



Collaboration of the Health IT Policy and Standards Committees

Interoperability Experience Task Force
Final Transcript
April 26, 2016

Presentation

Operator

All lines are now bridged.

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

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy and Health IT Standards Committee's Interoperability Experience Task Force. This is a public call and there will be time for public comment at the end of today's call. As a reminder, please state your name before speaking, as this meeting is being transcribed and recorded. I'll now take roll, Anjum Khurshid?

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Here.

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

Hi, Anjum.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Hello.

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

Jitin Asnaani?

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Hi, Michelle.

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

Hi, Jitin. John Blair? I know John's here. Cris Ross?

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

No, I'm here, can you hear me?

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

Yup, thank you John.

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

Okay.

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

George Cole?

George Cole, MS – Principal Scientist, Community Solutions – Allscripts

I'm here.

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

Hi, George. Jane Perlmutter?

Jane Perlmutter, PhD, MBA – Founder and President - Gemini Group

Here.

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

Hi, Jane. Janet Campbell?

Jane Perlmutter, PhD, MBA - Founder and President – Gemini Group

Hi.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Here.

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

Hi, Janet. Jorge Ferrer?

Jorge Ferrer, MD, MBA, LSA – Biomedical Informatician –Veterans Health Administration

Here.

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

Hi, Jorge. Kelly Aldrich? Larry Wolf?

Larry Wolf, MS – Principal – Strategic Health Network

I'm on.

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

Hi, Larry. Larry Garber?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Also here.

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

Hi, Larry. Phil Posner?

Philip Posner, PhD – Patient Reviewer – PCORI

Good afternoon.

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

Hi, Phil. Shaun Grannis?

Shaun Grannis, MD, MS, FAAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regeneron Institute, Inc.

I am here.

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

Hi, Shaun and Ty Faulkner?

Shaun Grannis, MD, MS, FAAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regeneron Institute, Inc.

Hello.

Ty Faulkner, MBA – Adjunct Professor – Lawrence Technical University

Present.

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

Hi, Ty.

Ty Faulkner, MBA – Adjunct Professor – Lawrence Technical University

Hi everybody.

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

And from ONC we have Stacy; is there anyone else from ONC on the line? And so we're getting an echo so hopefully it's not one of our Chairs; so if you could please mute your lines if you aren't speaking. And I will now turn it over to Jitin and Anjum.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Thank you, Michelle. This is Anjum Khurshid; welcome everyone, very glad that all of you could join us and we have a lot to cover. We have made good progress in the last few weeks and our last call was also very useful. So, what we are planning to do today is that we'll review the virtual hearing framework; we had some discussions and good suggestions and so we'll go over that because that's going to happen in the next week and then we'll get back to some of the main work that we had been doing, which is purely understanding the use cases and the needs_framework around those use cases, in preparation for the virtual hearings, and also thinking of, you know how we can now trans...convert the needs framework to also thinking about solutions for some of these needs that we are able to prioritize today and in the coming weeks. Next slide.

Ah, so this is a list of all the members; appreciate your much your time and we have really benefitted from this and we'll follow it to how that can inform the national agenda, as we move forward on the interoperability experience work. Next.

And just to recap, so you're basically looking at both policy and technical approaches that could be implemented to improve the experience of providers and patients and we had agreed that we will be looking at systems that can interoperate and then see what are the gaps there and try to prioritize and identify three to five most important needs, and that's kind of what we had been doing and we'll hopefully work on this today, specifically so that we can narrow the scope of the work, which can be very, very broad, into some doable and impactful steps that can be taken nationally and then move forward from there. Obviously we will have recommendations to ONC but we will also be looking at collaboration from both public and private partners, in terms of achieving this goal of improving the interoperability experience across the board. Next.

So, last week we had a really good discussion and Jitin was able to moderate this very well. And we had, just a recap, we basically are having one day of hearings, and we suggested to have three panels present that day. These will be short presentations, generally probably five minutes, followed by some question and answers. And there were three main panels that we considered; one was healthcare stakeholders, so basically providers and patients.

So we were thinking of practicing physicians, people who represent health systems, some payers and patients and we also thought of like other roles, maybe care managers within ACOs or other kinds of new organizational models for value-based payments. And we got some specific suggestions in our previous, non-public meeting.

The second panel we suggested was health IT stakeholders of which community-based or public HIEs are one. We also discussed having some presenters from pharmacy or pharmaceutical industry, network providers and some probably IT system providers or integrators maybe.

And then the third panel is mainly about federal and state stakeholders, because they play an important part in this. And we discussed, you know, having some representatives from CDC or the Department of Defense or the VA; maybe a state HIE that is dealing with interoperability experience at the state level with different partners. And we also considered some of the research networks that are focused on really collecting data for research purposes and the challenges and solutions that may have been

created there. I think there was a discussion around how PCORnet has addressed some of these issues of interoperability with very large networks as part of the PCORnet.

So, we are hoping that we will have...we have got good names in these...each of these and we are following up with that. And we are hoping that we will have around probably the optimum number is about four presenters in each panel, maybe three or four presenters. And then basically give them a prompt where they can present to us what solutions they would be...they have come up with for some of the needs that we have identified around interoperability experience and share with us how they have overcome some of the challenges.

I think we had this discussion that we are actually going to focus more on really finding out what solutions are there that are working, so that we can have a good sense of what is happening nationally and what can become part of like a national interoperability experience. Next slide.

So I'll just go through this part at least and then open up for any comments. And so the questions that we initially started with, a long list of questions that can be asked as prompts to the panelists, but realized that it was a short time that we are giving them and so the more questions we have, I think the more dispersed answers we would get, so we focused on then this question, which is, what are the top interoperability challenges that you have faced and how have you overcome them in order to share clinical information with other organizations/physicians in a timely fashion?

Now again, this is a prompt that we are suggesting, we are very much looking forward to some discussion on this or some suggestions from all of you, in terms of whether this would be a good prompt to start with. And I think what...as we hoping that we will have an opportunity to drill down further, depending on who the presenter is; but generally we wanted to, as many of you had opined last week, focus really on not just identifying the challenges or the problems, but really focusing on how people have overcome this in different parts of the health ecosystem and maybe that informs our overall strategy going forward.

