients getting engaged via social media and, you know, other topics and initiatives in the world of patient engagement and this being one of them.

So, I think it needs a subtitle of some kind, you know, and I think somebody will see that in a subsequent slide that it does say something like...something about the patient portal or a provider's guide to the patient portal or something like that just to really make it clear what is this.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Excellent and I think that type of...that terminology sort of provider's guide that reflects some comments we got on the last call about, you know, making this into, I don't know, I think someone with a more military background used some close terminology about how to make a field guide or something that was really sort of actionable and identifiable, you know, in language for clinicians that they know that this would give them, you know, tools that would matter to them and that they could get through it quickly. So, I think that type of subtitling works with some of the comments that we've gotten in the past.

Okay, I'll move this along, I think, because I also think it has to do with the question about do we feel the Playbook is appropriate for the key audience and some of that had...the feedback that we gave along the way there was more about tweaking the examples and to Kevin's point making sure that there were examples and language specifically about why physicians should embrace this and what they would get out of it not just how this would benefit patients. So, we sort of have to get the physicians who the audience for this satisfies first before we can get them to appreciate how it might benefit their patients as well.

So, are there other things you want to say about appropriateness for the audience tied in with the title? We also wanted to make sure that we knew that this was open to nurses, front office staff, particularly as we talk about patient portals and patient generated health data that might be triaged or introduced by people other than the clinicians themselves we want to make sure that this Playbook is intended for use by others beyond the clinicians, the frontline clinicians.

And somewhere in there too I think...I don't want to get lost on the point that Patty you had made at the very, you know, earliest call that we had about, you know, often it's not the physician dealing directly with an EHR vendor or something like that they are dealing with their IT team or an office assistant who is then dealing with the IT team who is then dealing with the vendor, you know, so there may be many steps removed, the actual physician who is engaging with the patient may be many steps removed from the EHR vendor and so making sure that the Playbook language is mindful of that when it discusses steps that...if frontline physicians are the audience then we need to be mindful of that or we need to be more, you know, inclusive and descriptive about all the people who need to be involved in some of these...to make some of these things happen.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

I think, you made me think of an audience that I hadn't thought about until just this second and that is in organizations, if they have it, I know all don't, that have a service excellence resource, you know,

because I think that some of them are not, you know, familiar with patient portals and may be could benefit from, you know, understanding them a little bit more using this kind of resource and I'm wondering if another one that could be...we might recommend for including as a key audience are the informatics specialists.

You know it is clear that it is geared towards the provider and I think, you know, in one of the subsequent questions some of my comments that I submitted address that, you know, we might need to look at it in two ways, one providers who have an informatics resource that they turn to for help with this and two, the other group is, you know, they do not have and they have to work directly with the vendor.

So, I mean, you've kind of got two scenarios there, but clearly it is the provider but I don't know that you would change the content to address other audiences, but I think that it can be communicated and disseminated and shared with many other audiences like service excellence teams, team members and informatics specialists.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Thank you, okay, next slide, please. Slide three, okay, great. How can we make the Patient Engagement Playbook better? I think we've discussed at least this bullet point and I think, I mean, correct me if I'm wrong more of the suggestions were around provider examples rather than patient examples. I think it is probably accurate to say patient examples was one suggestion but I think the emphasis was on making sure that there were enough provider benefit examples in here. Am I wrong in that Task Force? Or please correct me because I don't want to misrepresent the group in any way.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Say that...I'm sorry, say that again Donna? What's the question you're asking us?

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

This bullet says, members felt there needs to be more information about why engagement is important including more patient examples was one suggestion, while that's true I think to me what I heard over and over again was that more provider benefit examples was the primary concern.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yeah, I remember hearing that as well.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Okay, and so, we started a little bit in our discussion on the audiences and broadening that out, so how can we disseminate this resource to providers and care teams, and some partnerships were suggested with hospitals and healthcare systems, medical schools and CME programs, associations that support health centers, vendors, Precision Medicine Initiative Grant recipients, other government actors, well, you know, I certainly think of groups like the Society for Participatory Medicine and the National Partnership for Women and Families of course who are both very involved in reaching out across with this type of sort of engagement information, sorry my screen went blank for a minute.

