



**HIT Policy Committee
Interoperability & Health Information Exchange Workgroup
Governance Subgroup
Final Transcript
October 3, 2014**

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 Interoperability and HIE Workgroup and this is the Governance Subgroup.

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. Carol Robinson?

Carol Robinson – Principal – Robinson & Associates Consulting

I'm here, Michelle.

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

Hi, Carol. Chris Lehmann? Anil Jain? Anjum Khurshid?

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

Yes.

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

Hi Anjum. Anne Castro?

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

I'm here.

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

Hi, Anne. Barclay Butler? Beth Morrow? David Sharp? Deanna Wise? Elaine Hunolt?

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

Here.

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

Hi, Elaine. Jitin Asnaani? John Blair?

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

Here.

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

Hi, John. John Lumpkin? Mariann Yeager?

Mariann Yeager, MBA – Executive Director – Healtheway, Inc.

I'm here.

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

Hi, Mariann. Melissa Goldstein?

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

Here.

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

Hi, Melissa. Tim Pletcher? Tony Gilman? And from ONC do we have Kate Black?

Kate Black, JD – Health Privacy Attorney - Office of the National Coordinator for Health Information Technology

Hi, Michelle.

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

Hi, Kate and Kory Mertz?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Hi, Michelle.

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

Hi, Kory anyone else from ONC?

Lee Stevens – Policy Director, State Health Information Exchange Program – Office of the National Coordinator for Health Information Technology

Yeah, hi, Lee Stevens.

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

Hi, Lee.

Lee Stevens – Policy Director, State Health Information Exchange Program – Office of the National Coordinator for Health Information Technology

Hi.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

And not from ONC Michelle this is Chris Lehmann, good morning.

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

Hi, Chris and welcome. Perfect timing and I will turn it over to you Chris and Carol.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Actually, sorry, this is Jitin I also just joined; I must have joined exactly when Chris joined.

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

Hi, Jitin, thank you.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Yeah, thanks.

Carol Robinson – Principal – Robinson & Associates Consulting

Well, good morning and good afternoon to everyone depending on your time zone. This is Carol Robinson and we welcome you to what will be I think the last formal call for the Governance Subgroup prior to our next steps.

We're going to ask Kory to walk us through the timeline a little bit but before we do that just to quickly review the agenda we're going to review and finalize the recommendations today that we'll be making to the HIE Interoperability Workgroup and then to the joint meeting on October 15th of the HIT Policy and Standards Committees. So, Kory do you want to just talk a little bit about what that will look like for us?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Sure, of course, can we jump to the next slide? So, as Carol mentioned today is the last call of the Subgroup and then Carol and Chris will be taking the recommendations that are agreed upon today and maybe we'll have to do some offline kind of refining, we'll see how the conversation goes today, but they will be taking those recommendations and presenting to the Interoperability and HIE Workgroup, of which the Subgroup is a Subgroup of, on October 3rd. So, Carol and Chris will be taking the recommendations forward and presenting those.

Carol Robinson – Principal – Robinson & Associates Consulting

It's later.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Oh, sorry, the 9th, I'm getting date confusion here. So, on the 9th Carol and Chris will be taking the recommendations forward and presenting them to the Interoperability and HIE Workgroup. And then after that meeting the recommendations will be presented at the October 15th joint Policy Committee and Standards Committee meeting.

So, those are kind of the next steps I hope that's helpful in just kind of outlining where these recommendations are going to go after this but again this is the last call so we need to come to agreement here and move forward so Chris and Carol have a good work product to take to the Interoperability and HIE Workgroup.

Carol Robinson – Principal – Robinson & Associates Consulting

Go team, thank you, Kory. And I'll lead off today I know Chris is a little bit in transit right now and so Chris whenever you're ready to jump in and help shepherd this call I'm happy to turn time over to you as well. So, go to the next slide please?

And just to refresh everyone we had two questions that were posed during our last call that had...the first question was really around just the basic premise of whether or not continuing with the current governance approach that ONC has taken thus far, over the past several years, will that enable the community to reach the three year interoperability goal for providers and patients to be able to send, find, receive and use a basic set of essential health information and this is being part of the 10 year interoperability roadmap, that 3 year goal, and so that was our first question.

And the results of that question and what we've tried to ensure that we've captured the sentiments of the Workgroup as those discussions have occurred are presented on the next slide, if you can advance to that?

And there are a lot of words on this slide and I'm not going to read them to you but I think that I am going to ask if there are comments to the way that these differences in perspectives have been captured on this slide, one being that there are some supporters for a stronger role for ONC and some of our Workgroup members felt like the current approach would provide sufficient velocity of change to reach the 3 year goal and so I'm going to pause now and ask for any feedback if you feel that those perspectives have not been captured as true in terms of the conversations that were had? Is there...

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

Well, Carol, this is Elaine Hunolt from VA, I think that the perspective...you did a great job with the perspectives and all of the comments were very helpful, but I'm hoping that for all of this I think it's a matter of degree so it's not an either/or a black and white matter it's a matter of specificity.

So, certainly the current approach is helpful, however, there would be some specific areas of involvement that we think ONC should engage in. At the same time the opposite is true which is a highly regulated approach might be of interest to some but we've got to be very specific about what types of regulation that might mean. So, I think it's really hard to become a general at this point because I think the word specificity is going to be really helpful.

Carol Robinson – Principal – Robinson & Associates Consulting

Elaine, I really appreciate those comments and I think they were reflected in some comments that we received late yesterday afternoon from Beth Morrow as well. I'm not sure...Beth have you had a...she wasn't on at the beginning of the call, Beth have you joined since then? I guess not.

I think that what you are articulating is some of those nuanced responses that we heard from Workgroup members that I think is very important for us to reflect in terms of our reporting to the Workgroup and then to both the Policy and Standards Committee that it's not a really strong either/or but there was really a scale of perspectives that need to be reflected. Is that fair? Am I capturing that fairly Elaine?

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

Yes.

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

This is Anjum...

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

And I guess my request is that there be very specific recommendations because I think those are things that we can converge on. So, we can all agree that additional help or additional work, or additional involvement is needed in these following specific areas.

But, you know, I get a little concerned sometimes when I see some of the e-mails and the traffic in not necessarily this Workgroup but others where folks say "oh, we need ONC to be more involved in the regular interoperability" and I'm sure ONC is more than glad to step up and help with that, but in reality what we're really asking for is some very specific involvement and I think that's what is most helpful and I'm not going to go into, you know, the detail of that right now because we're kind of talking and generalizing and just my plea is that we have some very specific recommendations. So, thanks.

Carol Robinson – Principal – Robinson & Associates Consulting

I think that's what we're going to try to get today in terms of the recommendations after question two. I think I heard somebody else that was about to speak up, is there someone else who had something...

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

This is Anjum.

Carol Robinson – Principal – Robinson & Associates Consulting

I think...

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

This is Anjum I had a comment on this as well. The first paragraph, which, you know, I tend to agree but where it talks about, you know, additional government involvement and so my question was, in your recommendations that will be presented to the Workgroup do you expect to have some examples of what that means, additional government involvement or are we saying that this would be something that has to be worked out in the future?

Carol Robinson – Principal – Robinson & Associates Consulting

Well, let's go through the recommendations in the upcoming slides and see if that feels specific enough in terms of what you're looking for. I think that you're making some very helpful and valid points that we need to walk through in this discussion and that's exactly what we're trying to do in today's call. So, if there is...

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Hey, Carol?

Carol Robinson – Principal – Robinson & Associates Consulting

Sure, is that Jitin?

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Yes, that's right.

Carol Robinson – Principal – Robinson & Associates Consulting

Hi, Jitin.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

That's right. So, actually I wonder if it's actually true that we do have these two divergent opinions on this group...it may be...and I'm just...and I misunderstood it, but I certainly agree with the last three comments that were made that it's probably not the case that government has no role to play and that the industry will get there all by itself and it's probably true that we don't want the government to play a very heavy-handed role and squelch good things that are happening.

But, I think the last three commenters and myself would agree that there we want the government to be involved in very specific ways. I know in the next few slides we'll start talking about those at least the 10,000 foot level.

Carol Robinson – Principal – Robinson & Associates Consulting

Right.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

And maybe is that really what the whole Workgroup really feels that government has a role to play and it has to be focused in the right places as opposed to sort of the bifurcation that is represented on this slide.

Carol Robinson – Principal – Robinson & Associates Consulting

Well, I think that's a really good point so let's...

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

...

Carol Robinson – Principal – Robinson & Associates Consulting

How about if we go through those recommendations...

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

...

Carol Robinson – Principal – Robinson & Associates Consulting

And then we come back to these statements at the end of the call and then decide if this is something that we want to...maybe we don't need to include this in terms of where we are after today's call.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Carol, this is Chris, if I may chime in on this one.

