



**HIT Policy Committee  
Clinical, Technical, Organizational & Financial Barriers to  
Interoperability Task Force  
Final Transcript  
July 23, 2015**

**Presentation**

**Operator**

All lines bridged with the public.

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

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a task force, a newly formed task force under the Health IT Policy Committee that will focus on the Clinical, Technical, Organizational and Financial barriers to Interoperability. 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. Paul Tang?

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

Here.

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

Hi, Paul. Bob Robke?

**Bob Robke – Vice President, Interoperability - Cerner**

(Indiscernible)

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

Hi, Bob.

**Bob Robke – Vice President, Interoperability – Cerner**

(Indiscernible)

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

Christine Bechtel?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Good morning.

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

Hi, Christine. Josh Mandel?

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital**

Good morning.

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

Hi, Josh. Julia Adler-Milstein?

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health - University of Michigan**

Here.

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

Hi, Julia. Larry Wolf?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Good morning.

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

Hi, Larry. Mike Zaroukian?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Here; good morning.

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

Hi, Mike. Micky Tripathi?

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Here.

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

Hi, Micky. And Stanley Crosley?

**Stanley Crosley, JD – Director, Indiana University Center for Law, Ethics and Applied Research (CLEAR) in Health Information; Drinker Biddle & Reath, LLP**

I'm here.

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

Hi, Stan.

**Stanley Crosley, JD – Director, Indiana University Center for Law, Ethics and Applied Research (CLEAR) in Health Information; Drinker Biddle & Reath, LLP**

Hello.

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

And from ONC do we have Jodi Daniel?

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

I'm here.

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

Hi, Jodi. And Kory Mertz?

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

I'm here.

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

Hi, Kory. Okay, with that I'll turn it back to you, Paul.

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

All right; thank you, Michelle. And thank you everyone on the call. This is a small but lean and mean task force that's being given a big charge; as you know, it's a very timely topic, not that a lot of work hasn't been going on for actually years, but there's been a special request from Congress, and we'll review that in just a minute. The timeline is very tight and so you've...we're counting on this very active, dedicated and hard-working group to get us through this and produce a good result. And what I wanted to do first is open it up to Jodi to make some comments about her perspective on this charge.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Thank you so much, Paul and thank you everybody on this task force for agreeing to join and to help in accomplishing this task. This really stemmed from a request from Congress for the Policy Committee to submit a report within 12 months, and this was back last December, to talk about the challenges and barriers to interoperability and it specifically says the report should cover the technical, operational and financial barriers to interoperability, the role of certification in advancing or hindering interoperability across various providers, as well as any other barriers identified by the Policy Committee. There was a second request in there which resulted in ONC publishing a Health Information Blocking Congressional Report back in the springtime. And this was the second request that Congress had made with respect to interoperability.

We wanted to just start with the construct and the premise of all the discussions that the Health IT Policy Committee has done to date. Since 2013 there's been a great deal of work on interoperability. There have been a number of related hearings; there have been letters of transmittal to the National Coordinator with respect to interoperability and recommendations and our team has worked hard to provide summaries of all of that for you, in preparation for today's meeting so that you can have that broad context upon which we are hoping that your deliberations can build upon.

We...in looking at this, at least from my perspective, it seems like the area that...for which the least work has been done and where we really would love some thoughtful conversation, input and deliberation is focusing on financial barriers to interoperability. And the report needs to cover all of the different areas and different barriers to interoperability, but we want to particularly focus on the financial barriers, because it is the one area where we haven't had a really vibrant discussion of the Policy Committee or our workgroups.

So a couple of things I just wanted to note some of the questions that we think are important for you all to think about is; first, what are the financial and business barriers to interoperability in the ecosystem? Where do those barriers lie? What role do different stakeholders have with respect to those barriers? What's the impact of the barriers on the ability of stakeholders to interoperate? Are there initiatives underway today that are addressing those? Where is progress being made? Where are the largest gaps that we need to address? And then what actions can we take to fill those gaps? So it's sort of a where, you know, three things; what's going on now, some landscape understanding? Then understanding where there's progress and where there are gaps. And then thirdly, how can we start to address some of those gaps on financial barriers?

We...as I mentioned though, the...we expect the task force to pull together a complete report. What we are hoping to do is we do a regular annual report on interoperability for Congress, under HITECH, as sort of a routine activity. What we would like to be able to do, because the timing is about right, is to combine that...the report from the Policy Committee with that report and submit it as a package to Congress so that it's sort of what the Policy Committee's thinking and some of the updates on status and progress towards interoperability all in one place for them.

As Paul mentioned, we do have a tight timeframe and we'll walk through that, but I just want to take the moment to thank everybody for committing to your time and your engagement on this topic. I know it's going to be short timeframe; I know it's over the summer when folks have other personal plans and we sometimes have a habit of interfering with people's summer vacations so I will apologize in advance if we are doing that. But we will try to support you well in helping to pull this all together, but really look forward to a robust conversation and discussion from you all. I'll turn it back to you, Paul.

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

Thank you, Jodi. Why don't we go to the slides then and the next...so, exactly right. So we're going to review the task force charge and the membership and talk about a work plan and assignments. So, it's going to begin right away; I think you had a bit of homework you may or may not have had a chance to get to that and we'll cover some of the materials today, but we'll have assignments for what we accomplished by each meeting. So I really want to second...we appreciate your volunteering; we apologize that we didn't let you know what you volunteered for ahead of time, but here it is. Next slide, please.