So, I'll stop there and look forward to some comments or input or suggestions about this.

Jorge Ferrer, MD, MBA, LSA – Biomedical Informatician –Veterans Health Administration

This is Jorge, another comment regarding the question that you have up.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Mm-hmm, please.

Jorge Ferrer, MD, MBA, LSA – Biomedical Informatician –Veterans Health Administration

I think it's also important to just as a FACA ONC hearing also may be ask whether the policies that are coming out of the Office of the National Coordinator, you know maybe identify, not just any...challenges but how have the policy directives that have come out of these committees either helped or hindered interoperability moving forward? Because I think in some instances, based on maybe the last four or five years, you know there are clearly policies that have helped quite a bit and then there are some that some feel that have hindered, perhaps, innovations in cutting edge technologies from moving forward. So my suggestion is maybe to include some formal statement there's not just interoperability challenges, but how is Health IT policy helping the problem statement of interoperability.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Okay. What to other folks think about that?

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

This is Jitin; I'd love to chime in not as Co-Chair but as participant in response to building off of what Jorge said.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Mm-hmm.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

I think it's a great idea to ask participants to what extent things that have been done over here so far helped or hindered them, but I wonder if it's best not to ask them that question up front, but rather to ask it subsequently, after they've given their answers so that we don't box in their thinking. I'd love to hear from some of these organizations, whether it's on the, you know on one extreme the federal agency or the other extreme, the small network start up.

And I think we have, you know a broad swath of panelists from, you know across a spectrum that could be defined as those two ends. And I'd love for them to just tell us what it is they think are the problems they've had to tackle and they've had to solve. And then for us to layer that in as possibly one of the Q&A questions that one of us asks to all the panelists, after they responded with their organic view on what the problems are and what they've solved.

Shaun Grannis, MD, MS, FAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

Hi, this is Shaun. The question that's posed that's up on the slide deck right now implicitly it seems to presume that it's been solved, what's the challenge you've faced and how did you overcome it? I think many organizations are still facing these challenges, so I don't know if you want to disconnect the solution from the problem and ask two different questions. You know, what are the greatest challenges you've faced? And, what solutions have you identified to overcome some of your interoperability challenges? Because I, you know I would submit to you that some organizations are going to say, our biggest challenges haven't been...yet.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

I...

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Mm-hmm. And Shaun, we had some of this discussion last time. Jitin, you were going to add something?

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Yeah, I was going to add, I think that's...I think the way Shaun just articulated is in the spirit of what we discussed last time. Last time when we met we said that we wanted to help our panelists to help us pivot towards solutions, which is why solutions is so baked in. But I like the way Shaun articulated it right

now because it may be that some of those challenges they have identified solutions, maybe some solutions are actually working; maybe there's not identified solutions and that also is information.

So I agree with Shaun's reframing of the question. I'd still keep it as one que...well, it could be two questions I guess, but I'd still keep solution close to the heart of this, just so we can uncover whether they have actually figured out solutions or not for every problem that they articulate.

Larry Wolf, MS – Principal – Strategic Health Network

Umm...

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Okay...some words...

Larry Wolf, MS – Principal – Strategic Health Network

It's Larry Wolf. So let me continue on this journey back sort of to the root from solutions to challenges. So maybe there's a piece in here about highest value, right? So people have done a lot over the years to connect...together and so maybe not the broad notion of challenges, but where are you looking to get value from health information exchange? Where have you gotten value from health information exchange? And then having identified the value, to then look at what were the operational challenges and how do you address them?

Shaun Grannis, MD, MS, FAAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

Are we...do we mean to say health information exchange or interoperability?

Larry Wolf, MS – Principal – Strategic Health Network

Ah, well interoperability is a way to achieve exchange.

Shaun Grannis, MD, MS, FAAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

Right.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

You're talking about the verb.

Larry Wolf, MS – Principal – Strategic Health Network

Yeah, I'm talking about the verb.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Sorry, just for my own notetaking, I know Larry asked the question, did other Larry ask the intermediate question...

Shaun Grannis, MD, MS, FAAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

That was Shaun.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

...about interoperability versus HIE?

Shaun Grannis, MD, MS, FAAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

That was Shaun.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

That was Shaun, thank you Shaun. Sorry just had the voices confused. Thanks.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

And Larry do you suggest that the value piece should be like a subsequent question or should be in the prompt as a main question, part of the main question?

Larry Wolf, MS – Principal – Strategic Health Network

I think, so I'll phrase it, I'll take you up on the challenge and phrase it that way.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Okay.

Larry Wolf, MS – Principal – Strategic Health Network

So, umm, so to ask them to identify where is the highest value they've achieved from interoperability or the highest potential value if they're still working on it.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is the other Larry; I generally agree with Larry, but I, you know from my perspective there are several things that are necessary, but none sufficient in order to achieve interoperability. You know, there's val...determining value, there's technology stuff, there's workflow, there, you know regulations; I mean, there are a whole bunch of things that have to all align in order to get interoperability right. So I think, I would...I agree that we should bring this up, but I'm wondering if we should not mention it as part of the question because again, it will steer people in directions that, you know that may not allow them to think broadly. But I definitely think we should ask this when we then open it up for interrogation.

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

Yeah, this is John Blair, can you hear me?

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Yes.

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

Okay, sorry, I'm driving and I'm in a bad spot. So also, one thing I think might be important is not just the solution or the focus on the solution, but the ability to absorb the solution. So how much was it the solution and how much was it with the new paradigm of the solution, as Larry has said workflows or

engaging trading partners or, as you shift to a non-interoperable situation with a solution and have, and even though the solution may be fine, how do you move now to that new paradigm? And how much is absorbing that with staffing, workflow, role-based workflow, all the other pieces, how much of that was the issue?

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

So yeah, that's a good point, John; so you're really talking about adoption as well of the solution, not just the technical solution that theoretically solves the problem, and that is definitely part of the, I think understanding of solutions, but that maybe that can be clarified. Others have any opinion on that?