Carol Robinson – Principal – Robinson & Associates Consulting

Thanks, Chris.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

I think the comment earlier that, you know, this needs to be seen a little bit nuanced, I think it is very clear that nobody in the group believes we have not achieved anything towards interoperability and nobody believes that we have achieved complete interoperability.

I think we all believe, and I think that the whole group is in agreement there, that we are somewhere in between. There is however a difference in opinion in whether we have reached a tipping point that will allow the momentum to continue to move towards interoperability at sufficiently enough speed or if we have not reached that tipping point yet and we need some additional help in the form of governance as ONC involvement. I think that is more nuanced what this slide is really trying to say.

Carol Robinson – Principal – Robinson & Associates Consulting

Any comments to Chris's comment? Okay.

Mariann Yeager, MBA – Executive Director – Healthway, Inc.

Well, this is Mariann Yeager.

Carol Robinson – Principal – Robinson & Associates Consulting

Oh?

Mariann Yeager, MBA – Executive Director – Healthway, Inc.

Just real quickly, I think there are varying degrees of it but I tend to agree with Jitin.

Carol Robinson – Principal – Robinson & Associates Consulting

Excellent.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

This is Elaine, I'm sorry, I wanted to add one more thing and that is maybe it's a preamble to this but I think what we are finding even internally as we've got some really, really great folks, you know, joining our team in VA to help our veterans receive, you know, better care, is there has been so much, I'm going to say "hype" and "press" on what's going on with, you know, with EHR certification and with HIE that most folks who are not doing this every day think it's done and they are continually surprised and starting to have doubts, you know, we've seen some of that in the press this week "you mean it's not done, you mean it's hard, you mean" and the implication is "well, you agency are failing" or "you major EHR vendor are failing because you aren't doing this and aren't going to have this all figured out."

And I think what we've heard is it's hard, it isn't figured out and we are, as you say, still moving up that curve of maturity and I think that's a really important preamble of as we move up the curve then how do we then make sure that there is the appropriate mix of infusion of regulation, innovation, participation to make this mature but guess what it's not done and don't...let's not look at any of it and say "well, just because you don't have it figured out doesn't mean it doesn't work." We're still really in the infancy of making HIE successful. So, thanks.

Carol Robinson – Principal – Robinson & Associates Consulting

Thanks, Elaine. So, well, let's dive into the meat of the recommendations and see what we can flush out with today's call. So, if you'll move to the next slide.

Again, just as a refresher, the second question that we really focused on last week or a couple of weeks ago on our last call was, which of the governance focused actions should the government take in order to best protect the public interest and those being improving healthcare, improving the health of the public, population health and reducing costs in the immediate future, and again with the frame around that of the 3 year interoperability goal to send, find, receive and use basic health information through electronic means.

So, we took the...if you'll go to the next slide, we took the really excellent notes that Grace helped prepare after last times call, the last call and we looked through those for those key places where we felt like there was some synergy among the Subgroup members and we've tried to pull those out into the recommendations that you're going to see on this slide and the coming slides.

The first one was really around creating a bill of rights and if you don't mind Kory talking a little bit more about what that bill of rights might look like and how we might define that a little bit better I think that would be really helpful.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Sure and, you know, I think as we've been talking about it more we realized the bill of rights, you know, bill of rights kind of brings up very different connotations for different people, so, you know, a better way of describing it might be more just kind of high level rules of the road and, you know, so the thinking behind this is, you know, we've heard from people on this call and other stakeholders that, you know, documents like the governance framework for trusted electronic health information exchange has been helpful to stakeholders out in the field.

So, the idea would be to do something a little formal, a little more formal than that through a regulatory approach of setting kind of those, you know, governance principles through a regulatory mechanism just so they're out there in a more formal fashion for people to kind of see and feel, and understand. Is that helpful, Carol?

Carol Robinson – Principal – Robinson & Associates Consulting

That's really helpful and I'll pause there for discussion on that point. So, and then I'll remind everyone of the rules of the call rather than the rules of the road, no comment means you agree and I think that's what we're going to go with.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

In that case I should comment a little bit, right?

Carol Robinson – Principal – Robinson & Associates Consulting

Perhaps if you want your views represented other than in full agreement.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

No, actually it's less about disagreement it's more about sort of still clarifying my mind. So, Kory said a couple of times it would be a regulatory approach which could make sense, but is that the only way of making something more formal?

I do like the emphasis on something more formal so that everybody knows what they're really signing up for, but does that mean it has to be regulatory? What is the thinking about that? I feel like it's the first time I really engaged on this particular topic, sub-topic.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

Hi, this is Melissa.

Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology

This is Kate.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

Sorry, I would also like to know what you mean by regulatory because I'm assuming you don't mean notice and comment regulations?

Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology

Yeah, this is Kate from ONC I just want to do some level setting on what our ability to pass kind of...this kind of framework would look like. We can't actually publish guidance unless there is a document that we're guiding from. So, we can release things like principles or our understanding of how people should do things much like the principles that we put out I guess two years ago now, but we really have to have a regulation in place in order to release guidance on that regulation.

So, I think when Kory is referring to a bill of rights he and all of us have really envisioned a very basic but also formal rule that we would put through notice and comment and publish either in an iterative way or in a kind of once off, but that would have to happen through regulation in order to give it kind of the gravitas of law and binding.

Mariann Yeager, MBA – Executive Director – Healtheway, Inc.

This is Mariann Yeager, I have a question just based on that. So, in the...on the slide it says that there will be a formal set of governance principles but then I heard sort of rules of the road which can have different connotations sometimes as being a little bit more requirements based and then I think it was Kate you also said that you would want it to have...give it the gravitas of course and then the standings have been also binding and I'm wondering are you all...or is the thought that this bill of rights would be definitely principle-based sort of at the higher universal level or is it getting into specific policies sort of "thou shalt do this" kind of rule? Do we have a sense of that?

Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology

This is Kate again, the feedback we've gotten and the thinking we've been doing really keeps it at the principle level, you know, very high-level basics of what everyone in the ecosystem should be thinking of and abiding by when they're doing exchange although it is certainly something that we're open to having a further discussion about and I think as we continue to hammer these out in conjunction with the development of the roadmap we'll have to get into the weeds on what exactly that would look like, but we certainly don't envision it being overly prescriptive or requirements-based, you know, it would be nothing like our certification criteria or any of those more specific rules.

Mariann Yeager, MBA – Executive Director – Healtheway, Inc.

Gotcha, that's helpful, thank you.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

So, this is Anne Castro, so does that mean there is no punishment for not following it? Which, by the way I'm for.

Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology

Yeah, as we've discussed before we don't have a direct enforcement authority for a governance mechanism, however, we do have the leverage and kind of ability to pair any of our regulations or any of our programs with other either payment reform or health reform related measures that another office or agency within HHS has. So, while we wouldn't directly be able to enforce it we would look for other kind of levers to do that.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

So, for instance Medicare ACO could enforce for participation?

Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology

We've thought about a potential pairing with our certification program but truthfully the nitty-gritty of all that is really under development and we would like to get these kind of recommendations and thoughts back from the Subgroup before we really dive into how that would look and who we'd look to pair with.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

I have a follow-up question Kate, this is Melissa. So it sounds like you are thinking of issuing a statement of principles or bill of rights as guidance and different from the bill of rights, the consumer privacy bill of rights issued by the Commerce Department and the White House I believe two years ago, which is not guidance.

My initial understanding was that you were thinking of bill of rights as a separate thing from actual guidance and I'm not sure why you guys think that the bill of rights itself, the statement of principles would need to be guidance and therefore derivative of a particular regulation.

I'm also not entirely clear on why you don't think you already have that regulatory authority from existing regulations.

Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology

So, maybe I wasn't clear and I apologize if I wasn't, I certainly didn't mean to confuse anyone, but it's a kind of murky and complicated area.

What we would issue and when we were discussing this high-level framework principle document it would not be the same or similar to the consumer bill of rights although that's obviously a document that we would work to kind of coalesce and coordinate our efforts with so that there aren't conflicting principles in.

But what we would like to put in regulation is that high-level framework that then we could use sub-regulatory guidance to interpret and kind of add some meat to, but that framework and that relationship is really at this point up to conversation and I don't think we've committed to doing that if that makes sense.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

Yeah, so this is Elaine from VA, I guess I'm having a little trouble following the conversation because I heard Chris say or someone say that they or Kory, I guess it was about, you know, needing to put some very specific requirements in regulation or very specific framework in regulation and then I'm hearing you say that this is still under discussion.

And so, I guess I just want to know...I want some examples of what it is you think needs to be, what types of things need to be in regulation from the ONC perspective?