So this is the makeup of our group; as I said, lean and mean and we tried to build in some of the expertise for the various aspects that we're going to cover on this topic. Next slide, please. And Jodi mentioned this, but I thought I'd put in front of you in words. So this does come out of a law and it requests the HIT Policy Committee to submit this report that covers those four areas, technical, operational, financial and I think there was one more...and role of certification.

And what we're doing, as Jodi mentioned, is we're going to summarize all of what we've done in the past even two years, it's been more but we put together a summary for the past two years. It's been very active just in that timeframe and concentrated on an area that we've not spent as much time, that is the financial and business barriers, because that clearly is one of the big areas that impedes interoperability in the free-flowing form that we'd like it to be.

You all know that Congress has spent time on interoperability, has passed laws on it, does, in fact is still going through hearings about it. So it's clearly something they hear about, but probably they're hearing about it in bits and pieces from different perspectives. And one of the values I think of this report would be to try to pull it together and show one, it's not a single issue it's really a complex ecosystem. But, we have the following recommendations to try to hit some of the critical areas. So that's our end-goal and I think its extr...it can be extremely valuable to Congress, but also to the field. So that's why we pulled together this very knowledgeable group of folks. Next slide, please.

So the goal is we're going to identify the themes. Now Kory and Michelle have spent a lot of time over this past month putting together both accumulating, you saw it in one sort of in an appendix PowerPoint findings and recommendations from various activities over the past two years, then put that into a spread sheet that lists those. Then we did our first draft of sort of assigning, well that looks like this relates to, you know, just doing a thematic analysis; this seems to do with standards, this seems to be technology, this seems to be privacy, this seems to be financial and tried to annotate those. And those are all up for discussion. And then we did a pivot and in the tabs you see all of the items by cluster; an item can be in more than one cluster.

So the goal is that we will try to digest all of these things, and that's where the assignments come in. I think people may have special interest in one of the categories. And just try to look at what's been done, can we even clump all those things together, lump all those things together and put out sort of a consolidated set of findings and pertinent recommendations, as a way of summarizing what's been done already. That may be a really nice, illuminating summary; alternatively you may find, oh gosh, you know, we didn't mention this or it hasn't been mentioned so far that we captured and there may be a gap that we want to address.

We're not going to spend a whole lot of time in that, unless we come up with some major gaps that can lead to actions that really facilitate and catalyze accelerated interoperability. That's sort of the goal of this first discussion today and the second meeting. By the second meeting we'd like each of the individuals who have put this together to present their work and we go over it as a group and look at, you know, do we have a really nice, tight summary of the various factors in this ecosystem that contributes to interoperability.

Then focus in on some of the critical maybe missing pieces, the areas there are gaps, but we haven't spent as much time, we haven't gotten as much either testimony or expert opinion on and financial is one of those areas where we haven't spent as much time on, which is a big impediment or player in interoperability or the lack of optimal interoperability. So we...over the month of August then, we need to quickly try to get some additional input on th...in that area or areas and we would, ideally we'd love to have an in-person hearing, mainly because of the interactivity and the concentrated time. But I don't think the budget allows us to do that, so we need to come up with more innovative ways of getting that information, probably sort of a virtual hearing or virtual listening sessions may be one or more of those. So we want to focus in on those areas where we have questions and can benefit from additional information.

So over the month of August, we really want to try to cover these major gaps, come up with some of our summary and draft recommendations, present that back to the Policy Committee for its input in September. And with a goal of taking that additional input and finalizing our report in the October timeframe and that's even taking advantage of as much time as possible, because after ONC receives this, they have to go through a clearance process, combine it with their annual report, as Jodi mentioned, and go through a clearance process. So, we are on a tight timeframe, in fact the October 14, unless you tell me otherwise Michelle, maybe moved up a little?

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

Yes, we're looking at moving it the week prior.

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

Right. Okay. So that's an overall view of where we're headed. Maybe what I can do now is take, well, go one more slide, please. And here's our series of meetings that you've gotten meeting requests for, and you can see how it builds up. So there's a number of meetings, and I think they're all probably about 2 hours, really appreciate your time in doing this and it happens in summer and I guess it's just like Christmas, but we do these things in response to requests or high priority needs and this is one of those. And all of...I guess the reason people put their time in is because all of these things are important to the country and important to get...do the best job we can. Let me open it up for some comments, questions before we sort of move on.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So I'll add...this is Larry.

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

Yeah.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

I'll add an amusing aside; I love that summer continues until October.

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

Well, all it does is it gives us a defined barrier...boundary before we can go into the holiday season where we have probably another set of work.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

We're just hoping you guys can keep the sun shining for us.

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

This is definitely one of the most active, it has been from the start, departments...agencies I've ever worked with. So...

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**

Paul, this is Julia; can I just ask a quick question?

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

Yeah.

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health**

When we're thinking about sort of this work and scope of work, sort of does it relate at all to sort of Stage 3 Meaningful Use, should we think about it in that context or really as sort of a defined and distinct set of activities?

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

Defined distinct; so it's not tethered to Meaningful Use, because both ONC as well as the HIT Policy Committee is about more than...are more about...about more than Meaningful Use. It's really policies related to information technology that benefits health.

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**

Okay, so...but we could...recommendations could tie to Meaningful Use if we thought that was helpful?

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

Yeah, as you know, the NPRM is already out...has been out and commented on for Stage 3; that is the last stage. It doesn't mean they can't change rules over time, but in some sense part of that is nearing completion in the ways we used to think about it.