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

Yeah, one other thing I'd say though, it's...we think of adoption so much as adoption across our organization, but with interoperability, it's exponential because it's now adoption across multiple organizations in unison and it's...it makes it much more difficult.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Yeah, good point. Anyone else?

Shaun Grannis, MD, MS, FAAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

I...this is Shaun; I just want to make sure I'm tracking. We're talking about what kinds of solutions there are to interoperability from the technical to the workflow, etcetera. I see this question asking how you've overcome them, do we want to leave the question broad enough that people can comment on technical, policy, workflow, etcetera, or are we intending to specifically target the dimensions necessary for interoperability? I'm just wanting to make sure I understand what we're saying here.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

This is Jitin. My, Shaun, I was just wondering the same thing. I think my perspective is that leave it to them to articulate what parts of this...how they think they're overcoming the issue.

Shaun Grannis, MD, MS, FAAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

Mm-hmm.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

And I'm capturing all the questions we're asking here as a little bit of a cheat sheet, which I'll share...which we'll share back with everybody as to the dimensions to that...to the solutions that we may want to further probe on. It might be under technology. It might be under workflow as other Larry mentioned. It might be the absorption rate...the adoption rate as John mentioned. I think there are a number of potential pieces to the process of overcoming "an interoperability challenge." And as far as I recall for our charter for this workgroup, we were specifically not supposed to limit ourselves to any one lever that we...on any one dimension that, you know we may want to explore from a national perspective.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Yeah, thank you Jitin for that explanation. So I think yes, we have, I think a prompt question that goes out to a very, very different set of stakeholders, including you know patients and physicians and technical people as well. And then maybe there is...there are a set of questions that we are kind of discussing that we want to get out of the hearing that we should have a list and as Jitin was saying that I think we will probably circulate some suggested ones that we are getting from your comments and remarks and then...so that we make sure that we get the most out of these hearings as well.

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

Yeah, there...this is John...

Larry Wolf, MS – Principal – Strategic Health Network

(Indiscernible)

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

This is John Blair again, I just...there is one thing, and hopefully I'll make that meeting, but I've got a son's wedding the following day, so I may not make it. If any way I make it, I am going to...one thing I want to try to, I'll ask, want to hear is the engagement and coordination with trading partners around this and how much of an issue and a barrier that was.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Hmm.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Hey John, this is Jitin. If you are not able to make it for some reason, I promise you I'll ask that question on your behalf.

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

Okay, thank you.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

(Indiscernible)

Larry Wolf, MS – Principal – Strategic Health Network

It's Larry...

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Yes. Go ahead, Larry.

Larry Wolf, MS – Principal – Strategic Health Network

Let me jump in with actually a question about our scope and our audience, in terms of our invited speakers. I didn't notice public health being on our list of folks we're bringing in and I don't remember if we talked much about them, but so the public health use cases. While they're mostly one way, goin...sort of always hit the radar as the sexiest interoperability I think are really important, you know I

think, you know every time we have a new, you know, the disease of the month thing, this time with Zika, having good syndromic surveillance sort of jumps to the front or lab results reporting or even immunizations.

Shaun Grannis, MD, MS, FAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

Yeah.

Larry Wolf, MS – Principal – Strategic Health Network

And I know there have been issues in the past with all the variability across the state agencies and other local health agencies, various registries; so maybe this is an area where there's actually been good progress and someone could speak about what's been successful and how far we are.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Yeah Larry, thank you for that point and we did have some discussions and suggestions as well, like bringing somebody from CDC as well as a local health department, and we have identified some folks that would be on this third panel, which is on the federal and state stakeholders, under that I think we were including public health. Anyone else have any idea on that? Yeah, so we'll cover that.

Larry Wolf, MS – Principal – Strategic Health Network

Sure.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Any other comments on the virtual hearing and questions? And as we said, we are lining up folks as...according to their availability. We had received good suggestions from all of you; thank you very much. Please, if you have anyone specifically in mind, do send them via e-mail to us, both Jitin and I and we'll try to reach them. The ONC staff is really very helpful in making those contacts and making sure that people are available for the hearing.

And then we will also, based on the discussion last week and also this week, we will come up with more detailed questions that I think as a group we would like to explore through the different people who will be presenting before us, to make sure that we have some consensus on what are the kinds of things that we want to at least understand better from an even broader stakeholder group than the staff cores. And hopefully we'll be able to then subsequently prioritize and move further with some specific, I think insights about both the challenges to interoperability and then some of the suggested solutions that we find out from the people who are presenting on the panels.

Any final thoughts or questions before I...before we move to the use cases? Okay, thank you very much for this discussion. Next slide and I think I'll hand it over to Jitin to moderate this.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Sure thanks, Anjum. So just one thing on the last topic; so what I captured was, umm, I think at the very beginning Shaun proposed a slight change to the question, which would make it more...which would allow people to answer around both the challenges for which they've looked for solutions and not found

solutions as well as those for which they have found solutions, so that's a rewording of the question which we'll do.

And then we got a number of good questions from Jorge, Larry, John and other Larry and so on, that could inform, like something like a cheat sheet of questions, which we may want to use when, you know, during the Q&A section of all the panels, you know depending on the applicability. So we'll capture both of those for the benefit of everybody on the task force.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Yup.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay. All right, so let's...so this...okay, let's go into the use case section here as Anjum has turned us over here. As you all recall, we've gone through these use cases, everyone went home so to speak and worked on what they identified as the steps needed for the use cases. We took those back, thanks largely to folks both on this call and as well as our ONC team; we came up with a framework that's kind of bucketed the needs that were shared across all of those, all the four use cases that we have so far.

And today what we want to do is, you know what we're really going to do is start pivoting towards solutions; first by tying a bit of a bow on the needs themselves, it won't be perfect but good enough such that we can keep moving and start pivoting to new use cases. And for that, I...we hope...we're going to take really four steps. Step one, we'll just recap the use cases real quickly, just to...for everybody's reminder, but I think everybody here who's on the call today, has been deeply engaged from the beginning, so we won't spend much time there.