Lee Stevens – Policy Director, State Health Information Exchange Program – Office of the National Coordinator for Health Information Technology

So, if we think about, this is Lee Stevens, sorry, if we think about a bill of rights and we put out some statements that are so blatantly obvious and supportive of the intent of paying for healthcare information exchange through Meaningful Use that might be something like an expectation that data flow freely across disparate systems, it might be something like patients have access to their health data free and clear of systems, that it is made widely available to them at their request.

We could have things around privacy and security and I think that there are many ways we can think about how this would go whether it comes in just a statement of policies or some principles that ONC releases to the far extent of regulation and sort of the details Kate was talking about or we could even do something that I've sort of been toying around with was the idea of putting these on healthit.gov and having people click beside each policy consenting that they are in agreement with these principles and they would be recognized much like how you sign a contract on line when you agree to pay your phone bill on line you consent, you click a box and hit submit and you have consented for that to happen.

So, there are a lot of ways this could happen but I think when we think about a bill of rights we wouldn't be looking at something that would be outside of some very obvious things that are not happening right now but that would have a very strong impact across the market.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

Yeah, so this is Elaine and I know you've got these slides prepared Carol and I certainly don't want to derail what you've got with the slides, but I just am a little confused with the topic of the bill of rights because I think that there is some fundamental technical and syntactic issues about health information exchange from provider to provider or organizational that needs some facilitation and certainly some improvement and yet when we are then moving to consumers and consumer bill of rights I feel like they're the beneficiaries of this, a well run health information exchange.

So, I guess in my mind I kind of want to solve one problem and then the other. I want to be able to solve the problem of expectation, I agree expectation of the data will flow and how we accommodate that and how we ensure that when organizations want to connect with each other they're able to do so and that the data that they receive is rich, high quality and fully populated data versus now the users of which clinicians are users, they accept liability for the information they receive, you know, patients are users, patients consumers are users, family members are users.

So, I guess I'm thinking that we've really got a couple of different topics in terms of the functionality of health information exchange and then the benefit to, you know, end users and I'm wondering if you're kind of separating that in this, you know, regulatory framework thought and then for the recommendations that go forward.

Carol Robinson – Principal – Robinson & Associates Consulting

Elaine, this is Carol and I think I'll comment on that first and then maybe Chris would like to as well and anyone else for that matter please jump in. My feeling, when we started this work as the Governance Subgroup and were presented at our first meeting with the problem list, the things that maybe impeding health information exchange from moving easily as you say, you know, I don't think that we actually were segregating that from the problems that impede you as a patient or me as a patient being able to have that information electronically available to us as well or to the providers.

So, I'm really not thinking that we are segmenting this work between the technology issues and the other policy issues, that really...and I'm hoping that when we get to the next slide that we think about this in a way that helps us make a set of recommendations that will have longevity to them in terms of process to recreate again as the problem list changes a set of governance policies, if those need be or industry levers as we've laid out, you know, whether those are government levers, market levers or, you know, otherwise state or federal.

So, that's been my thinking on that, it really isn't segmented. Chris, do you...are you at a place where you can comment?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Sorry, Carol, I was on mute. Yes, I think you described that quite well. I think the potential levers are multiple and I think we address them at a later stage of the slide deck.

I think it is clear that it is limited what can be done in the form of regulation but there is clearly also the opportunity to set a pace and set recommendations and propose standards, and I'm sorry I'm a little bit out of breath, and drive this process of coming to some rules that we all can agree on, that we're all going to drive on the right side of the road, something that moves us forward at this point.

So, I think it's clear that we are proposing that there needs to be more ONC involvement and I think it becomes clear later in the slide deck that we see a multitude of possible avenues and ways for that.

Carol Robinson – Principal – Robinson & Associates Consulting

Thanks, Chris, other comments? So, you know, I am going to attempt to summarize here and in doing that I will say that I think we've heard that the devil may be in the details to some extent in terms of this recommendation but that if we combined maybe the two, the bill of rights and guidance into a recommendation that would continue to represent the...I think the general overall philosophy of Subgroup members that regulation when applied needs to be very carefully applied and lightly applied to the greatest degree that continues to move the market in the way that needs to happen for that interoperability and to address those problems on our list. Would that be a fair summary? Okay, no comment means yes we're going to take that. So, and then...

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Are you going to write that into this?

Carol Robinson – Principal – Robinson & Associates Consulting

We are.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Okay.

Carol Robinson – Principal – Robinson & Associates Consulting

We're going to re-summarize and we will re-circulate those summaries after this call. Kory told me by Monday he will get those out.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Okay.

Carol Robinson – Principal – Robinson & Associates Consulting

And everyone will have a chance again to make sure that what we've captured is in line with your thinking and that we can...so, yes, absolutely.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Thank you.

Carol Robinson – Principal – Robinson & Associates Consulting

You don't have to try to remember that because I won't remember exactly how I said it. Okay. Now the next bullet that we need to look at is aligning federal activities and I think that this was...is something that we've thought about for a long time, there is certainly has been, I would say, no lack of effort to align many of the federal activities in terms of, you know, various agencies and how they might be able to work better together and align their programs and align those levers.

So, Kory and Lee do you have any other, you know, thoughts or comments about this in terms of this recommendation in terms of specificity?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

No, I think we just tried to capture what the Subgroup talked about last time as with all these recommendations that are on here this was an attempt to synthesize the discussion from the last Subgroup call and this is one of the points I think that was heard and seemed to be agreement amongst the Subgroup members that, you know, having the federal, you know, agencies aligned and their approach to this would be very helpful in moving things forward in a positive manner.

Carol Robinson – Principal – Robinson & Associates Consulting

Any comments to that? Well, I think that means broad agreement on this and I think that that's a good place to move to the next slide.

So, you will see on this slide the text in black and the text in red and we attempted with the thoughtful feedback that Jitin provided earlier this week that we would try to capture in red those additional points that we felt were very valuable feedback in terms of this recommendation.

So, to summarize this recommendation we took the notes, as I said, from our discussion a couple of weeks ago and we tried to think through how we could represent that conversation and this is what we came up with.

Really the development, the establishment, I will say, of a public/private consortium that would through bylaws and/or rule would designate governance authorities to this consortium and we looked at a variety of different examples that could be recommended to the Policy Committee and the, you know, further refinement around this recommendation to look at some of the other types of organizations that we could find that had that combination of industry influence and participation, and government influence and participation, and had to some extent either through designation by government or through rules are able to manage that public/private input into policies and into educational activities, and, you know, a variety of actions across all issues that would be facing this subject matter, so technical and policy were our original descriptions around that and Jitin added operational and financial issues impeding interoperability and/or threatening the security of protected health information.

We also received that terrific feedback from Jitin around the structure and criteria and the balance of the membership of the consortium needing to have that careful consideration and to curate that membership in a way that ensures the balance of those stakeholder's interests and making sure that we included the patient perspectives in terms of that.

And I think that we were...we tried to be careful not be too prescriptive around this recommendation in terms of, you know, membership type and, you know, thinking that this will need a lot more development to move from where we are now as an overall thought into, you know, more defined and refined work on that. So, striking that balance is important but that we didn't really want to prescribe that other than making sure that we did represent that it needs to be balanced and it should include the patient's perspective. So, I will pause for discussion on that.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Hi, this is Anne, can I get in mine? And it's a practical comment.

Carol Robinson – Principal – Robinson & Associates Consulting

Absolutely.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

This is a good direction but it has got too much...I think it would be helpful if it...whatever this was it was driven by market-based use cases so that constituencies could be clearly identified instead of trying to create something that describes one group fixing all problems because a market-based support and need may not impact all constituencies and it might could make some...have some traction and get resolved faster with the constituents that were involved.

So, I'm trying to think of ways to make interoperability really happen and as a constituent to my use cases I would wholly support this but I would not want to have to go through the sludge of a single entity solving everybody's problems and so to make that clear in this and to put in that practical approach or to illustrate that as a potential practical approach would be better at this stage of the game.

Mariann Yeager, MBA – Executive Director – Healtheway, Inc.

This is Mariann.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

That's my thought.

Mariann Yeager, MBA – Executive Director – Healthway, Inc.

This is Mariann Yeager, I agree with Anne I think that's right and a couple of other thoughts as well. I think rather than a public/private partnership that has specific connotations in terms of a relationship in control of the federal government I'd like to propose that there is a public/private collaborative process instead of settling on an organization, maybe a process.

And the question I have is do we really say that ONC should establish this consortium or really should identify or come up with the governance criteria or principles or whatever to identify a public/private collaborative process.