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**

Yup. Okay.

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

But, so think it of as there's whatever pol...so this is federal policy levers that could move this along. That doesn't mean we can't make comments about either non-federal policy or private sector.

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**

Great. Thanks.

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

Thank you. Any other questions before maybe we take a look at some of the tools? Altarum, are you able to put up a readable version of some of the spreadsheet?

**Lonnie Moore – Virtual Meetings Specialist – Altarum Institute**

We can actually share that spreadsheet.

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

Yeah, we'll do our best to make it viewable.

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

Yeah.

**Lonnie Moore – Virtual Meetings Specialist – Altarum Institute**

Yes, since there were so many tabs at the bottom.

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

Correct.

**Lonnie Moore – Virtual Meetings Specialist – Altarum Institute**

Um hmm.

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

So, I just thought I'd have some in front of people and then I'll try to walk through...everybody got the attachment, right? And it's probably helpful...hopefully you're at a computer and you can open up the attachment and we'll...

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yup.

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

...try to walk through the...what's in there. As I said, this represents a lot of work that Kory and Michelle did.

**M**

Got it.

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

Everybody have that? So let's open up to the first tab where it says findings and I'll just sort of walk through what's here and then we'll talk about it. So what's here...so Kory went through all of the activities that bear on interoperability over the past two years, since 2013 and tried to enumerate all of the findings and recommendations from that; so that's what you have in column A. And then in column B, it's, you know the source of it; came from a hearing, came from the JASON Task Force, etcetera.

Then in the following four columns, is an indication of th...so, there are the four groupings that are part of the congressional request. And then I came up with, I don't know it's probably a dozen themes. By looking over these, came up with these themes and they're somewhat lumping still, but at least gives us an area to concentrate on from a recommendations point of view. So just a little bit on the symbology; so when it says, say privacy, so that's in D 3-2, D3, it says privacy has a plus sign, so in some you sent...so there's plus and minus. So a plus can be...I don't know why that would be a plus, but where the attribute has a positive effect on that. A minus would be where the attribute has...there's issues in there that impede interoperability. So most of the things are going to be...have a minus there, so that means it's an impediment or a barrier to executing...to implementing interoperability. So in the...that's in findings.

Then in the recommendations tab, same approach; is this recommendation has to do with standards or alignment or certification? And then in the next set of tabs, they've been clustered by those dozen characteristics or categories or themes; so there's the standards, there are items both findings and recommendations that deal with development or governance or knowledge base, privacy, incentive, alignment, business structure, etcetera.

So I think the goal, and this is where we could use your feedback, so one is to have each one of us take...volunteer for one or more of these categories; try to go through them and look at all the thin...all the items, both findings and recommendations and it dawns on me that these may not be indicated...they may not be flagged as finding or recommendations, maybe that's something we can fix. And then try to consolidate those statements so that we have a bigger picture.

So the goal is to give the reader, Congress, others, a bigger picture, a better understanding of gosh, why is this so hard and why is it taking so long? Well, if they look through...they could either look through these hundred or so findings and recommendations and try to glean what's going on; or take a look at our summary, which takes this a higher level and really tries to help an individual understand why is this complex? And then try to develop some insight on, well what is it that we could do, particularly from a policy point of view, to make it better? To catalyze the efforts that are ongoing? Tell me what efforts are ongoing, how can we help?

So that's what the goal is for this summary phase, and that takes us through the second call, is to summarize what we already know, what we've already recommended. During the course of that summary, you'll probably discover that there may be gaps remaining, hopefully not too many gaps in most of the things, except financial and that's listed as incentive, it's incentive/financial/business; those kinds of issues. That's probably going to spend...we are going to spend most of our time say in August, trying to delve into that in more detail so that we both can get better insight, what causes these financial barriers? And what can be done to rectify or ameliorate or catalyze changes to overcome the barrier?

So let me pause there and see how do...is that clear and do people think we can develop our product using this method or do you have a better tweak on it or...let me just open it up.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Paul, this is Micky. Just wondering if you could elaborate a little bit on the distinction between incentive alignment and business?

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

Okay; good question. And as usual, most of these things are hard to distinguish between and...

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah, absolutely.

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

...at first they can get lumped in the middle. So incentive would be typically it's a financial incentive; an example from the federal government of course is CMS can provide an incentive, as it is starting to do, of saying well look, if you want to...used to have alternative payment models, well, here are some rules. It's almost conditional participation that you may have to fulfill; and one of those can be in the area or a set of those can be in the area of interoperability, just like meaningful use did. So that's an incentive, so usually involves money and probably is going to be from some major payer and the big payer of course in our country is CMS/Medicare, Medicaid/Medicare.

Alignment is ali...so you may have no additional money, but in order to collect your monies, you may have to...there are a number of stakeholders that cou...that affect the alignment of let's say quality measures. That's something we hear about over and over again is, the concepts may be good or actually the concepts may not be fully aligned with where we want to go in the pay-for-value. So we have less than we would like to have in the way of measures that measure outcomes, particularly outcomes of meaning...of understanding and meaning to people and patients. That can be one of the kinds of alignment, alignment of the quality measures, the payment measures against what the consumer would like to have.