Then we'll review all the needs that we identified; we won't go line-by-line, but we will go sort of category by category, big category by big category and prioritize which of those categories of needs will really move the needle, for which, you know there's clearly an unmet need, the need is clearly unmet and where we should be honing in on recommendations for paths forward for ONC and the FACAs.

And then we will start identifying some of those potential solutions which we know of that fit into those buckets, all with the intention, of course, of learning more during the hearings. So that's our four-step process today; you don't have to memorize it, I'll memorize it for us, I have it here for us. So step one, let's just go through the use cases just as a reminder; let's do this real quick.

The first one was a, you know use case one was transitions of care and automated query of a Massachusetts PCB for a patient summary when an HIV positive patient visits an ER in Florida. Now let's going to use case two; I'm just going to do the summary at most for each use case, just to remind us.

Use case two was around shared care plans; in this case involving an actual order for a blood draw and involving the home health agency, as well as the lab and oncologist. And so that's, of course shared care plans come in a lot of varieties and flavors, and we thought that this one would cover some aspects of shared care plans which are important and not covered so well by the other use cases.

Let's go to use case 3. Use case 3 was focused on patient-initiated data, and in particular a patient's caregiver is able to gather information about the...from the patient, from their providers and do

something clever with it or something an App isn't able to then to do with it and submit it back for consumption to the providers. And so that was patient-initiated data is use case three.

And then use case number four was around data transparency, and there was particular focus were the hospital discharge of a high risk patient to a post-acute care setting. And two interesting focus areas here was the transparency of the data to the participants and the appropriate involvement of participants who are not necessarily directly involved in the specific care transition. So in this case the PCP, who particularly in a PCMA setting is a critical part of the equation. But even not so, this could be one who wants to be part of that equation.

So that...those were the four use cases. For anybody who was part of the use cases, hopefully I did not misstate any of your use cases. Going one, going twice, going thrice? No? Okay. So those are the four use cases and then, you know, step two is go through the needs. So let's go to the next slide.

Sorry to kind of fly ba...past that, I presume everybody knows their use cases inside out by now, so if anybody wants me to go back, please slow me down and we'll go right back. So these are the needs we outlined. We have six slides that look a lot like this, the use case is on right side for those, I know a couple of you did not make the very last meeting, so hopefully you have all of this in your inbox from that time and you've had a chance to review it. But we have the use cases on the right-hand side and we have the needs on the left-hand side.

And the first need is sort of the highest level, you know, I call it the need bucket. So for example on this page, its ability to identify patients nationwide; that could...that actually could imply or utilize several sub-pieces, you know 1.1 to 1.5. And what I think we should do over the next few minutes, I don't want us to go line-by-line because, like I said, there are six slides like this and hopefully everybody's had a chance to look at it, and if not, we'll just spend a minute on each page right now, without going line-by-line.

But let's look at this...let's look at these needs and if anything strikes anybody as odd, then...in terms of how we've implied that the need has an impact on the use case in the right-hand side, please let us know. So for example, at the last meeting, we just started to touch upon this and it was pointed out to us that those...that 1.4...1.3, 1.4, 1.5 did indeed have applicability to use cases three and four and last...I think at the last meeting we had underserved use cases three and four with those three needs.

So, let's go through just one slide at a time; anybody have any qualms with this slide as it stands?

Larry Wolf, MS – Principal – Strategic Health Network

So, it's Larry Wolf; just a formatting request.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Yes.

Larry Wolf, MS – Principal – Strategic Health Network

For those of us who are not good at keeping numbers tied to functions...

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay.

Larry Wolf, MS – Principal – Strategic Health Network

If somewhere on the slide, either in the title or in the big box that says use case needs, there was a short statement of the use case, like the title for the use case.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Larry, this is Janet; the use cases run along the right there, so it's actually all the use cases cross-walked with all the needs. I...

Larry Wolf, MS – Principal – Strategic Health Network

Wow.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

...needs.

Larry Wolf, MS – Principal – Strategic Health Network

So it's not guida...so it's slide...it's needs slide one, needs slide two, got it. That makes a lot more sense.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Same thing happened to me, yup.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Yes. All right Janet; you're introducing my slides on the next time around. Thank you.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

It's the number one there; there are just too many ones; we need like need A or something.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Oh, I see. Oh that's...

Larry Wolf, MS – Principal – Strategic Health Network

Like it's really...this is really slide one, right? Use case needs, this is really slide...something.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Yes, that's what's causing confusion, you're absolutely right. This is just slide one of use case needs...

Larry Wolf, MS – Principal – Strategic Health Network

Got it.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

...versus the use cases cross-walked, to Janet's point.

Larry Wolf, MS – Principal – Strategic Health Network

Yes. Thank you. I knew I was missing something.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

We can clean up those slide titles, for the next time. All right, let's go...we did spend some time discussing this slide last time, let's go to the next one, because my hope is we can get through all six and then prioritize these slides, really, in terms of which ones are most unmet versus those ones which are in good enough shape that we don't want to focus excessively on it. So this one is around, for these four use cases, the ability to locate relevant patient records and the components within it; so for example, one thing that struck me here was that the ability to show provider's affiliated with patients was generally extremely impor...was generally important across the use cases. But to show the roles of affiliated providers seemed more to me to be a nice to have, could be helpful, could be useful important relative to just knowing who the providers are affiliated with the patient not as big a need, almost across the board, really.

Jorge Ferrer, MD, MBA, LSA – Biomedical Informatician –Veterans Health Administration

Can I ask a question?

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Yes please.

Jorge Ferrer, MD, MBA, LSA – Biomedical Informatician –Veterans Health Administration

This is Jorge; is this the providers that are responsible for an instance of care for that individual as opposed to you may or may not have a clinician, for example a family practice physician who's actually the individual responsible for your care. But if that individual has a surgical episode and that gets taken care of and they go back to their PCP, well that affiliation is...it's time-sensitive so once you've been with the surgeon, you're done, you don't have to go back to them for, unless you have another surgical management that needs to be taken care of. Are you including these visits with the clinical care which those affiliations are germane or not in this example?