And I agree in terms of what Anne was saying is that it should really be market-based and it could be that a public/private process identifies work that has been taking place within a particular market or market segment and kind of elevates that and vets it through some broader, you know, public/private process, collaborative process, but I agree I don't know that it's realistic to have a single entity try to solve all things interoperability related and trust related for our industry.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Mariann, this is Chris, I think I must disagree with you on this. I think a collaboration is, in my opinion, you know, not bringing us far enough.

I think we've heard clearly from the Office of the National Coordinator that there is a great desire to drive this process at a faster speed and more direction and I think the news items this week show us that the public is perceiving that we're not as far as we should be or could be.

So, I believe phrasing this stronger in the form of a consortium is really more in line with the need to move faster and accelerate the process compared to what we had done because what we are doing here right now is we have a public/private collaboration just on this call and I think, you know, there is clearly the one thing that I can...I think this group agrees upon is that we haven't achieved interoperability yet and that the path to it still is going to be long and arduous even though we have seen significant progress.

So, it's my opinion that a public/private consortium is more along the things that the ONC will need going forward.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

This is Jitin.

Mariann Yeager, MBA – Executive Director – Healthway, Inc.

So on that then, yeah, Jitin go ahead, but real quick I would just still note there is a public/private consortium let's just be clear that it is not necessarily a public/private partnership which has completely different organizational relationships and I would just question do we really need ONC to establish that consortium or it is a matter of identifying that organization or organizations.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Yeah and so this is Jitin, actually, I thought from hearing Mariann's comments that the operative word there was process. Building on Anne's point we would have...you know there are use cases, there are immediate use cases and future use cases for which a single consortium with a single set of stakeholders even of a broad set of stakeholders is not necessarily a meaningful way of getting the right work done and a process might give you more flexibility to instantiate a consortium or a partnership, or a collaborative, or whatever the right body is, or even to Mariann's point right now to, you know, designate one particular existing body or a partner within an existing body to solve the use case at hand.

And so I think...so maybe the operative word there was process and I'd love to hear if Chris you think that is...if that makes more sense or less sense to your point about it, you know, needing something that's really strong and powerful and not just, you know, spoken out there.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

And Jitin, can you elaborate a little bit more? I'm not quite sure that I really get the nuance of what you were trying to say.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Sure, so, okay, so I mean this is fairly new territory for me but what I liked about what Mariann said was that there is a process of spinning up the right forums for tackling issues in interoperability. A single consortium may not have the right capabilities to deal with let's say, how should we deal with query/retrieve among providers, how should we deal with the access of devices with EHRs, how should we enable patients to engage which is at least as much a social problem as it is a technical problem.

Those types of things addressed by a single consortium of let's say...which includes let's say EHRs and, you know, large academic medical centers and a patient or two, I mean, I'm just not sure that you can use the same solution for each of those very different types of problems.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

So...

Carol Robinson – Principal – Robinson & Associates Consulting

I think, you know, I'd like to...

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

If I may respond to that, I think Jitin you make a very good point. The point is you don't want to create a bottleneck I think. Is that the right way to paraphrase you?

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

I missed that word, don't want to create a what?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

A bottleneck.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Yeah, like a bottleneck, I guess it's a little different from bottleneck it's more like a bureaucracy, it's more like a sort of very broad bureaucracy, you know, not a mission oriented bureaucracy which is what a consortium is if it's asked to solve every type of problem under the sun.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Yeah, so I believe that point is well taken, you know, if we create or recommend to create a public/private collaboration, partnership here, a consortium, if we recommend this it cannot solve every problem under the sun and it doesn't have the bandwidth to solve every problem under the sun and I think there is room for a public/private collaboration and ongoing discussion and partnership, but I also believe that for some issues that are too gnarly for a debate that does not allow for somebody to set a standard and provide the direction that needs to be taken in order to get all the railroads connected across the country.

I think there is also the need for a group or a body that can drive this forward and I think your point is well taken it shouldn't incorporate every aspect of this work it would bring it to a standstill, but I think it needs to have the authority to make some decisions that then can be used to create interoperability and bring people together around the same topics.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Okay, so can I say that a little differently? I think we are actually fully in agreement like to your point.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Okay.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

I think what you're saying is it's a little bit of chicken and egg, what you want is you want an authority that can actually sort of govern the process of tackling the use cases and so that's the place to start rather than starting with let's come up with a process which you use to spin up authorities or collaboratives and so on.

So, what you're saying is you want to put a stake in the ground in something that's actually on the hook for making this happen and then from there we can work through the details of how they go about tackling various use cases and hard problems that we want to solve for interoperability.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

I'm going to have you as my spokesperson from now on I couldn't have said it better.

Carol Robinson – Principal – Robinson & Associates Consulting

Well and I'd like to...

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

That's perfect.

Carol Robinson – Principal – Robinson & Associates Consulting

Yeah, this is Carol, I'd just like to build on that a little bit and respond in terms of whether assigning to an existing organization or establishing, you know, I think is a very important question for this group to make sure that we're clear on in terms of what this recommendation is.

And what I heard and what I read in the comments from the last call was that, you know, there are a lot of organizations doing good things out there and so what we tried to capture in the first or I should say in the second bullet was that an umbrella above those essentially with some regulatory ability where needed potentially to apply to governance levers better and then to coordinate across that cacophony of organizations that are, you know, are doing good work so that, you know, the same page for some of those industry standards, the SDOs, the industry consortium that are currently out there and then providing guidance or education, or toolkits, or, you know, a lot of other things could be basically deemed through this type of organization to many other groups that would run with the ball essentially.

But we also really, I believe, are really thinking about, you know, how do you ensure that the bad actors in the...if there are any, which, you know, some might say that there might be some vendors that are not necessarily driving to interoperability as quickly as they might or could and so how do you create the, you know, the...without, you know, potentially with, you know, the current industry consortia there could very well be a power structure that does not necessarily favor interoperability of smaller players across standards and we can just all be kind of honest in terms of, you know, economic drivers that create behaviors in a certain direction and I think we're seeing that and, you know, I don't think that necessarily that some of the, you know, news stories that have been out recently are off track in terms of where people are really struggling to create connections that are affordable and that are maintainable in a way that allows this information to be shared electronically.

So, the word establish was really there very intentionally because we felt like there needed to be bylaws and/or, you know, and some designation through the government to operate at that level and then we think that the way that it's operated will be best impacted by that broad representation within the group and by the way that it should be established but I don't think that we have the time within this process to get into those details. I think those details will be very, very important for people to weigh in on.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

So, this is John Blair, just a question, several years back the National eHealth Collaborative was created and there was some type of public/private partnership or some type of public/private relationship between ONC and that organization, how...and I know that they've now been taken under or gone into the HIMSS Foundation, but how is this seen to be different or similar to that endeavor?

Carol Robinson – Principal – Robinson & Associates Consulting

Well, I...this is Carol and I did do quite a bit of background reading in terms of trying to think about how it would be different and that's really where I think we came up with some ideas around examples for best practice review and establishing this kind of organization that would be very different because it would have I think potentially more actionable levers that could be taken through that refinement of the bylaws and the rules that could, you know, give some governance capability to this group.

Lee Stevens – Policy Director, State Health Information Exchange Program – Office of the National Coordinator for Health Information Technology

And John, this is Lee Stevens, you know, that's a really good question and one that I've wrestled with too because for those of us who have been crazy enough to stay in federal government for a while now we know that when administrations change that new people come in and say "oh, out with the old" no matter how well it's working and "in with the new." So, we always run that risk.

But at the same time we are at a different point in health information exchange than we've ever been before and I don't know, you know, I'm speculating on whether that makes a difference or not, but there are so many players, there are so many more EHRs in provider's offices and in hospitals than ever before and, you know, feeling like we're slightly over the hump might make it a more formidable arrangement that could last, but, again you raise a very good point.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

Yeah and I...

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

This is Anjum...

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

I'm sorry.

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

Go ahead, John.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

I was just going to say, I mean, I don't disagree with what everyone is trying to do here, I don't know whether governance is going to solve much of any or everything we're talking about there are so many other factors reimbursement, etcetera, etcetera, but the...you know, we just don't want to come up with an idea that was tried before and do it again and have it go that way.

So, just hopefully...and you may be right Lee that it's just a different time and that would have worked now but at least, you know, whatever...at least look at why it didn't continue and, you know, not do the same thing again.

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

This is Tony with Texas and maybe Carol and Lee maybe you could answer this. Would this public/private partner have more of kind of a direct charter from the Office of the National Coordinator to work on things whereas, at least from my perspective and clarify if I'm wrong, that the relationship between ONC and the eHealth Collaborative was much softer than that, there wasn't like a public charter laid out for that organization from the Office of the National Coordinator. I may be wrong, but if you could provide some clarification that would be great.