Are there other either groups or sectors, or stakeholder groups or specific groups that are missing here or are there, digging down a little deeper, specific entry points or ways that we should present this to them?

**Kevin Fowler – Consultant – Kidney Health Initiative**

Donna, can you hear me okay?

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I can now.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Okay, I had to call back in, yeah, I mentioned, I was trying to get to this point earlier, there was a comment earlier about having a Playbook for patients so I just wanted to clarify, is that going to happen then, is there going to be a separate Playbook for patients?

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Michelle?

**Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

Hi, this is Margeaux from the consumer team.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Hi, Margeaux.

**Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

Hi. Yes and so, thank you that's a great question and coming from...so thanks to all of your feedback, all of the Task Force members on really identifying that, you know, there is this kind of need for a patient-facing resource whether or not that be a Playbook or something like that to kind of be a companion to this that either providers could point to for their patients or that others can kind of have as a resource, we're definitely looking into that thanks to all of your suggestions.

So, we haven't quite formalized anything yet but we definitely are considering it thanks to all of your feedback on the Playbook and that there is kind of this need for a patient-facing version so, I love your thought.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Yeah, so this is Kevin, I'd just like to...so I think if you...and my recommendation is that it is not just for patients but it is for patients and families, but if you're going to have this for physicians and you don't do it for patients this program is not going to succeed. I mean, you have to have both groups there. So, I'd strongly encourage that.

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

Hey, Donna, this is John Derr.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Yes?

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

A couple of comments, one on that, how can we make the Patient Engagement Playbook better, it might have been me I thought we should have some where patients said how much value it was by being on the portal that would be for the physicians themselves because I think if they see that it's a value to the patients that they serve it might encourage them to do more use of the Playbook.

Then on the second thing, disseminate, and I've said this in my comments every time but it doesn't seem to get any traction, the other groups are...because we started this out saying it only was for Meaningful Use people but there are a whole bunch of other people out there that are physicians like medical directors of nursing homes and home care agencies, and PCPs that aren't doing the Meaningful Use and I think disseminating to them just for their FYI if nothing else, but as I've said in my comments, I have told the nursing homes and the home care agencies that they should look at this just to help them along to get the patients engaged into their portals because they do have family portals and physician portals.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Excellent, I think we want to make sure that that's reflected in whatever next version of slides that we have and it will certainly...I've written it down, it will be reflected in whatever remarks I make so you can be assured of that.

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

Don't forget my first thing about the patients, you know, some testimonials from the patient, I really think that would...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Absolutely and I think, you know, the...where we heard the drumbeat the strongest too was in the caregiver, patients and caregivers together and why that interaction of patients and families having access together being able to discuss it and also being able to, you know, for somebody who is not the patient directly to be able to have access to the information to help with communication and sort of deciphering, you know, and decision-making I think is a really important case study and, you know, a use case to...

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

Well, I thought of it more, this is John again, I thought of it more where the patient would say, oh, you know, I thought I understood the doctor's instructions and I also had a piece of paper but I lost the piece of paper and I went on the portal and I got really the directions I should be taking and boy it was a lot more convenient than my calling up the doctor and the nurse and going through all that hassle something like that because then the doctor...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Absolutely and that has the added benefit, that's a twofer, so I think we should all listen to that. That had one, an "ah ha" moment for the patient but it also had a, you know, reduction of workflow for the physician's office. So, I think that's a great example to use because it showed the win/win for everybody involved in the equation.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Hey, Donna, it's Patty again, I just want to clarify something that I mentioned earlier, because I don't know if I made sense or not, I really think there needs to be a couple of sections or acknowledgement of the difference between providers who are supported by an informatics team and one for providers who do not have these resources because for the most part as it reads today it assumes that providers are the ones who have the ability to configure a patient portal and turn on the various modules, but what I see happening now, remember I'm biased here because I come from a big system, is that organizations they form a multidisciplinary strategic planning team that develops...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Right.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

An implementation plan for the rollout and evaluation of patient portals and often times the providers are just the recipients and, you know, it's sort of like "here it is provider" you know you need to use it.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Right.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

So, I think that this needs to be acknowledged. And the other piece of, you know, how could they make it better, which kind of falls in line with, you know, both types of providers, ones in a system, ones not is does ONC recommend a phased-in approach for implementation.