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay Jorge, I'll take a stab at it from what I understood, but I'm happy to...happy for others to chime in if I misspeak. I think it was somewhat all of the above; the ability to know that a particular physician relationship was a one-time relationship versus a continuous relationship, you know is one dimension of an affiliation with a provider. There could be other dimensions such as the nature of the provider themselves, as you said a surgeon versus a family practitioner versus some sort of sub-specialist. And these are all attributes of that affiliation...these are all attributes of that relationship and the affiliation of that provider with that patient.

So it really is all of the above and it was felt that that is very useful, and sometimes relatively...it's fairly important. But relative to how critical it is for that use case to function, there, you know in some cases a medium and some cases a low one, in the case of the last use case, not really applicable at all. I'm actually a little surprised by the use case number four not being applicable at all; I would have actually expected it to be at least a low or medium there, but it is sort of all of the above captured in a single bucket rather than breaking out it by the various subtleties which we could break it out by. Does that help, Jorge?

Jorge Ferrer, MD, MBA, LSA – Biomedical Informatician –Veterans Health Administration

It has, it has definitely.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay, terrific. All right, let's go to slide number three. So this one is all about ability to locate and identify providers. Again the provider services offered the provided capabilities to communicate and the ability to keep provider locations automatically and continuously updated. Then let's go to slide...I guess we'll just skip along through.

So let's go to slide four. This was around the ability to access and interpret consents and authorizations. What's very obvious from this slide is that this was critical across the four use cases and there are several components which were critical across the use cases. And based on the discussion that we had as each use case sub-team presented their use case, this is maybe about a month ago now, I don't remember the specific date, a month to six weeks ago, it was quite clear that this was a difficult issue for all to get over. So this may well fit into, you know, one of those things we'd want to focus in more.

Let's go to slide five. The ability to encode data that's syntactically and semantically interoperable; so both the computability of the formatting as well as the computability of the data itself; there was a good bit of discussion around LOINC, for instance in a previous discussion.

And the last...let's go to the last slide, slide six; and so this is the ability to exchange data; querying and retrieving, pushing receiving, submitting data. And again, you know clearly it's, especially the first three, all very important to all three of the use cases, all the use case teams felt that this was high.

So as we kind of have gone through those six slides, right, and I'll recap for everybody; there's ability to identify patients, locate patient records, locate and identify providers, access and interpret consents and authorizations, encode data that is interoperable so syntactically and semantically interoperable and the ability to exchange data. As Anjum and I went through the sort of results of plotting these against each other, we realized a couple of things.

We realized a) there is...a number of these are across the ability for any one of these use cases to work, you need all of these use cas...these, sorry. For any one of these use cases to work, you need all six of these needs to be adequately fulfilled; otherwise the use case falls apart. So, the framework of high, medium, low is only a little bit helpful in that it at least identified for us what, you know, what some of the lows were, but really turns out all of these abilities are relatively high in order to enable these use cases to work.

So the question that struck us was then, as we think about now here are the set of needs which we've identified and we want to start discussing some of the...figuring out which of those needs that are really going to move the needle nationally, that we really should hone in on; it struck us that some of these needs, even if they are high in terms of their...in terms of how critical they are to the use case, it's probable that some of them are better met already by what exists out there than others. And so we should really be focusing on those which are totally unmet and causing the greatest consternation among, you know, anybody involved in health data exchange of any sort.

That was our hypothesis. I want to actually turn it more to this group over here, to the task force, to help us figure out how we should rank order these six slides, these six sets of capabilities and needs in terms of how important it is that we help figure them out. And once we've done that, then we'll start turning to specific solutions that can address those needs. So can I, can I get some opinions from folks over here as to what they would suggest we could use for rank ordering.

One suggestion I'll throw out there as a...more as tinder than anything else is when I look at this one in particular, you know ability to exchange data it's not perfectly solved by any means, but there is sufficient underway and sufficient proof that this can be solved and has been solved in a number of settings that relative to things like consents or patient ID, I would just rank this lower. What do other people think? Where do we think we should really focus as we start taking the turn from needs to solutions?

Shaun Grannis, MD, MS, FAAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

So I...this is Shaun. I have two questions; number one, what's the value of rank ordering? Just help me understand why we...if they're all important do we have to rank them?

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Hi, Shaun. My hi...I think the reason we probably want to rank them is just so we know where to focus in terms of recommendations we might want to make to ONC or to other task forces, in terms of the work they should do to solve big outstanding problems nationally.

Shaun Grannis, MD, MS, FAAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

Sure.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

That's the only reason I think, because I don't think we can do all six is my only...

Shaun Grannis, MD, MS, FAAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

Okay.

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

Agreed.

Shaun Grannis, MD, MS, FAAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

No, that's helpful. And my second question is more fundamental and I...if this takes us to a place we don't need to go, then I'm happy to table this, but I'm wondering the use case needs, so we came up with six of them, you know the model that I think about for interoperability you should need to standardize the patient, the provider, the organization, the type of care provided; so I see really three of the four there. I don't see healthcare facilities on here and that's often an overlooked piece and a real challenge we face with interoperability is, when you're dealing with lots of data interoperably, identifying that facility becomes really hard.

So you need to know to whom the care was delivered? By whom the care was delivered? Where was that care delivered, which is the facility; so, my only point here is that I don't disagree with the use...these six use case needs, but I don't actually see facility on here.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Hmm.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is the other Larry. I think, at least the way I was looking at this is that providers included facilities; in other words, they were sort of lumped together. But I think it does make sense maybe to specifically call that out on the slide.

The other thing I wanted to mention, getting back to the prior question about why we're ranking these. Doesn't it make more sense to rank this after we've had the virtual hearings?

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Hey, Larry, that's a...those are really good points. So first of all, let's...I actually want to...let's go back to slide...let's go three slides back to the slide that's probably titled use case need number three. So this...Larry, this is where you're suggesting we should include facility, right, to tie a bow on Shaun's point.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Right.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

I think so, right? All right, so let's make...let's just make sure that we do bring that in; Shaun, it's a really good point, I don't want us to miss it.