Carol Robinson – Principal – Robinson & Associates Consulting

I, you know, I can't comment to that with a lot of specificity of what the original basis and how that was...I can comment in terms of saying that when, you know, when I have thought about the challenges that are facing this and whether it's...and compared it to any other industry and, you know, we've had many of those examples over the past, you know, many meetings that we've had, whether it's banking and the ATMs or whether it's your cell phone, you know, your Android operating system is going to connect you to your friend's Apple iPhone, and, you know, whatever it is the sockets in our walls, you know, and the sockets in European walls, and the standards across that make this information flow I think that it has to be raised up in my opinion and this is what I thought we did have some agreement through the comments that came out of our last call, that an advisory group such as the FACAs even in their role really don't have the ability to drive that standardization whether it be for policy or whether it be for technical standards and that's been missing, and that's the...you know, the thousand flowers blooming or the industry consortia that are, you know, have formed and have broken apart and have formed again, and, you know, are very in some cases, you know, still very, very new need to be part of the conversation obviously.

But, I mean, this gets back to the first question is, will that change in three years, you know, will that be enough to change in three years and I think this was part of that response was to think about how that could be driven differently through the combination of government and market working together.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

Yeah, this is...

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

I think Carol the question also was, you know, what's the task order of this group going to be and I think maybe if we decide that we want to go in this direction it seems to be that this is the consensus we're going to, maybe there is an opportunity to actually put some fence posts in the ground and make some recommendations of what the charters would be.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

Yeah and this is John, I'm pretty sure they did have a charter and I do think the HIT Policy Committee was involved with that. I mean, you know, if memory serves me.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

And this is Anne and just a reminder because my comment was first on this, if we don't go to market forces and get some constituents who are paying dollars for this activity now we're not going to get anywhere in three years.

Mariann Yeager, MBA – Executive Director – Healthway, Inc.

This is Mariann Yeager, just building upon the conversation and how this has played out. I think Anne you're onto something and not to draw any comparisons or, you know, to any other prior endeavor, but I do think that for this to have...to be grounded in the practical realities and to have the right folks engaged it really kind of needs to be borne up from industry and have the standing and the support of the federal government, but to have the federal government stand up another body or to prescribe at any level of detail how it operates or even the specific use cases that it works on I think government should have input and be a participant in the process and help lead, but not prescribe...

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Well they're also constituents.

Mariann Yeager, MBA – Executive Director – Healtheway, Inc.

Yeah, exactly they are constituents.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

They're payers for Medicaid and they're payers for Medicare, they're providers in a lot of cases as VA is so they have a natural market drive themselves.

Mariann Yeager, MBA – Executive Director – Healtheway, Inc.

Yes.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

But this is Elaine from VA I think our concern is that we have these really, really smart people at ONC and we're all in partnership and we really appreciate the work that's been done but our personal experience is that the folks there, including the folks on this call, unless I'm wrong, have never actually been out in the field or in the marketplace implementing health information exchange or interoperability, they're writing policy.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

I beg to differ.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

Okay, so who at ONC has actually been in the field implementing interoperability?

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

There are many vendors represented.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

On the ONC staff? The ONC policy staff?

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

On the Standards Committee, but they're not drawing from them.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

No the staff.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

I get your point now I apologize.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

Okay, so, yeah, so my point if I could just finish, my point is that we've got...what we're burdening ONC with is creating regulation that they're trying to do their best to listen to folks and then create directions and yet they haven't had the experience to actually implement.

We were told we had to implement Direct for example at VA other federal agencies were declining to do that. When we said, well it violates our federal security policies we were told "well, that's simple just waive your federal security policies." So, we're still trying to figure out how to implement that.

And that's our biggest fear I just want to lay it out in this small Workgroup, that the governance and the regulation that is created is done by people who don't really...are not implementing information exchange and they've gotten to pick which approach is used, and they haven't really experienced what we need to accomplish information exchange.

And so we're really supportive of agreeing on standards and agreeing that requiring EHRs to have built in a variety of standards and standardized approaches to information exchange that require exchange of standardized documents or standardized APIs that fully populate data that there is an expectation the data will be exchanged, there is an expectation of privacy, there is an expectation of consent policies, there is some kind of an expectation of federated provider directories of, you know, master patient federated indexes and how we do that those all ought to be expectations.

But we still have this concern that the message that is going to go back is that we are asking ONC to pick a specific approach, technical approach to information exchange and therefore prescribe that approach that everyone now has to adopt when we're not sure that it's fair to be asking them to do that when they don't really have the experience out there implementing.

Carol Robinson – Principal – Robinson & Associates Consulting

Elaine, this is...

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

So, I don't think that is very popular.

Carol Robinson – Principal – Robinson & Associates Consulting

This is Carol and that's exactly why we're making the recommendation that we are, that's exactly the reason why we think that bringing that up to a level with some regulatory authority that would have to be only pulled, I mean, if you're pulling a lever, you know, in terms of a visual, but using that authority would be decided on through a consortium organizational process that would be set up with broad representation and so I think that's exactly why the recommendation has kind of...at least what I read and understood our conversation to be the last meeting was to provide that in a way that has some ability to actually govern and to do that in a model that allows that expertise to be tapped very, very important. And then that expertise would also, I think, set that prioritization of those use cases which Anne brought up which I think is very, very important.

So, you know, I think...what I'm hearing is its very much the same page it's not saying ONC should do this it's saying that this would be the process through rulemaking to create that structure and then as the use cases change, and as the standards evolve and improve that there would be a repeatable ability that we wouldn't be coming back to these kinds...you know, they would set up I'm sure Workgroups to help advise them as well, at least in, you know, this concept, but we wouldn't be trying to suggest that ONC is the right place for this to all happen.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

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Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

We can support that and I apologize I thought I heard the ONC staff take a different direction, but yes, we can support exactly what you said Carol I think that's great.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

Hi, it's Melissa.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Go ahead?

Carol Robinson – Principal – Robinson & Associates Consulting

I heard Melissa?

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

Yes, hi, I agree with Mariann's earlier comment, it feels like it's about a half an hour ago now, that we could specify a process to think about this but I believe that if we're going to say a process that we also need to say for example it would include a public/private partner organization and incidentally that organization does not have to be established by rule. The organization that we spoke with about the ATMs was not established by rule. So, I think that is another option as well.

Elaine, I hear your concerns about kind of top down government dictated methods and I think that, you know, that doesn't just apply to this particular, you know, agency obviously, right, that's sort of concern government wide, you know, if congress wanted to and this is a big "if" obviously they could dictate what they wanted but they have not and to date ONC has not either through its regulatory authority from HITECH and they could have as well.

And I think that the agency has been very responsive to the needs of industry and the vendor community and has heard all of these concerns, that said, I don't think we are where we want to get and I share some concern that we're not going to get there and that we've been sort of piddling along this way for a while at this point.

So, I do think we need to make some changes. I think we need to move forward somewhat. I don't know what those changes absolutely have to look like but I think that it's fair for us to think about the establishment now of a public/private partner organization that would be different than HISPC was and HITSP, and the previous ones.

We are at a different time, HITECH was only passed in 2009 and, you know, we've been trying to implement it along with implementing the ACA all along, right, so we are in a different time in healthcare reform as well. So, I think that there might be some impedance now.

I wouldn't heavily dictate exactly what this public/private partnership should look like but if we're going to say a, you know, process towards getting there I would want to actually suggest that this would be one of the ideas to come forward from that process.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

This is Chris, I just wanted to emphasize what was just being said, I think first of all...and I think it's a little bit over the top to say that government will come in and they don't know nothing and they have never implemented an EHR and they'll make wrong decisions. So, you know, I must take a little bit...I take a little bit of insult on behalf of the government there.

But, I think the point that was just made is that there is great public awareness that we're not as far as we were hoping and today the risk of congress intervening in this and delivering us an approach that none of us would be happy with I think it's time to strengthen the hands of the ONC to allow more progress, allow a public/private partnership with the expertise that you so desperately...that we so desperately need for this process. I think Carol said that very well, you know, that's why this public/private process was proposed. So, I think we are all invested in making progress and I think it's time to strengthen the hands of the ONC in that regard.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Carol, I have a really minor comment, may, I add it in here? It has almost nothing to do with the conversation we just had, so I'll only add it when we're ready to move on.

Carol Robinson – Principal – Robinson & Associates Consulting

Well, I want to make sure that everyone who has additional feedback on this obviously it sounds like we may have to, you know, do a yay/nay at some point on the call before we get to the end and then...so, Jitin why don't you hold for one minute.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Sure.