So, we all know there are so many different, I'll call them bells and whistles, included in most of the portals now, you know, what should...give me some advice I've not done it, I'm going to turn it on, what should I turn on first, what features should I use first, what should I phase in second, what do they recommend based on, you know, experience from other facilities. So, I didn't see that either. So, those are some things I would ask ONC to think about.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I wonder if it is within...or I wonder if it is outside of ONC's scope to be able to make a specific recommendation of...but perhaps to make a suggestion to do a survey of your patient panel with the options that they have and ask your patients what features they might find most useful.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yeah, yeah.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

So, this is Leslie, there is also the regulatory incentive of certain things that could be brought up first and I think that's where the interest of ONC is in helping people bring those things up, but then beyond that is what other features help with engagement and then there may be a compendium or a suggestion of best practices would be helpful.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Right...ONC to be put in a position sort of beyond those that are sort of regulatorally, you know, mandated or meeting standards that there is sort of a plethora of things that they could do but maybe the ultimate choice is an opportunity for additional engagement.

So, other ways? I don't want us to move past the point of making the Playbook better if there are other...towards dissemination if there are other suggestions like Patty's about how we specifically need to make this...either the content more relevant or sharper, or clearer, or just the use cases better, it is hard for me to think of other words but I'm looking at the word "better."

So, are there other suggestions for improvements? I certainly don't want to give short shrift or cut off anybody's ability to comment on that part.

Let's put the dissemination hats back on, how do we get this out there and how do we make it, you know, so attractive that everybody will see it at least seven times so they'll, you know, realize it's inevitable that they have to interact with it, it has to be the, you know, hottest thing out there, everybody's reading it so they might as well too, how do we make this the Pokémon Go of materials in healthcare?

**Kevin Fowler – Consultant – Kidney Health Initiative**

This is Kevin I guess...

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

Find a location on Pokémon Go for patient portals.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Can you hear me okay?

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Yes, now I can hear you, yes, sorry...

**Kevin Fowler – Consultant – Kidney Health Initiative**

Oh, okay...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Go ahead?

**Kevin Fowler – Consultant – Kidney Health Initiative**

Yeah, I was just saying that, you know, these are some different locations, I guess the one comment I would make is to look at different channels to get this message out, you know, like Twitter, you know,

meetings or OneChannel but I would just look at different ways that this could be done for different, you know, channels. So, social media, in person meetings, webinars, I'm just trying to think what else would be...or some different channels to augment these locations. I mean, I guess those are the ones I would say social media and webinars and professional societies.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

You're right sort of almost maybe sort of a Chinese menu and sort of match up the different types of, you know, organizations or venues, or sector and organization players with the right method of reaching them of whether it's...

**Kevin Fowler – Consultant – Kidney Health Initiative**

Exactly.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Their linked book, you know, Facebook, a webinar or going to their conference, or, you know, sending them a stack of them, you know, printed out and making sure that we're matching the method to the right partner.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Yes.

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

This is John, I...

**George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna**

Hi...

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

This is John Derr, I would recommend the marketing guys design a logo of some kind maybe there is one, but at any rate through a button and have AMA and AHA, and the rest of the association put a button on their website page so if somebody wanted to just push the button then they would get the website.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Hi, Donna, this is Kevin maybe just let me encapsulate my comments into really a communication plan, right, for this and then trying to understand...put together the plan and then you measure, you know, how well this has been disseminated, I don't know what the expectations are with ONC, but I guess I would kind of go back to what those goals are and really have this as a formal communication plan.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Right, I agree, I agree.

**George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna**

This is George, I wanted to agree with John about the idea of having a logo or a button of some sort, but I was thinking we are talking about using electronic health records and getting people involved as well as devices and other kind of commercially acceptable pieces out there. Would it be difficult for us to reach out to some of those manufacturers and ask them to potentially put it on their sites as well so that when people are buying the devices or getting involved with electronic health records, you know, the logo is there so they have access to the handbook when they go?