Another kind of alignment is you might be talking about a disease parameter, let's say in diabetes, and many payers, including the federal government, have a different way, just a tweak in the definition of that quality measure. Well it may be covering a similar concept but all of a sudden all the providers have to spend the time dealing with the tweaks, and we've heard that over and over again. So that's a...that's one of the major kinds of alignments that people talk about. And...or you could have multiple programs, whether it's in the private sector or the public sector, that is pay-for-value and yet they use all different kinds of quality measures. So those are the different kinds of alignment.

Business could be basically people, organizations may feel, and this is part of what Congress has heard, organizations they could be on the vendor side, they could be on the provider side, decide that they think they have a perceived barrier that says, you know, if we share, if we interoperate, that may be bad for business, so there may be a competitive element to it. So can we understand that a bit more and frankly, is it even true that sharing data is...hurts your competition. That may...that fundamental belief may not even be correct; so if there's data, I'm sort of looking at Julia as well, on, you know, interoperability actually raises the tide for all the boats, I mean, that's sort of the belief I would have and I a number of...believe that; then we should all be all in, in terms of doing that.

So, understanding the business barriers to that and trying to understand are they well founded and if not, then maybe that in itself can be part of the contribution we have. If we understand it, we can also try to ameliorate the...sort of mitigate the impediment to strong, robust interoperability as a way of, as I said, raising the tide for all the boats. Does that help any, Micky?

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah, it does. I think the business one seems the most sort of amorphous to me or perhaps the one that might be a sub-category of the other two, but as you said, I mean, these are all...kind of always hard to cut this stuff up, so...

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

There are...

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

...the alignment strikes me as being, just based on your description, is sort of the levers, the various levers that are out there and are available as...

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

Right.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

...market types of levers and the incentives are what, you know, sort of the kind of financial orchestration...

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

Correct.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

...or economic orchestration is put behind those...at the other, I mean, people have clinical incentives as well and other...

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

Yup.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

...standards of care incentives that aren't just...unfortunately, so...which is the incentives one and I could see the business one sort of following under that category, in sort of a negative like that there's no incentive for doing a particular thing and that's why there's walking, for example or maybe there's a negative incentive for doing it but as we know, I like to do redundant tests, because they're make me money.

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

Right, right. Right; well actually, you know, so let me just pick on that one example is that I'd consider business. So an organization believes it's in their business interest to not interoperate; that would be a description of one kind of impediment. Information blocking is ano...is a symptom, a manifestation of that particular belief. So it would be nice if we could dispel the notion that that is a valid belief, I mean, if that's true, I don't know, I'm just sort of mentioning examples. But when it gets down to individual entities deciding not to actively and fully participate in interoperability, I'd put that probably in that business category.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So...it's Larry; if you look in the tabs, I think it's informative to this discussion that the column C which sort of has them flagged for what they are, on the incentive, alignment and business tabs has a lot that are multifactor.

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

Yeah.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So for this discussion...

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

So that's how we skirted the issue. So yeah...

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

...and some...but some that aren't, some that aren't and I think that in the aren'tness, we'll get a better understanding of what the categories are; but I think that piece that you were saying about, so what makes an individual organization decide to do or not do a certain kind of exchange. I think those...in my mind, that's sort of what I'm hearing is sort of the deciding factor of why it would have business as part of it.

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

Yeah.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

And in my mind that would be the difference between the private exchanges that organizations are spinning up that are, you know, they're inviting people to share with them and maybe collectively paying for it as opposed to the public exchanges and why would organizations choose the private over the public might be some of this discussion under business.

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

Yeah. And another hypothetical example you mentioned Micky was the whole, oh, if a business likes to do repetitive tests or doesn't want to know about it because they want to make money for it, well there'll be an incentive in the alternative payment model that says, well that's no longer true. And of course that...so the alternative payment model becomes a good thing and it becomes an incentive that moves people towards interoperability.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**  
Right. Right, right.

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

So that's how...

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

In this...and I don't want to beat on this too much because I think, you know, we'll just work through it, umm, but it's been the business, we talked about everything in the business category so far we've thought of as being something that is negative, meaning that it impedes interoperability, is that what you were thinking in that category? So it's sort of incentives and then disincentives as two separate categories?

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

Uhh, I think that probably is generally true because...

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**  
Okay.

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

...it probably wouldn't be, so for...well, if you look under business, we do have a positive business and that all has to do with the incentives changing to pay-for-value would be a positive thing.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**  
Right.

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

So...and remember, these were just made by humans, including me, and so they could be, you know, the definitions may not be crystal clear and of course our initial assignment might not be accurate. But trying to describe to you what's going through our mind; there may...they're probably in a pretty good category and it's really for us as a group to look at this category and say, okay, what's really underlying here and an example is, well the people think that it hurts their competition. Well is that...one, is that true? And then second, can we do anything about it and can we use the rising tide argument?

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay...

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So Paul, this is Mike; can I add one more layer to the...

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

Yeah.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

...that part because I also think it will help me understand what might be the multifactorial aspect of this.

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

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So one of the business components, as described, but the one that I see a fair amount of is the signal to noise issue of...and the reconciliation of interoperable data.

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

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Or that notion that the positive is the signal, all the data that is good and usable and easy to find and easy to ingest...

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

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

...the noise is all the productivity losses of trying to sift through lots and lots of data to find the data that matter and the lost productivity of wasting time with systems that are not doing that well.

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

So that's why you're here Mike and you have your own category, should you accept...to take up that.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Well it's probably just multi-category. What I'm trying to do is reconcile that notion that it says...

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

Right.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

...we can capture that by making sure we talk about it in multiple categories.