Carol Robinson – Principal – Robinson & Associates Consulting

And let's make sure that anyone else that has other substance and opinions to weigh in on this or additions, or deletions that you'd like to suggest for discussion do so now. Well, Jitin I think that...let's hear your additional comments then.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

All right, hopefully it's minor. Obviously, I'm very much in favor of the patient perspective being represented in the right work but I think it's sort of misplaced here on this slide. The intent of that bullet was to ensure that we have the right representation in the context of the consortium and for each use case. The patient is certainly one of those for some of those use cases maybe all of those use cases, but when you read the slide it sounds like it is oriented around the patient, I'm sorry, read that bullet it sounds like it is oriented around the patient which it was not meant to be.

So, I would advocate for either moving it out or putting it into a separate bullet but I don't think it needs to be there really, the right stakeholders should be part of every discussion and I think that's all you need to say.

Carol Robinson – Principal – Robinson & Associates Consulting

I really appreciate that feedback. I think we can make that alteration. I think that Kory or Lee, you know, in terms of making sure that...I personally would like to see the patient's perspective make sure we call that out to some degree it could be in the preamble, it could be part of, you know, just the context around this, so, but I really appreciate the way that you're describing the importance of the right representation depending on those use cases and how that...the details of how this might get set up would, you know, I think be flushed out more in terms of that, but I think that's right. Any other comments on this?

Well, let's move to the next slide then and try to get to the end and then we'll I think have to maybe choose to do a little bit of a roll call in terms of positions and how we'd like to come in on this.

So, again, these are specific recommendations I think that we want to ensure our part of the overall presentation to the Workgroup and the FACA committees so education and educational campaign, encouraging providers to adopt and use health information exchange.

So, right now we've like had a lot of information out around adopting and using electronic health records and so taking that up to a really broad-based national campaign of education and utilizing I think as much data in terms of published studies around, you know, value proposition and, you know, both financial and, you know, from a treatment and care coordination stand-point would be important on this. So, any comments on the way this is written or things that you might like to add, or spelled out?

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

This is Jitin, I have one step back question especially since we spent so much time on the last slide I've sort of forgotten now, but this list of options that we are giving in response to question two, these are all options, right? They're not...it's not a recommendation that ONC necessarily go down the path of all of these. Is that right or wrong? Can you help me understand that and what we're recommending?

Carol Robinson – Principal – Robinson & Associates Consulting

I felt like these...and Chris, anyone else on the call if they feel differently, I kind of had felt like this is not necessarily meant to be a menu but it was meant to be a list of things that ONC and through, you know, a variety of mechanisms should deploy.

I think that we have the list of other federal levers that is going to be on the next slide that certainly we thought would potentially be those options that might be, you know, pulled or deployed at different points in time and depending on different market factors, but I think that what we've talked about so far is really more of a list of, you know, recommendations rather than a menu.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Okay, got it, so it's paraphrased and everything that so far we've discussed are recommendations for what ONC should do including all of the ones we've discussed and the ones on this slide, and then that list of other levers will be the list of things they also could do...

Carol Robinson – Principal – Robinson & Associates Consulting

Yes.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

In addition to the ones we've asked for over here.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

The way I would think of it Jitin is these are tasks that we would like to give to ONC and the last slides are the tools that we think they should use to or could use to accomplish these tasks.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Okay.

Anjum Khurshid, PhD, MPAff, MBBS – Director Health Systems Division – Louisiana Public Health Institute

This is Anjum and just reading this bullet on education somehow I got the feeling as if, you know, we are putting the onus on providers that if they adopt, you know, health information exchange things will be resolved, but I think there is huge education that has to happen both at the, you know, consumer level and also at the vendor level in terms of the needs of the providers and so if this could be a little broader than just, you know, to encourage providers to adopt information exchange it would probably be more reflective of what is needed to solve these problems.

Carol Robinson – Principal – Robinson & Associates Consulting

Anjum I think that's terrific feedback I really appreciate that. Okay and then finally on this slide is the deployment plan as part of the interoperability roadmap that I think will be presented in early forums I think at the policy meeting or the joint meeting on the 15th but as part of that roadmap the recommendation would state that ONC should develop a national level HIE deployment plan that establishes benchmarking for current...the current benchmarking and then creates a timeline with milestones that sets some goals I think in terms of where we should be at different stages across that 10 year interoperability roadmap and I think, you know, that might be something that would be very meaningful out of this group because, you know, if you're like I am and you read about this all day long you see some comments that 10 years is really way too long and so I think that we really are asking ONC to be more specific about where the needle should move in that timeframe I think would be the way that I've been thinking about this recommendation. Any comments on this?

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

This is Jitin, definitely have a couple of comments on this one. One is unless we specifically meant the noun, HIE, I would call that out as sort of the verb of health information exchange is happening regardless of whether there is a formal HIE in the middle of that or not.

Carol Robinson – Principal – Robinson & Associates Consulting

Oh, I totally agree with you on that, okay, yeah.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

And then my second comment is, are we really saying a deployment plan or are we saying a, I don't know it's more like an assessment plan or awareness, a map of awareness, I'm not sure what the right term is but a deployment plan in my mind means you're on the hook for ensuring that this amount of exchange is happening in each area and for releasing the, you know, the right software blah, blah, blah to make that happen and it just...it feels heavy-handed. It feels like it tends to be heavy-handed when it's probably not meant to be heavy-handed.

I would assume what ONC would really do is look at where places like eHealth Exchange and CommonWell, and other, you know, great networks are deploying stuff and be like, all right that's great it looks like we have, you know, parts of Arizona and parts of Massachusetts, and whatever all covered but we have a big open hole in, I don't know I'll pick something, Arkansas that's where we should, you know, do a little bit...get a little bit more effort or figure out how we can get some more effort there. Is that the right thinking? It just confused me a little bit because deployment has a very specific meaning when you work for a software company.

Carol Robinson – Principal – Robinson & Associates Consulting

I understand the, you know, the linguistic kinds of challenges that we have across this field. So, I'm looking at my...

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

So, actually, again, these are you guy's recommendations and what you discussed last time so I don't think you should be looking at us how we interpret it because these are going to be recommendations from the Policy Committee to us at ONC.

So, I seem to recall Mariann this is an idea you brought up and I think deployment plan was the terminology you used so maybe you could enlighten us a little more on what you were thinking and if that's the right terminology or if we maybe got that wrong in summarizing this?

Mariann Yeager, MBA – Executive Director – Healthway, Inc.

Yeah, I think it was actually a term I used and I agree with Jitin that it's not...I think I used the term but I actually had a different intention. What I was thinking would be beneficial is to actually sort of measure progress of the deployment adoption of HIE and have a measure of kind of where it's taking place and having...maybe setting targets.

I think sometimes we sort of assume that because interoperability isn't ubiquitous that it's not taking place and I think we just don't have a measure of or a progress report of where we stand and where there are deficiencies because there has been a lot of progress.

I agree that enough hasn't been done but I think, you know, we've got to get out of the anecdotal statements here and get some data and I think ONC is uniquely situated to do that such as track progress and uptake, and identify where there...you know, LTPAC is a great example and behavioral health they're probably way further, you know, behind in adoption of HIE because a lot of them don't even have HIT systems. So, I think let's get those metrics in place and track progress.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

You have a...

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

Yeah, this is John, I would prefer to see it called a monitoring plan. I think a couple of things, one if you do that then it gets everybody on the same page for understanding what the different areas are, what the metrics are and what we're going for and if you could almost standardize that, because if you look at different reports they're all over the place reporting on what they think are the same things. So, clearly they don't even understand the metrics. So, to me it's more of a monitoring plan.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

This is Elaine, I really like that. I think what that leads to is really the value, understanding the value of health information exchange, you know, we can do all we need in the background with the technical approach but the truth is until the clinicians actually use the information or the patient is able to use the information it doesn't have a lot of meaning and if we can't...and if the clinician doesn't see that there is value in seeking the information or getting it then where have we been, so having those common measures where we can communicate value is really an important function. So, I'm really glad you said that, talked about a monitoring plan that was great.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

Yeah and it's also defining those metrics so that we know we're all speaking the same language.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

So, for example, what we...one of the things, this is Elaine again, I'm sorry, one of the things that we've asked...and ONC to help us with is...in VA and DoD is to help define interoperability according to certain levels not just have you achieve interoperability yes or no but do you have the ability to exchange, bidirectionally exchange a structured document 70% populated within a 7 second response time? If you have therefore you achieved a level 3 document exchange. Can you send a secure e-mail, etcetera, etcetera. So, some very, you know, specific measures of success for interoperability that we can all converge on are important.

Mariann Yeager, MBA – Executive Director – Healtheway, Inc.

This is Mariann, I agree with the points that Elaine and John both made. I think the term monitoring can have certain connotations particularly in a regulatory framework and maybe find another more neutral word reporting measurement, progress something like that but...

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

I...

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

This is Tony and...

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Yeah, go ahead, sorry.