Shaun Grannis, MD, MS, FAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regeneron Institute, Inc.

Sure.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Then, all right so slide need three, just want to make sure we capture it; all right. The second thing, yes, I...Larry, you know what, I absolutely agree in terms of, you know, we might go back and say we want to re-rank this because we hear something very different from the virtual hearings. And that's absolutely fine. I think what we can come up with now is a fairly good initial hypothesis. We do have a fair bit of experience across this task force itself that, you know, we're not chopped liver here, we can probably come up here with a good set that we think makes sense in terms of rank priorities and if we hear something very different from the hearings, we can definitely change it around and say, actually you know, it turns out it was just a big problem in my head, it really is, you know, something else really is more important, which is fine.

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

Hey Jitin, this is John. Just one question, I thought that the hearing, you're going to be asking them to focus on areas of success and this is looking at how critical major areas of difficulty? How are you going to cover...are you going to ask them to hit the second thing also?

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Hey, John. The way we've framed the first question is that we're asking...we're going to ask our panelists to talk about their top challenges and the solutions they've identified to address them, if they've found a solution. So that will...that'll get them to focus on the chal...on the top challenges from their perspective and they'll such inform what we're doing here in terms of needs. But we'll also get them to spend more time on the solutions, so we can figure out to what extent these problems are being solved or met. And,

you know, if we...if a panelist leans one way or the other, too much time on challenges, not enough of solutions, or the other way around, we can always probe them a bit during the Q&A. But the intention is to get both.

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

Okay, okay. Okay, yeah, I had forgotten that, thanks.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

No problem.

George Cole, MS – Principal Scientist, Community Solutions – Allscripts

So Jitin, it's George. It seems like some of these needs...so for example in my mind right now, I'm thinking...

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Yup.

George Cole, MS – Principal Scientist, Community Solutions – Allscripts

...that numbers two and three are somewhat prerequisites to being able to do anything about numbers four or six; if I can't find the patients or the providers, I'm not going to be able to look at their authorizations or consents and I'm not going to be able to do exchanges. Number five sort of stands out by itself, I think, so I'm looking at two, three and five as being sort of prerequisites to other things. Just throwing that out as a thought.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay, all right. So...and let me just recap that since, I'm sorry I should have created a slide just put all the six buckets of needs together on one page. So...just for everybody's benefit. So George, what you're saying is, you view the...

George Cole, MS – Principal Scientist, Community Solutions – Allscripts

The locate the patients.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

...locate relevant patient records and...

George Cole, MS – Principal Scientist, Community Solutions – Allscripts

Locate the providers.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Yup.

George Cole, MS – Principal Scientist, Community Solutions – Allscripts

And perform correct encoding of content, that's how I read number five.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Yup.

Shaun Grannis, MD, MS, FAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

This is Shaun; I'd echo that; those were my exact top three.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay. Oh interesting, okay. Okay, so actually let me ask...let me then ask Shaun and George this question, the...there was a lot of discussion around accessing and interpreting consents and authorizations; the only reason you would...you'd say that that might be a lower priority is not because it's unimportant but because if you can't do two and three, you really can't do four? You really...you clearly can't talk about accessing consents unless you can locate the patients and the providers?

Shaun Grannis, MD, MS, FAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

Right, yeah, I think it's artificial to necessarily create a monotonically increasing, you know there's obviously dependencies here.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Sure.

Shaun Grannis, MD, MS, FAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

So, you know, you might even want to think about some supporting or enabling pieces, but the...yeah, so I don't disagree that you need that assurance of safety, privacy, security, authentication, etcetera but, yeah. So, I mean it's an interesting question how we want to model that and convey that.

So the priorit...you know, monotonically increasing priorities are sometimes a challenging thing, particularly in complex systems where there's dependencies among pieces. But from my perspective, if you don't have the patient, you don't have anything and so that's always the top priority. I'd be willing to debate, you know you could just go to, if you have the patient and the information, the semantic and syntactic information about the patient, I could hear an argument for putting that second and then provider third; but those three are, I think, key elements in exchanging any kind of information.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Oh gosh, you know...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

So this is...

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Yeah, and I really like that approach that maybe don't have to think of this as a force ranked way, the simplistic way we've thought about it, maybe it's...maybe there's a set of enabling dependencies from which...after which we can solve other dependent problems. Sorry, Janet, I think I spoke right over you; please go ahead.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

No, that's okay. Actually I'd sort of maybe even building off of that, but one of the things I was thinking about looking at this is that for many or even I might say most of these needs, they can be met in a like

in a very constrained, narrow network, right? Like a lot of this stuff, as you pointed out, has been solved, but the thing that seems to be missing is the ability to normalize and knit across networks and that's a very specific part of three, like 3.2, but then I think also there's more on top of that, the harmonization of concepts, which we don't have a need for right now.

But I guess that's sort of how I'm looking at this almost where, you know if our natural tendency is to say yes but on a lot of these, like yes that's working over here, but it's not working over there, then kind of that crossing of networks and of approaches seems to be a pretty big part to making interoperability more friction-free.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

That's a really good point; that's a really good...that's a really interesting way of looking at it. And does that...oops, man this...now that the iPhone allows you to trigger Siri without actually touching a button; Siri comes on at the weirdest times; sorry about that. Okay. It just suddenly started repeating things to me.

M

I wonder if Siri...

Larry Wolf, MS – Principal – Strategic Health Network

So I wonder if...

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Did Siri have the answer?

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Yeah, I think it pointed me to some HL7 publication that I should purchase. All right, okay, so that's a really interesting point; if you want...if we're thinking about frictionless exchange regardless of, well not quite regardless of but, independent of these specific networks which have solved problems, you know within either the four walls of a health system, of the four walls of a particular data sharing network, so to speak, what may be the pieces that are then most important? Is it the same set of pieces? Does it inform something about the pieces?

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

Hey Jitin, this is John; that's part of what I was getting into on my question about stakeholder engagement and coordination with them.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay. All right. As a challenge and potentially a set of solutions that may be scalable regardless of the specific network or...that you're in, is that what you mean, John?