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

Yes. And it do...so, workflow is...specifically calls out the issue as well, data is...access to enormous amounts of data is not "free;" not only is it not free, but it's also not necessarily valuable.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Right.

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

And so that applies anywhere, including healthcare, of course. So there's a special topic that definitely has come up, of course, providers are very interested in this and it's very valid because if we overwhelm people, we're also not going to get the value.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Right.

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

We'll have a huge cost and not get it done. So that's what...that's the bucket that fell in there and it has a number of items and it's also though, it appears in other categories, as you mentioned.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Okay. Thank you.

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

Thank you. Other...

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**

Paul, this is Julia; I had a question. Are we limited to the findings or the source of findings that are in this document or are we able to draw on other sources, our own experience, sort of, what's the scope of that?

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

Good...great question. We're not limited but we would love to, and especially love to have evidence, other additional evidence brought into this. The opinion piece, I think we've just got to be careful and call it out; but so here are some of the opinions that have been voiced in the context of the HIT Policy Committee. That's not a limitation, but this is, in theory, digested already by a set of the committee, hearing from other folks but would love to have additional, you know, I alluded to, there may be evidence about such and such not being true or being true and we'd love to have that as input as well.

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**

Oh, so like the hearing on Information Blocking yesterday, that would be fair game to say pull in points made there.

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

That...yeah.

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**

Okay.

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

And especially the literature actually...

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**  
Yup.

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

...the more evidence-based, the more data-based we can become, I think one the more compelling it is, but two, it just helps educate folks.

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**  
Great.

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

I think this is...

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**  
Paul, this is Christine.

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

Yeah, go ahead.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Sorry, just I have a couple of questions but one that...directly onto Julia's question which is, first of all let me say that the staff work involved in creating this spreadsheet is just incredible and I'm very grateful to have the end product here; this is really awesome stuff. One thing I don't see here, and I'm surprised by it so maybe I'm missing it is the comments that the workgroups and the Policy Committee made on the Interoperability Roadmap. Did those feed this and if not, can we organize them somehow and kind of bring those in?

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

And that's an excellent question, I was thinking about that as we started. We...what would be ideal, and Kory let me know if this is not...is impractical. It would be nice to overlay essentially the roadmap onto this.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**  
Um hmm.

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

So what would be nice if we see, here's a list of things, topics, many of them are issues and how's the roadmap already addressing them and when? So for example, if this is covered, then we can almost reconfirm that as one unimportant and two an activity ONCs proceeding on. The timing is also of note to us, and I do remember when we were commenting on the roadmap, there may be things that oh gosh, but it's so important, could we move that up? So both the what's on the roadmap and the timing would be of interest to us in each of these categories so that as we review them, we see what's already in play; so, excellent suggestion and I meant to talk about that earlier. Is that fair game Kory and Michelle?

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

So a couple of things; one, the reason we didn't include the roadmap comments in here is when you really look at the recommendations, they're so focused in on the roadmap; I don't think they really make a lot of sense outside of that context. So I think as part of this exercise, at least when I was looking at them, I didn't feel like it was going to add a lot to the conversation per se, when I went through those comments. So that's why we initially didn't include them. I think we'll have to think a little bit about how to do what you were just talking about Paul, as far as an overlay, but we can think about that offline.

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

Okay, I think it's along the lines of, as Julia and Christine mentioned, we don't want to be out of context...the whole, I think one of the major goals of this exercise, this task is to sort of put things in context. A major role is educating all of us with the bigger picture in mind and so if we ignore important input, and particularly the thought that ONCs put into the Interoperability Roadmap, I think we'd be remiss. So, that's the value of doing this.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yeah Paul, it's Christine. I think there are two sort of tracks; one is, what's in the Interoperability Roadmap itself because what I've heard you say, and I should confirm this Paul, is that we really want to focus in on essentially barriers and enablers. And I think the roadmap does a really good job of thinking about the enabling side; a lot of the recommendations in the spreadsheet do a really good job thinking about the barrier side and so bringing those two elements would be helpful.

I understand what Kory is saying, and this is the second track in terms of comments on the Interoperability Roadmap, at least from the workgroup. When we did the Consumer Workgroup comments, you know, there's definitely a level of detail that's probably too much in some ways, but there is a strategic kind of proposal at least in those comments that I'm not completely seeing, although I'm seeing pieces of around the patient request and use of their health information as a potential enabler of broader interoperability. And looking at that model that's been in play a long time conceptually, but there are barriers to it.

And so I'm just trying to think about how do those two pieces come together, both the what's been proposed in the roadmap, but also, okay, what did everybody say with, you know more at a conceptual level about those proposals and how should they be sort of refined. That's what I was looking for. Hopefully that makes sense.

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

I see and actually I think I heard a different request and so maybe that's...I was...what I was talking about is actually what is on the roadmap, not the comments on the roadmap.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yeah.

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

And so that...does that make more sense, Kory, as far as what I was trying to say is to overlay the road...your roadmap itself, not the comments on your roadmap? And then I'll address what Christine just said.

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

Yeah, we'll just have to think about how to do that in an effective manner.

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

Okay. Okay. And then Christine's comment is could we include the comments?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

So wait, Paul, is the roadmap finalized yet actually? Because that would take care of it, right?