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

And I would...from Texas, and I would just say, you know, it could just be something neutral like measure and report, and through the State HIE Cooperative Agreement Program ONC tracked our progress that ended with the end of the program, but I found that to be really valuable, it gave us an opportunity in Texas to compare ourselves to the rest of the nation in terms of query-based exchange and Direct-based exchange and some of the other metrics that ONC was collecting information on and so, you know, building on that and making it broader to, you know, go beyond the State HIE Cooperative Agreement Program I think would be really valuable for the nation.

Carol Robinson – Principal – Robinson & Associates Consulting

You know I have a...this is Carol, I have a couple of thoughts in terms of that Tony and I, you know, I'll get...come from that same role in terms of doing that reporting when I worked for the State of Oregon and my observation now as, you know, having...being the field, so to speak, as Elaine said and working on actual implementation of exchange projects as well as doing this policy work is that until I...that while we were collecting numbers we were really trying to do that in a frame of being the good student, the good grantee and I had a conversation with someone who reached out to me from one of the states last week about just exactly that and it was, you know, of course you want...managing millions of dollars that has been granted to your state or to your organization in many other cases and you want to give them the best numbers you possibly can.

And while I would never indicate that we or anyone else would fudge on those of course not, but, you know, you try to paint it in a way that showed progress and what I'm seeing now being on the other side of that is where it really depends where you collect your data what data you get and so I think that understanding what's not happening is as important for ONC and all of us and congress, and everyone else to know what's not happening as much as what is happening and so you then with this, whether it's measurement and reporting plan, then you have that information that is more useful in creating the kinds of levers and using the levers in policies than perhaps the way that information has been collected to date.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

Well, yeah, this is John, so that's why I made the comment that you really need pretty tight measure definitions. So, if you really are all speaking the same language that shouldn't happen. I mean, if the definitions are tight. And again we don't want to fall into the CQM problem of having 500 things we're trying to measure.

Carol Robinson – Principal – Robinson & Associates Consulting

Yeah.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

But if you get a few key measures and they're clearly defined you should be comparing apples to apples and what you are measuring does tell you a little bit about what you don't know, it doesn't mean that you don't have something else in addition to look at what you don't know but I would certainly love to know a half a dozen fairly clear metrics nationally to clear out a ton of the noise we're hearing in the market.

Carol Robinson – Principal – Robinson & Associates Consulting

Yes.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Yeah, John, I couldn't agree with you more I think it is very clear that there is a lot of data out there that is not necessarily very helpful and defining some reporting measures I think should be part of this task. I think this whole thing, this whole recommendation is about accountability, right?

If we can measure and if we can report progress or the lack thereof then I think we can help ONC to use the right levers and also show the public that we make progress on their behalf with the right interventions. So, but I think your point is very well taken.

These milestones or these report cards or whatever you want to call them they will require a lot of expertise and a lot of thoughtful input in order to be created.

Carol Robinson – Principal – Robinson & Associates Consulting

Any other comments on this? I think we've gotten a lot of great feedback that we'll try to capture into the next iteration that comes out on Monday for this. Okay.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

This is Anne.

Carol Robinson – Principal – Robinson & Associates Consulting

Oh, I'm sorry, go ahead?

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Just Anne and I was waiting until everybody was done because I have a comment on the first one, the top.

Carol Robinson – Principal – Robinson & Associates Consulting

Oh, thank you, Anne.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

On that can you change it to education for all constituents or at least the ones that this whole recommendation is driving toward? Because one of the...

Carol Robinson – Principal – Robinson & Associates Consulting

I think we did capture that feedback.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

But, I just...

Carol Robinson – Principal – Robinson & Associates Consulting

So, keep going, yeah.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

I just want to point out that in our dealings with providers, you know, as a payer they're...we're looking at some information exchange with them now, it costs them money to do doctor to doctor and it cost them money with their vendors to do doctor to payer, and they're kind of...they're crippled with not knowing what all exchanges they're going to have to do and maybe it's more of a education on how to get the most economic interface...

Carol Robinson – Principal – Robinson & Associates Consulting

That's a great...

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Not just the interface du jour. I don't know how you put that slant in there but that's one of the reasons why some of the interfaces don't exist or won't ever exist because they're crippled under the different ones they're going to have to do.

Carol Robinson – Principal – Robinson & Associates Consulting

So, okay, I think...did we have any questions around that? I think if we...we may come back to you Anne to make sure that we're capturing the feedback if we...just to make sure that we've captured it correctly if...but I do appreciate what you're saying.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Yeah, I think...

Carol Robinson – Principal – Robinson & Associates Consulting

We'll try to capture it and if it doesn't mesh up with the point you're trying to make please give us that feedback when you see the slides.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Yeah and I think a general theme is that we're looking at information exchange on many levels and for years we've been only looking at from provider to provider. So, any place where we can put helpful stuff in there would be helpful...

Carol Robinson – Principal – Robinson & Associates Consulting

Oh, yeah.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

If you want market forces to help drive this that was my point, thanks.

Carol Robinson – Principal – Robinson & Associates Consulting

No that's a great point. I totally understand what you're saying now and thank you we'll definitely capture that.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration/Department of Defense

So, this is Elaine, the only other thing I would say is, and again, you've got so much stuff to capture, but I didn't really hear anybody on the call today that had a lot of experience with NeHC and the evolution, maybe that was wrong maybe there are folks that were involved in the AHIC and then the evolution to NeHC but that group really struggled in the past year to try to figure out what to do. They had a great variety of representation from multiple implementations of HIE, they had to develop a consumer engagement framework which is what attracted, you know, the HIMSS group to them to be able to use, they had a great consumer focus, maybe what was missing with them is they didn't have some kind of a regulatory governance authority behind them and that's what's being recommended.

But I think without recognizing that that's what that group was trying to do and the shortcomings I think would be a gap in the background because I think folks will stand up, even the folks who participated and say, we tried to do that we couldn't get anybody's attention last year, you know, nine months ago and here we are again and now we want, you know, we want to be back. So, I would just recommend that even though it's a backup for something that...

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you, Elaine, I think that's really, really great advice in terms of this. I really appreciate that. Okay, so we're going to go to the next slide and Chris I feel like I've talked a lot and my mouth is dry so I'm going to pass the microphone to you and let you take this one.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Okay, thanks, Carol. So, we briefly mentioned this earlier that we also, you know, besides tasking ONC with things that we would like to see accomplished we also are proposing potential levers and as you see we have discussed just four and there are some new changes that are highlighted in red here.

So, the list of items that we have discussed and gone over, and included in this list and as I said this is a toolbox. So, this is a hammer, this is a screwdriver, this is a chisel, this is, you know, all the tools that you can imagine to build something with and what we are saying is that these are the tools that we think the ONC should play with but they are not obligated to use them and they include the federal benefits purchaser requirements, federal agency requirements incentives and penalties, and there are a whole bunch of examples given, you know, for example the provider, the Department of Defense and the VA as a purchaser through the CMS Medicaid Program for example and others. Another also as a purchaser through Medicare, Meaningful Use, etcetera, as a grantor so that would be agencies like ONC, CDC, AHRQ, NIH, etcetera. A regulator also is a possibility in this toolbox and as a researcher. So, again, similar to the grantor.

Then the regulatory requirements for the federal rule and acts of congress is another possibility, example is a change in...is payment reform. The federal developed non-regulatory tools are also included in this toolbox so that includes FAQs, best practice toolkits, implementation guides, test suites, test data sets, etcetera as a market convener so that's another one of the items in the toolbox.

Then through the tools that ONC has used in the past which is communication, outreach, education gathering, convening, probably are things that probably should be in there as well. And then ensuring that existing regulations and other levers in place today incentivize desired exchange behaviors and approaches or remove the disincentives for these problems.

So, these are the things that we have collated here. I think they all have different values and approaches and different emphasis. I think what we...the approach that we came...that we are taking here is to say, we do not want to tie ONC's hands, we believe that depending on the progress made, depending on the problems encountered there are different ways of having to tackle a problem. These are all possible reasonable approaches some of them we like better than others but it doesn't mean that we want to preclude any of them.

So, at this point, you know, I'm really looking for feedback. The feedback that we're looking for, are there any of these items that we categorically should strike from the list? And there has to be a really good reason that we say we should never ever use those.

And then are there tools that we have forgotten that we think we should include in this list that have a high likelihood of being barriers of success? So, I'm going to open the discussion for that.

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Can we caveat this into follow on the recommendation that we did make instead of it standing alone?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

I'm sorry, can you rephrase this?