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I think that...I mean, that is probably what ONC meant by, you know, vendors and I think that's a really great sort of specific recommendation about, you know, how they bring it out and roll it into their sort of, you know, sales and implementation materials basically.

I also like the idea of having sort of a widget on the different, you know, medical societies and hospitals and health system associations, you know, websites. We've also talked about, you know, so whether you get a downloadable PDF or you go to this in electronic format but I think making it as easy as possible for these different, you know, actors to spread the news, spread the piece for us is an important part of the overall communication and dissemination plan.

So, I think, you know, having some type of widget that they can just embed in their website is one option and is great, because it makes it sort of seamless for them to do to put it out as well as...

**Kevin Fowler – Consultant – Kidney Health Initiative**

Hey, Donna, this is...I think we're kind of putting the cart before the horse unless we get some feedback from the members of ONC that are on the call in terms of what their expectations are in terms of, you know, what's their vision of success in terms of say utilization or dissemination. I think that would be, you know, very constructive to have that conversation if not now afterwards.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I think, you know, we definitely have time during the course of this call since we're ahead...I'm looking at the agenda, so, Margeaux, Lana or Michelle would you like to give a little more clarity to the Task Force about what you would love to see in terms of dissemination for this?

**Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

Sure, this is Margeaux, I'll see if...I don't know if Lana is on the line, but I can definitely jump in and provide my thoughts, but, yes, so, we want this disseminated and used by providers as far and wide as possible and I think we have...and that's why we have turned to you with this question particularly for the overall Playbook of feedback of trying to figure out, you know, what are some other methods and ways in which we could do that.

At ONC we have our traditional channels that we do go through those include our, you know, touching on social media, I know a number of you have brought that up so we do have a Twitter handle that we often post a lot of our information, we did have a...we have a Blog as part of the healthit.gov that we have this...a Blog post on when we first released it at the annual meeting. We also have it displayed on healthit.gov on the front page but...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

...

**Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

You know but I think that those are you know...and we do have several partners that we've been working with within the federal government as well as outside that we've been trying to reach out to, however, you know, we want to also be thinking creatively about this.

We want to make sure that this is being disseminated in the panels that providers and their care teams are using as well as being shared with the appropriate potential champions that could then also spread it out to their other...within their networks or outside of their networks.

So, we really like the idea of, for example, medical schools that was brought up, definitely as you said, nursing care facilities, associations and others, but, you know, we would...knowing that you guys are out there, you know, with a lot of expertise and are working in this space, you know, we would love for any thoughts on dissemination.

To your point regarding metrics for success we are also still, you know, working through those. I think we have our metrics in regards to basically analytics, you know, the number of times that it's viewed, the number of times that...because we have that share function of how you can share different pieces of the Playbook through your social media channels how many times it's shared, but we are also wanting to think creatively about that as well as we know that, you know, analytics can only tell part of the story of a resource.

So, you know, I think that that's...while again we have our channels in which we use traditionally for disseminating our resource materials that come out from ONC we would love to just kind of get your thoughts on other ways and channels and mechanisms that we can to make sure that this gets into the hands of people that need it and would use it.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Excellent, thank you. Does that pose...does that...additional thinking by anyone in the group? I was thinking that perhaps, you know, the launch of this is all consolidated in one day and everybody who was going to be participating including perhaps all of us with all of our social media channels would, you know, if we unleashed this all one day in more of a sort of thunder clap style if it would have a little more resonance and then it would be interesting to find a way to track not only the shares but get some type of, you know, focus group or, you know, feedback from some healthcare systems about how people used it and perceived it so that would guide how it was...how we updated it or changed it for the next iteration.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yeah...

**Kevin Fowler – Consultant – Kidney Health Initiative**

So...

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Hey, it's Patty, I was just wondering, I think that one use...one of the guys at ONC was going to share with us any input that people had submitted so far and there is a button at the end of every chapter that says "send feedback" and we were just curious is anybody sending anything? Any information on that?

**Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

Yes, so this is Margeaux again, so people are submitting feedback, unfortunately I wasn't able to get the latest update from our folks before this call but we'll definitely share that, but yeah, people are providing their feedback through the mechanism.