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

Yes.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

That that's why we might want to spend time there? Okay. All right.

Larry Wolf, MS – Principal – Strategic Health Network

So, it's Larry Wolf. If I looked at use case need slide five.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Slide 5, can we go to slide 5.

Larry Wolf, MS – Principal – Strategic Health Network

Yeah, where it talks about umm, basically I see this as the bringing the data together, which I think I was hearing in Janet's question about how do you bring all the pieces together. Umm, so the piece that often happens, even though it's somewhat ugly is there's some level of mapping tables to align the data, being it's not fully standard or there might be a mix of standards in use. And so I'm wondering if that notion of intertwining all the pieces is a really key, overarching piece, but also in terms of specifics, if it shows up in the files by point, etcetera, examples.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Yes this is Janet; that's a really good point. And I think the other thing that I was thinking of in addition to the data normalization was kind of, as I said, was with three, where it's more like, if I went to go see my doctor right now here in Wisconsin and I said that I was seen at a certain doctor in California, umm, it's iffy, right, whether that doctor's going to be able to get my information simply because he can't find the doctor in California and he can't find that doctor's system.

So that's kind of what I was also thinking about in terms of...the connection between, even if, you know the doctor in California is working, you know is sharing information in California and the doctor in Wisconsin is sharing data in Wisconsin.

Philip Posner, PhD – Patient Reviewer – PCORI

This is Phil; that's a very good point. In fact, I'm doing that right now, I'm sharing doctors in Florida, Virginia and California and basically the way we do the interoperability is I carry my own records with me and one of the things that we've talked about...project is having something like a Medical Task Force that the patient would have access to to carry from one place to the next so that that would promote sort of an individual interoperability.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

And can you say that last part again, you, at least on my phone you blurred out a little bit, that very last statement.

Philip Posner, PhD – Patient Reviewer – PCORI

The thing that we're all thinking about is systems interoperability, but what we were thinking about is something that was portable that the patient could actually have portable, kind of like a Med Alert bracelet, but it would have their medical records on it that they could actually carry with them and the chip or as a device that could be plugged in wherever they went so it would be available to their physicians in my case, Florida, Virginia or California.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay, that's interesting; that suggests...now that's a really interesting way of kind of framing it. That suggests that the ability, and that actually might even suggest that number one might be, you know, one of the core components there. And maybe there's a different way of saying number one where right now it says, ability to identify patients; it's...I mean, it's really about identifying the patients and finding their...and getting the data from them, getting the data that follows them in some sense. It feels like...

Philip Posner, PhD – Patient Reviewer – PCORI

Right.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

...important point that's not captured by itself anywhere here or maybe I've not seen it.

Philip Posner, PhD – Patient Reviewer – PCORI

Yes; you might think of portability as a phrase to describe it, so that it might be portable with the patient rather than across systems electronically.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay, that's...

Kelly Aldrich, DNP, RN-BC, CCRN-A – Chief Clinical Transformation Officer- Center for Medical Interoperability

This is Kelly; I agree with that portability and we need to probably refer to as the transitions of care as patient-centered.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Kelly, say more, what do you mean refer to the transitions of care as patient-centered? What are you suggesting we do?

Kelly Aldrich, DNP, RN-BC, CCRN-A – Chief Clinical Transformation Officer- Center for Medical Interoperability

So even though the...sure, so even though the physicians might be treating, like you say, someone might be treated in Florida, but their primary is in another state, to the patient it's all these ins and outs of care episodes, but it truly is centered around them and they, you know I thought that was probably a pretty clever way that, you know they own their own data in transporting that, but it really needs to be patient-centered so that we can start tackling some of these, ah, their medication history issues that really seem to be very challenging to everyone in and out of the system, it's where a lot of errors happen. And so if we respect the transitions of care in and out of the episodes patient-centered, we might get further in the interoperability ultimate goal.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Now that's interesting, all right, sort of speaks to my heart. So let me turn it to others who might have a less biased opinion. If one way of saying what's just said is that the transition of care is, it's almost a repre...I don't know what's the right phrase, it's almost like a shadow of just the patient's experience with healthcare. It's a particular instance of a patient being moved from one place to the other, but the data or at least the data should really follow along with the patient and that's maybe where we should, you know where we should have more centering.

And I think that's what ke...what needs, you know bun...need number two tries to get at, it's there's maybe more patient centricity that we could think about here than is necessarily stated over here. What do other's think? I think George you, George and Shaun you both outli...you both said that as well that, you know, need number two is most critical, and I think Kelly...what Kelly's articulating on top of that that there is a patient centricity here that's particularly important to us.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Jitin, this is Anjum.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Yes.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

And so I like these last points that have been made by Kelly and also I think what John Blair and Janet were referring to and I've been wondering if in the five needs or the six needs that we are focusing on, we are capturing like the people side of interoperability experience I think is to refer that to not only patient engagement but also I think in terms of I think what John was saying about stakeholder engagement to make interoperability experience really work. And we all know who have worked in the field, how important that is. So, is that a feeling by others as well that maybe we are, like of the six, none of them is actually capturing that people side of interoperability experience?

Ty Faulkner, MBA – Adjunct Professor – Lawrence Technical University

This is Ty and I kind of agree with you there. I just wanted to note that, umm, the consumer-managed health record approach is, like what Kelly and others have said, I totally agree with. For example, Smart Health Cards I think they call them, Smart ID cards typically only have enough room, memory-wise about 27K on a card but in Europe, for example, there's a card called the Meadow Card that's used in Israel that he has, I think it's 32 gigs and they have a USB port, so it's actually a functioning EHR that you can carry with you. And much of that kind of technology is migrating its way to the US.