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

You know we just went through a lot of the details on the actual, number two question recommendation and now we're on potential levers. Can we just say, are there other federal levers that could be...well, are there federal levers that can be also used in, you know, in the context of the recommendation, because the recommendation is couching it a certain way, but these federal levers if you look at them independently as an option that can be executed it could go outside of whatever the recommendation is. I'm just saying couched within number two.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

I think...so would you like it better if we would title the slide potential levers to be used to implement the prior recommendations or suggested recommendations...

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Yeah, yeah that's it, thanks for helping me with that.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

I think that's the spirit that we were putting these together, isn't Carol?

Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

Yeah, yeah, okay, thanks.

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

So, this is Tony, on the market convener you mentioned the FACAs and the S&I Framework and you have and etcetera there but, you know, more than the FACAs and the S&I Framework I would say the key role for ONC as a market convener is an example of that was the exemplar grants from last year and I would say that those were pretty meaningful and I would highlight that as an example of ONC being a market convener.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Thank you that's a great suggestion. So, what I haven't heard yet so far are any fundamental objections to any of these potential levers so I'm going to go and ask directly, are there any...is there anybody who is stomach is churning at the thought at any of these?

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

Hi, it's Melissa, my stomach is not churning that's the good news.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Okay.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

But I would...I might rephrase the last bullet that was added since you circulated these slides the first time. I would say examine existing regulations and other levers in place for possible disincentives. Beth's e-mail had reacted to this a little bit yesterday as well.

People who consider ourselves, you know, privacy focused people may always be sensitive to this because that seems to be...we're kind of always in the way of progress or at least it feels that way sometimes or at least people think of us that way.

So, I would like to say "examine them" I would not say ensure. Some of those protections are put there on purpose and should not necessarily be moved. So, I might use the word "examine" instead.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

I think...

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

This is Jitin, since I proposed that change I agree with that as well actually. I mean, for sure my main concern brought up was that the existing laws today that are broadly being applied in a world that is changing which...and it may or not make sense and so I do like the word "examined" as sort of a precursor for them taking the next right steps which maybe, you know, what, you know, it is what it is and it's there for good reasons, tough or, you know, there is some reason to change it for, you know, sort of a narrow set of things which we do want to do in this industry or this subsector of industry for which those laws are not providing a benefit. So, I'm...in short I agree with that comment.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Any more discussion on that? So, it looks like then we have a consensus around this. So, then I would like to bring the discussion to have we forgotten something? If not I think this is the last slide in the deck, right?

Carol Robinson – Principal – Robinson & Associates Consulting

One more.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

One more than let's go...

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yeah, the last of the recommendations.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Yeah, well, yeah, yeah, but I guess...

Carol Robinson – Principal – Robinson & Associates Consulting

Right.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

This is the last substantial slide in the deck.

Carol Robinson – Principal – Robinson & Associates Consulting

So, yeah.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

So, I think this was an extremely good call I was very, very pleased with the discussion today. I think we are moving in a direction as a group that seems to be a consensus bearing approach and I like the discussion and all the additions, and changes that have been proposed today.

At this point, you know, we would, we being Carol and myself, would expect a little bit more feedback around this but then ultimately take this on and pass this ultimately all the way up to the HIT Policy Committee.

So, before we you know...and at this point I don't know if there is anything else that any of you would like to add to this, but I think I am please with the overall consensus that we have achieved here today.

I want to thank everyone, especially our worker bees at the ONC and my Co-Chair, Carol for the hard work that was done in such a short period of time and I'm going to go ahead and open this up for any general questions, comments, concerns, dissents, agreements, at loss or whatever you have so we can put a bow around this.

Carol Robinson – Principal – Robinson & Associates Consulting

Well, I just would like to offer my thanks and gratitude to everyone's comments they've just been really thoughtful, thoughtful input that has I think evolved and improved and today's comments particularly I think will really improve, you know, the recommendations overall and I think it's been a fantastic conversation.

I do know that we need to open the lines for public comment before the end of the call as well so unless there is anyone else on the Workgroup that would like to comment at this point in time I'll pause and let that happen for a minute and then Michelle will you open the comment, open the lines and ask for public comment?

Public Comment

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

Okay, hearing silence, operator can you please open the lines?

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 phone and would like to make a public comment please press *1 at this time.

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

We do have a public comment from David Tao. David, just as a reminder you have three minutes for public comment.

David Tao, MS, DSc – Technical Advisor - ICSA Labs

Thank you, this is David Tao Advisor to ICSA Labs, thank you. In previous certification hearings before the Policy and Standards Committees there were some consensus recommendations from I believe the Implementation Workgroup and the Meaningful Use Workgroup that Meaningful Use Stage 3 should focus only on interoperability and security and not a list of more functionality, also that there should be a Kaizen event on the certification and an attestation processes, and there was broad agreement from those FACAs and also strong support expressed by the vendor community but I haven't heard more since then about follow up to those recommendations.

Now, if ONC were to use that existing lever of MU3 in that way wouldn't that accelerate the industry towards the three year interoperability agenda and sometimes it seems to happen where good ideas and enthusiasm are generated and agreement but then there almost seems to be amnesia and churn as committees go on and rehash the issues and produce new recommendations.

I don't mean that MU3 should be the only lever or that this Subgroup's recommendations, as stated today, aren't good, I think they are, but I wanted to make that observation about a recommendation that seemed to have strong support and then it seemed to just sort of disappear, at least I haven't heard it acknowledged recently. So, while a collaborative process may be needed what about implementing the recommendations already made. I could be wrong, maybe follow up is occurring behind the scenes. Thank you for the opportunity to comment.

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you for your comment and are there any others on the line?

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

There are, Diane Smith.

Diane Smith

Yes, hello, hello, just not a comment but I wanted to ask a question. Will the slide deck be available to the public listeners on this call? I didn't see any link on my invite.

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

This is Michelle, all documents for the FACA meetings are posted on the healthit.gov website, if you just go to the FACA calendar you can download materials from today's meeting.

Diane Smith

Okay, great, thank you very much.

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

There...if you logged into the webinar you can also just download them there over on the left-hand panel.

Diane Smith

Okay.

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

And it looks like we have no more public comment. So, thank you to Chris and Carol, and to all of our members, we greatly appreciate your dedicated efforts and have a wonderful weekend.

Carol Robinson – Principal – Robinson & Associates Consulting

I'll just add that we will be following up with a summary of the feedback that we received today to the Workgroup members I think by Monday Kory will get those out to you and again, thank you everyone for your dedication and participation in this effort we're very grateful.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

Thank you.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Also, thanks from me and I'm sure the...and I appreciate your work on behalf of patients and providers and every stakeholder in this country. So, thank you very much to the committee.

Carol Robinson – Principal – Robinson & Associates Consulting

Thanks, Chris.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Thanks, all, bye-bye, have a good weekend.

Public Comments Received During the Meeting

1. This is David Tao, advisor to ICSA Labs. IN PREVIOUS CERTIFICATION HEARINGS BEFORE THE HIT PC AND HIT SC, THERE WERE CONSENSUS RECOMMENDATIONS FROM THE IMPLEMENTATION WG AND MU WG THAT MU3 SHOULD FOCUS INTEROPERABILITY AND SECURITY, NOT MORE FUNCTIONALITY, AND THAT THERE SHOULD BE A KAIZEN EVENT ON THE CERTIFICATION AND ATTESTATION PROCESSES. THERE WAS BROAD AGREEMENT FROM THOSE FACAS, AND ALSO STRONG SUPPORT FROM THE VENDOR COMMUNITY. I HAVEN'T HEARD MORE SINCE THEN ABOUT FOLLOW UP TO THOSE RECOMMENDATIONS. IF ONC WERE TO USE ITS EXISTING LEVER OF MU 3 IN THAT WAY, WOULDN'T THAT ACCELERATE THE INDUSTRY TOWARD THE 3 YEAR INTEROPERABILITY AGENDA?
2. THIS SOMETIMES SEEMS TO HAPPEN – GOOD IDEAS AND ENTHUSIASM ARE GENERATED, BUT THEN THERE SEEMS TO BE AMNESIA AND CHURN AS NEW COMMITTEES SEEM TO REHASH ISSUES AND PRODUCE NEW RECOMMENDATIONS. I DON'T MEAN MU3 IS THE ONLY LEVER, OR THAT THIS SUBGROUP'S RECOMMENDATIONS AREN'T GOOD, BUT I WANTED TO MAKE THAT OBSERVATION ABOUT A RECOMMENDATION THAT I HAVEN'T HEARD ACKNOWLEDGED RECENTLY. WHILE A COLLABORATIVE PROCESS MAY BE NEEDED, WHAT ABOUT IMPLEMENTING RECOMMENDATIONS ALREADY MADE? I COULD BE WRONG AND MAYBE FOLLOW UP IS OCCURRING BEHIND THE SCENES. Thanks for the opportunity to comment.