So, we...and we'll definitely share that with the group so it is being used which is very positive but I think that we also, you know, want to figure out other ways in which we can, you know, gather some more feedback and be able to make sure that this is really reaching people and that they feel like they also...I think the other thing that was brought up by one of the...by several of the commenters, at least for this round of homework, for the Task Force was that, you know, this is going to be updated on a regular basis so, you know, people can expect this to be updated, however, as we know, you know, some people might come to this and view it only once and then leave not realizing that there are going to be updates coming to it that might either provide them with more information that could really engage them to take some of the action or, you know, provide them with information that someone from their care team or other people would actually really use and find beneficial.

So, you know, I think the other challenge that we're facing that is kind of tied to dissemination is not only trying to get it into the hands people want but also making sure that as it's disseminated that we're updating people about the changes and the iterations to this and that they are continually engaging with it.

**George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna**

Hi, this is George, I was thinking about what you were saying in terms of creative ways to get the word out and, you know, typically for these type of things, you know, it's either some type of funding or competition and, again, I'm kind of asking for the Task Force for help on this, but, you know, if there's a way that we could create some type of recognition-based competition, if we could identify folks I think someone had suggested the Society for Participatory Medicine as potentially a way to kind of disseminate out, what we really want is to get providers maybe examples of how people are using this and come back in a few months and determine, you know, is their patient engagement up, do you have activated patients now, do you see measurable outcomes changing.

If we could create a couple of ground rules maybe we could actually ask the society to help us identify a couple of providers, the reward for that would be that, again, on the ONC website we draw attention to the fact that these are folks that are using the handbook, they are using it to try to increase their patient's engagement and then combine that with responses from folks.

I know Danny Sands who helped found the Society for Participatory Medicine is on one of the Task Forces for ONC so I'm pretty sure he'd be on board with us to help us identify providers that might be willing to play. Again, I'm just free associating here but would that be of some appeal to folks?

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yes.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

I like it, this is Leslie, I like the idea of the best practice reward or use cases I think it's great.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Yeah, this is Donna, I love the idea of recognition or challenge and as Co-Chair with Danny of the society I'd be willing to...we'd be willing to do that.

**George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna**

I forgot with all the other hats that was one of the things you do, so that makes sense, I'm glad you're on board.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

We can...right there. Yeah, I think Danny would be excited as would the board, but that's definitely in line with how we've been talking so we'd be happy to do that.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

It's Patty, I'm wondering...somebody had asked earlier about ONC's measure of success and I don't remember hearing an answer that was...or maybe you haven't thought about it in a granular way yet, but I am curious as to, you know, when you look at the statistics on use are you, you know, in the next six months are you going to be happy if 100 people look at it or are you looking for 10,000 people to look at it, or have you talked about what that might look like or where you're going to say "yay, we got there" has that been discussed yet or not yet?

**Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

This is Margeaux, so we're not quite at those phases yet.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Okay.

**Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

So, we're still really discussing that in terms of how are we going to measure the success of this tool and, you know, how do we define that but also what are kind of our goals, you know, and kind of the metrics for that. So, we're still in discussion with that and I think that that's where, you know, we also would love your thoughts as well.

You know I think that, again, we have our traditional use of, you know, some of the metrics that I mentioned of, you know, using analytics to really look at the number of views or and the use of it in that

case, but, you know, we're also open to thinking about other ways of measuring the success of this resource and any sort of best practices that you've heard of from your work as well.

So, yeah, again, so just in short, we're still working on that and trying to define that and it's still something that we're still trying to figure out how to measure the success of the resource.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yeah, and...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

This is something to think, you know, brilliant thoughts come to you when you're, you know, gardening or showering, or doing something else, so, you know, keep your thinking hats on if you dream about, as I do, I dream about ONC consumer projects, so if you wake up with a great thought about how to disseminate this or get the word out about this please, even though we're...we'll be off in August...

**Kevin Fowler – Consultant – Kidney Health Initiative**

Can...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I think I can speak for ONC saying, please, you know, send it in if you have, you know, lightning strikes...

**Kevin Fowler – Consultant – Kidney Health Initiative**

But...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Your thinking on this. Go ahead?