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

It is not, but it should be finalized before this report would go to Congress. So we are in the process of trying to finalize it now. It, you know, as far as timing I don't know that you'll have the benefit of that before you have to come up with a report though.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Well so one idea, because I'm totally respectful of staff time and looking at all comments and trying to sort and sift through them is something you've already done; so asking Kory and his team to do it again, I get that, it doesn't make sense. Maybe there's a way that we could get a digested version of the roadmap, not the actual roadmap, because I'm sure you guys can't release that but, here's a slide deck that talks about the roadmap. And it may or may not reflect some refinements based on the analysis you've already done; is that possible?

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

I don't know, I'd have to talk to Erica Galvez and see what she'd be comfortable with. Obviously we have to go through clearance process and things like that...

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Right.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

So, before it's final, we can't put something out before its final that shows what our...any changes, because they might be changed again. So I mean one thing we...I'm wondering if maybe one thing we could do is take some of the...make available to y...there was some sorting of comments and so if there are areas of interest that you all have, we might be able to give you sort of those digests of the comments, based on the work that was already done, so that you can at least see what we heard, which will at least give you insight into what might affect our thinking. I'd have to talk to Erica though about how we could best do that. I hear your concern, I'm just not sure what the best approach is.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Okay, that's fine. Thank you.

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

Any other comments about the method, the process; does it sound like a constructive one and productive one?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Paul, it's Christine; I just want to make sure I'm sort of getting it so can I...what I heard you say was, so we need to help to create a first draft of the report that would then go through the Policy Committee and the draft will focus on barriers and enablers to interoperability in the buckets, and that's my first question, are we limited to technical, operational and financial, those are the three big buckets? You've drilled them down into a spreadsheet with other, more granular accounting of buckets that we might move around or combine or lump or do whatever, but that's really our focus is both barriers and enablers in those three big buckets of technical, operational and financial; is that right?

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

No. I was going to propose that we work on the seams, and it looks like there's a dozen of them. So the reason...so, and...them into the four categories, but the reason to have these...to propose these 12 is it seems like once we, if we categorize along those lines, they're more action oriented, so we can decide how do we...what do we...how do we deal with governance? Or how do we deal with alignment, incentive or business barriers more than you can just, I mean, more easily than you can lump them into three buckets just seems like...

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Okay, thanks. That's helpful.

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

That's a proposal, but that's what I'm open to discussion on.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Okay, that's very helpful. My reaction is, it's probably a lot, I don't know, I mean, it...a lot, but I like the concept and I think as we dig in to each area, we might see ways that two areas should be merged or we should, you know, the one piece that was missing to me was the cultural barriers, but I think that's what you're describing as business in some ways, you know, the sort of information blocking, the business case; you could put that there...

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

Yeah.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

I tend to do this cultural, particularly when I think about all the barriers we erect to giving patients access to their own health information, so, I think that...but I think as we dig in, we'll start to see...I think it's a good starting point is what I'm saying and as we dig in, we might see ways that an area or two might be combined or reframed.

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

Sure.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

And Paul, this is Mike. I just want to jump in again and remind people that clinical is the fourth category and was at the heart of what I was trying to describe. And actually to Christine's point, one of the cultural issues may well be whose job is it to get these data when they are interoperable? An interesting study reported yesterday on scribes unintended benefit of being more willing to look at and grab data when it is interoperable than clinicians who are also involved in the same care of the same patient.

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

By the way, I just noticed; I thought there were four categories, but there are only three categories in this spreadsheet, so we're missing clinical.

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

So Paul, the four categories that Congress called out are technical, operational, the financial and then the certification.

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

Ahh, okay.

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

Those are the four areas that were called out in the report language.

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

Okay; our name has clinical in there, okay. Fine.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

So now I wonder about our scope.

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

Not to worry, clinical is in there, it's just...I think these are somewhat arbitrary classifications either way you look at it.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Thanks.

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**

Paul, this is Julia; I just had one other question about sort of the scope, and it does seem like sort of emphasis of what we've been saying is that provider-to-provider and provider-to-patient are sort of the focal stakeholders to think about and is that right or should we think about public health, lab, pharmacy? I mean, it could get big and so just trying to think about whether we are right in assuming that there's sort of an emphasis on those first two sets of stakeholders.

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

That's a good question. I sus...I'm just gue...I'm guessing the intent of Congress was more in the person-centered or patient-centered. I don't know, Jodi, do you have a different answer for that?

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Umm, that's my assumption as well. It isn't clear, I do think we probably need to scope it for purposes of being able to...

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

Finish.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

...to finish, right and, you know, they can always come back and ask for more, we can always do more, but I think we probably should scope it that way.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

And this is Mike, if I could just again, those of us who were at the Advanced Health Models meeting, one of the biggest, if not the biggest issue was interoperability; so I think that patient-centered approach with at least being mindful and commenting on the other stakeholders would be a good idea.

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

Yeah.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

And we've been very much at the department thinking about like delivery system reform and interoperability is one of the key components to delivery system reform. So that really has been...we...it would be good to be cognizant, as you're saying, about some of these broader uses of health information, but I think that focus makes sense.

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

Okay, good. Thank you. Other comments about this approach? This seems like a fair...

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Paul, I have a question about...sorry, go ahead.

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

No, I was going to say...summarize say, people think this a fair way to get started knowing that it could change as we delve into it...dive into it?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Yes.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yeah, it's Christine; I definitely agree with that. My sort of remaining question that I think again we'll see as we dive in is the level of detail we want to maintain in both the accounting of the barriers and the recommendations. I mean, this is a report to members of Congress but at the same time, it needs to be practical and concrete and understandable, you know, if we're like way in the weeds, I'm not sure how helpful that is either so, I think we'll just need some guidance as we go forward about the level of granularity. You know, are we talking about prioritizing strategies within these buckets or are we really saying, here's the laundry list of everything that is standing in the way, but here are the top three that you...things you could do to address these. Or is it, here are the top 30 things? You know, so I think we'll...I would benefit, anyway, from some guidance as we move forward, but I'm not sure we know enough yet to receive that so.

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

Actually I think we do. So let's...I think this would be most helpful to everybody if it were more global, and this is an exercise to try to look globally on all of these. So there's let's say 12 kinds of things that can get in the way; how do we digest that? And the audience is Congress; so this is a request by Congress, in fact, directed to the HIT Policy Committee. So Congress is the audience; that really helps, every time you know the audience it really helps you formulate...how you structure and frame the response. So they don't want the de...the weeds, but they hear bits and pieces from so many places and it just...it looks like there may be just one solution that if they'd only just do this. But I think they could benefit, all of us could benefit really, by a more global understanding of the stakeholders and the barriers and then diving in to some key barriers with some key recommendations. Does that help?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So...it's Larry; I like the reminder that our audience is Congress. I'm continuing to sort of specifically with some of the things that have come out of Congress in the last say 6, 9, months about pushing hard on better interoperability, is to acknowledge where we have had success to date. To perhaps as we go through this identify different kinds of interoperability or different, you know, I don't want to use use case, it sounds way to focused, narrow, technical...

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

Um hmm.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

...maybe domains, maybe aspects of interoperability where we can say, they're fundamentally different. They're under the big heading of interoperability, but either technically or culturally or clinically or whatever, they're actually very different in kind and maybe have different enablers or different specific barriers. So, I think that there's like an educational opportunity here on how to think about interoperability so it can become actionable and that that means acknowledging some successes, some maybe large scale failures and learning from those as part of what we present.

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

And I think that's exactly right, Larry. So I'm imagining it's a little bit like on IOM report where we have a preamble sort of background to the whole our report back and then each section, however many they become, has a preamble that discusses sort of the, here's how we've succeeded and what's the benefit of that and then we enumerate some of the barriers that stand in the way and some recommendations for particularly any policy levers that can help overcome those barriers. So, I think a major function of this report is educational; yes to Congress, but I think even to all of us.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Thanks.

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

Other comments or questions? So if we seem to think that this is a good approach to start with anyway and then figure out what...how to make it productive and even we can throw it out if it turns out as we dive into this it's too cumbersome, but could look for some volunteers in some of these 12 areas. And the job is not to create new items, so these are items from a group process that involved input, involved deliberations of it could be a task force or a committee or workgroup; so we're not changing their mind, we're trying to come up with a way of summarizing and getting the insight from the statements that have already been made at this point and then identifying the major gaps in those.

And chances are there are not going to be a whole lot of major gaps in most of these categories, but probably there will be major gaps in the incentive, alignment, business; i.e., the financial barriers. And that leads back to what Jodi started out with. So it's to contribute in the...in a consolidated, insightful, concise summary of various categories so that we can all operate at a higher level and then diving in on the major categories and areas that we haven't covered as well. That's the purpose of the exercise between this call and the next call.

And in the next call, then we would go over somebody's work on trying to do just that for the categories and decide, hey, that sounds pretty good or oh, did...you forgot this piece and then we're moving towards that sort of almost becomes somewhat of a draft of what our final summary is in that particular area. Minus the areas that we have to do a lot more work on, and that we'd do the work on those big gaps, particularly in financial, in the month of August.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

So Paul, do you want people...this is Micky. Do you want people to work on multiple ones or how are you thinking about this?

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

Yeah.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

I think there are more categories here than there are workgroup memb...task force members, so.

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

Correct. So ideally it would have been nice to have subgroups, but because of the math, as you mentioned Micky, chances are it would be helpful if an individual would like to cover more than one and you can tell me, is it better to have two or three on one category which creates scheduling problems or just have one person spend time and consolidate basically, lump and make the concise summaries? I'm guessing it's the latter, meaning individuals take different categories and I'm happy to take the leftovers.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Right. Okay.

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

And outside of Mike volunteering for workflow, I think it's all up for grabs.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

All right; this is Micky. I'm happy to take governance, umm, and I'm happy to help with standards. I assume, you know, Josh and some others might be better placed to lead on the standards thing, I don't want...but, I'm happy to help with that or with any of the business ones, incentive, alignment or business.

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

Thank you.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

It's Larry; based on history, I probably should be taking certification. I've been involved with a lot of certification stuff over the last few years. If someone else really has that as a hot topic, I'd be more than happy to hand it over to them.

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

Okay.

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**

This is Julia; surprising no one, I would love any combination of incentive, alignment and business.

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

Okay.

**Bob Robke – Vice President, Interoperability – Cerner**

This is Bob; would be...since I think I'm one...only vendors on here, I would take the development side of it.

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

Okay.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

This is Josh; I'd certainly be happy to take standards and other areas I would be happy to help with would be development, trust and start with that.

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

Okay. And by the way, admins...there's only one in what's called Admin and it's basically admin overhead and if you don't mind, Mike, that probably fits under workflow.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Uh yeah, let me take a look. Yeah, the other thing I was actually just focusing as well on the knowledge section; I didn't hear anyone say anything about that yet, but it also seems to be a pretty good match with that so I'm now looking at admin; that looks fine to me.

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

Yes.