**Kevin Fowler – Consultant – Kidney Health Initiative**

Well, I would just suggest...I think it's kind of an important point because Margeaux maybe this is something that you may want to bring up to people, you know, your superiors or whatever, because, I mean, we can come...because I feel like in some ways we're kind of like we'll be spinning our wheels by talking about different tactics but I think if we have an idea of what the expectation is then I think we can provide, as a group, a better communication plan because I think right now we're just kind of doing a lot of things that aren't going to be really sustainable and achieve the goals unless we really know what those goals are.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I really think that...not to just rephrase what I heard from ONC on this call as widely as possible. So, you know, as a client I think we just...as widely as possible let's see how far we can get in healthcare. Maybe let's go through the...make sure we get to the last three slides before we...and have addressed all those issues before we go onto public comment. Next slide.

Okay, we discussed the title, I sort of moved that up and then the frequency, I think it is currently planned for a quarterly basis. The questions that they've asked us is, is it frequent enough, too frequent. I feel that our audience is going to have to tell us that. The point has been raised, some people may only use it once so we may only have one shot but I think we need to make sure that we go back to those

who we know or have encouraged to use it and to let their feedback guide the frequency would be my feeling about this, would be how I would...if this were my project how I would plan that out.

Other thoughts on a quarterly basis or other timeframes for updates?

**George Mathew, MD, MBA, FACP, CMQ – Medical Director, Quality Measures & Analytics – ActiveHealth Management/Aetna**

Hey, this is George, I was actually in support of the quarterly update only because of the fact that as this is a first iteration and people will be referencing this document at multiple times it runs the risk, at least at this juncture, to be out of date.

I think you're right though once we get to a certain critical mass and we do have that information we can probably reduce the frequency and obviously if users say that they don't really check it that often more than once a year we definitely need to pull back, but, you know, this is a first step so my two cents.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Guys, I've got to step away right now, but, I will...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Thanks for all of your input.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Oh, you're welcome, Donna, bye.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

All right, so, quarterly basis seems to be the consensus for now unless our audience tells us otherwise or the market evolves in some other way. Okay, next slide, is there a next slide, yeah. I think we sort of addressed these additional...I cheated and looked at the slides in advance, so I admit that I might have guided the discussion to address some of these additional feedback questions earlier, concerns earlier about how frequently people will look at the content and I think when we address this part of the dissemination strategy creating sort of a logo with, you know, a widget, a button, if you will, so that someone can either go to an electronic version or a PDF, or printable form of the Playbook and matching the forms and formats available to the different sectors as part of the overall dissemination and communication strategy.

And I believe that's the last slide before public comment. So, before I turn it back over to ONC and our next meeting date are there other thoughts? Is there something that we've left out, we haven't addressed or people want to re-emphasize?

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

No, this is Patty, my last comments will be a big thank you to all, of course ONC for putting together a great Playbook and to the team that...I saw the homework e-mails flying through and once again, you know, I sort felt like I was in school, you know, having all these homework assignments.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

During the summer no less.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

I know.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Reading lessons.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

So, I appreciate everyone's engagement, you know, over the summer it's been great.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I would just simply underscore Patty's comments it's been a pleasure and an honor to chair this group and simply to channel the rich conversations that we've had. So, I'll turn this over to ONC.

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

Thanks, Donna.

**Margeaux Akazawa, MPH – Presidential Management Fellow, Office of eConsumer Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

Thanks.

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

Lonnie, can you please open the lines?

## Public Comment

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

**Most certainly, 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. Thank you.**

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

So, while we wait for public comment I just want to check in or third Donna and Patty's remarks we really appreciate you being so engaged especially over these summer months when a lot of people are on vacation, everyone really worked hard to get us their homework and we really appreciate that and we appreciate all the feedback that you've provided.

Also, just as a reminder, we won't meet again until September so thank you all. I hope you enjoy the August month and it looks like we have no public comment. So, thank you all enjoy August and we'll be in touch soon to talk in September.

**Brian Ahier – Director of Standards & Government Affairs – Medicity**

Have a great summer.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

Thanks, Michelle, thanks...thanks Donna.

**W**

Thank you.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Bye, thank you.

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

Thank you.