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

But I'd also toss in knowledge it that'll help.

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

That sounds great. And Micky, trust...there's only one there, too and that could obviously fit under governance, in fact, it's labelled as double; so actually, I think it probably...it's probably already there.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay. Sure.

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

We might be able to delete two categories and that works pretty well.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**  
Sure, that's fine.

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

Anybody else. Oh, is Stan on the line?

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

I didn't hear Stan volunteer for privacy, but I think that might be a good category for him.

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

I just did.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**  
Well that's telling.

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

You can be private, but you can't hide.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

I thought I heard Stan volunteer Deven for that one.

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

I did, yeah. So actually I think we've got it all covered and Julia, I'm happy to work with you on your trio there.

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**

Great.

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

Okay, so the goal is between now and next call, which is July 29, so approximately one week, is to have consolidated the items in your category. And by the way if you wouldn't mind, Kory just send out one with flags of recommendations and findings and then try to see if we can't come up with...

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

Paul?

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

Yes.

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

The finding...the recommendations are actually highlighted in green.

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

Oh, okay, thank you. See how fast that was. Okay, at any rate, so if you could just summarize, come up with these very concise, meaty but insightful ways of expressing what the findings and recommendations are in each of those categories. And then if you find some major gaps, that'll be something we'll discuss in the task force at the next call.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Right. So Paul, for consistence...this is Micky; for consistency, are you looking for, in terms of format, is this like a sort of a prose description you're looking for or just a further refinement of Excel kind of format?

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

Prose meaning sort of along the line you see in Excel, so a recasting of the statement in ways that are sort of inclusive and, you know, if you got two instead of six statements, that would be neat.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Got it. Okay.

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

For extra credit, if you put the preamble in there, that would be great. That is just for the overachievers.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Right. Okay.

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

Because, you know, it's on its way towards being part of our draft is why I mentioned that.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**  
Yup.

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

How does that sound, folks?

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**  
Good.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**  
(Indiscernible)

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

Okay. Anything else we want to talk about before we open to public comment?

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

I think one more thing we want to talk about Paul is, you know, we're still figuring out, it probably will be virtual meetings...

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

Ah yes, yes.

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

...have some type of hearing or something like that, but I think we need to start identifying who the appropriate folks will be now, so that we can plan for that.

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

Yup.

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

So if people have names or people that we think would be helpful, if we could start generating a list that would be great.

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

That would be super. So one, as you go through your homework on the way to next call, if you could include folks that could comment on major gaps; that would be helpful. And we'd like to start that discussion today, I think as Michelle mentioned, you know, its August...one, its August and two, that means it's only a few weeks away and its summertime. So, if there key people that can address the major gaps, and I guess financial would be a big area; we'd love to hear now and anytime it comes to your mind.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So Paul, to verify what you...I think you guys are saying; we're looking to a possible hearing virtual or live somewhere...

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

Right.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

...in August, end of August or something, rough timeline?

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

Yeah.

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

We're still planning when it will be but it could be, you know, three or four virtual meetings where we have people present. It could be in-person, which I don't think will be likely at this point. There will be some way that we hear from additional folks though.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Okay. Thanks.

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

So it's possible to get...

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

So I think...

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

Go ahead, please go ahead.

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

Sorry Paul. So I think, Paul, Kory and I will follow up with the assignments that we heard today. Kory noticed some mistakes that I made in the spreadsheet so we'll update the spreadsheet, we'll send a follow up and then we'll remind you of the type of folks that we could be looking for for a hearing.

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

Yeah, a lot in the business areas, so the economic areas, plus we have people from Brookings, as an example. Julia probably can help us with this.

**Julia Adler-Milstein, PhD – Assistant Professor of Information, School of Information; Assistant Professor of Health Management and Policy, School of Public Health – University of Michigan**

Yeah. I was thinking after I looked through some of the categories it sort of may help target, because there are, I think, a lot of people can speak to them from different angles and so it's a question...and also I want to hear David Kendrick's testimony from yesterday; I know he's covered this a lot. So I definitely have some ideas, but I may just want to wait before making my suggested list.

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

Super. Yeah. Okay. And another thing maybe we get started on is what do you think about a survey monkey on dates in August so that we can at least start knowing when we're available.

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

Well I think we might be able to use some of the meetings we have on the calendar, depending on how things go.

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

Oh, I see. Okay.

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

But we'll have to figure that out. I'll work with Kory to generate some ideas of how we'll do that and we'll share those.

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

Okay. Jodi, if you're still on the line, any comments about either our charge or the process?

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Umm, no, I appreciate all the hard work of you all and of the committee going forward to hammer this out. Happy to chat offline and help with any of the planning as needed.

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

Okay. Thank you. All right, any other final comments? I just want to add again how much we appreciate your volunteering to do this. You all have special expertise and you've all spent a lot of time in this area; appreciate you're donating this to this important task. I think there is a contribution we can make in just sort of digesting this for, particularly for members of Congress, but other folks that read about this thing, know it's a big issue but just what is it that is, what does it really mean and what's in the way and what can we do to make it go faster? I think we all want that. Thank you. Let's open up for public comment, please.

**Public Comment**

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

Lonnie, can you please open the lines?

**Lonnie Moore – Virtual Meetings Specialist – Altarum Institute**

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

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

It looks like we have no public comment.

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

Thank you very much and here's 50 minutes back to get your own work out of the way. Thanks a lot folks.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Thanks everyone.

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

Thank you.