Kelly Aldrich, DNP, RN-BC, CCRN-A – Chief Clinical Transformation Officer- Center for Medical Interoperability

This is Kelly again, I think that's really interesting but, you know not to focus on the solution yet, the conceptual task that I think we have at hand are really solving some of these...points, for lack of data sharing and where the errors occur. And so that was just, if that supports the statement of more of the data flow in through the longitudinal transitions of care, you know, that's kind of the point. The med rec is just abysmal where...when it comes to patient safety and that really we have an opportunity to improve that, I think, with that model.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay, all right. So I'm trying to, this is Jitin; I'm trying to kind of wrap my head around how do we incorporate this? Is this something that's just, you know maybe to Anjum's point, it's an entirely different sort of, call it need slide for the moment or is this something that's baked in here that we just need to expound upon? In terms of, what's the phrase you used Anjum, the people's side of interoperability.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Mm-hmm.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Anybody have any suggestions for how do we capture that? Because it feels like we hav...we do need to put a...be able to put a fine point on what is the fundamental underlying needs that we really want to, we want us to be able to target and solve such that other dominoes can fall into place for interoperability. So it's worthwhile, you know, even overspending a little bit of time trying to nail that down.

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

Yeah Jitin, this is John again. I don't want to harp on it too much, because I listen to this on med rec, med verification...

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Mm-hmm.

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

...med verification, med reconciliation, you know we've been working with the same solution for a couple of years now and it's not...has nothing to do with the solution. It's now all of the people part of this and the coordination between care settings and, you know re-training and creating accountability and compliance, because it has nothing to do with the solution anymore. And, you know getting there, you know we've made great strides, but it's the people side.

Ty Faulkner, MBA – Adjunct Professor – Lawrence Technical University

I agree; this is Ty Faulkner again. It's awareness and education. You look at utilization of portals still being under 10%, kind of like in the banking industry, right? Wherever we go to an ATM, you know we're still the holders and carriers of our financial information so; we look at community exchange, not just enterprise level exchange but community level exchange. The question is what do they want to exchange? What does a consumer really want to have availability to?

You have tools like DirectTrust that allow, you know certain levels of exchange at a consumer level as, you know we all know they'll be continuing to look at the CCD-A and how that affords, you know interoperability, etcetera. And then there's the application services; FHIR, etcetera, but what does a consumer really want to have access to is a key point here.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

And this is Anjum, Jitin; and I guess that some of the needs of the...on the people side are covered in the six areas that we have discussed, but maybe there are certain like aspects of that that are not...covered in this, which go back to maybe training or education or incentives or other kinds of things. And I'm not sure how we are capturing that, because they are an important part of the interoperability experience and to make this work, as many have suggested here.

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

Yeah, this is John again. What I was referring to is more the people, the trained healthcare professionals and providers.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Mm-hmm.

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

I mean, we've had med reconciliation capabilities in the hospitals and it's been over the last two years to get them to actually utilize them and properly do that before discharge. And the ability to send those documents, now that they're being done and there's accountability and the handshake is happening between disparate organizations, that's what it's taken; it wasn't the solutions, they were there over the last couple of years, it was getting all that redesign done across organizations.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

All right, okay, this is great. So let's see, I think there are a couple of things we can take out of this. For one, unless somebody objects, I think there is a bucket seven of needs, not around patient-centricity, but around the other aspects of stakeholder engagement in interoperability that are...that turn out to be some of the, sort of the biggest needs that get missed during a policy or standards discussion, because there is a real human and organizational redesign challenge there, organization-centered challenge there that is faced.

At least my experience has been even if a doctor had the ability to interoperate, they don't even know to ask the question, for example, can I go out and get the data. So there is...there's prob...there's certainly a set of needs associated with that as, you know a separate, I don't know whether we'd call it a separate slide seven. There's a sense of patient-centricity that really, I think belongs in slide two, that's just not coming out, but I'm open to where that may be as well, both centricity and patient engagement that starts with, can I...you know, it starts with slide one, can I find the patient to, but more focused on slide two, can I get the patient's records? Whether it is because a patient's there or the patient's carrying them, but in some sense it's following them. Does everybody buy that or have I taken it a step too far?

Jorge Ferrer, MD, MBA, LSA – Biomedical Informatician –Veterans Health Administration

I want to...this is Jorge; I just wanted to make a comment on the previous discussion that the sociotechnical component that was articulated based on the training of the provider that for example, have to do medication reconciliation. And so people that are actually doing med rec at the point of care, you know if you go to different hospitals, the applications are very, very different, paper, hybrid, fully electronic and anything in between; so it might not be a bad idea to also re-look at the SAFER Guidelines that were produced, I think, on behalf of ONC, which specifically addresses the varied sociotechnical component of the problem that we're talking about. I mean...I've actually done quite a bit of work in this space, so I want to cross-reference some of that work as well.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Jorge, can you give us a little bit more background behind what that...

Jorge Ferrer, MD, MBA, LSA – Biomedical Informatician –Veterans Health Administration

Yeah, the SAFER, the S-A-F-E-R, the SAFER Guidelines were produced by Dr. Siddhi and Artic Singh at the University of Texas for...which, you know they were aiming to try to understand what were the sociotechnical ramifications affect technology and in a clinical application. So they looked at all the variables that we're talking about, you know and...individual training, are they fully trained? Are they training in a residency program as opposed to an attending that's been practicing for 20 years? So they looked at how does the technology affect the individual that is tasked with now having to do or delegating other clinical personnel to do a particular task. And there's a lot of rich information in that documentation.

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

Yeah, so this is John again; that's why I'm so interested in when the panel discu...talks, how much of it is the solution, a solution issue and how much of it is the people issue.

Jorge Ferrer, MD, MBA, LSA – Biomedical Informatician –Veterans Health Administration

Mm-hmm.

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

And what was just said starts to get at exactly what I'm talking about.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Got it, okay.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Jitin, this is Anjum; I like the way that you have kind of presented this.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay, all right, in terms of the way we are...we're going to re-bucket some pieces of this?

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Mm-hmm.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

All right. Terrific.

George Cole, MS – Principal Scientist, Community Solutions – Allscripts

So it's George, Jitin I just had one more thought about this. So, we have a number of different statements of need; I think you could prefix every statement with as a blank and fill in the blank with different stakeholder names and do that across all the needs. And then those needs change and you get the context, as a patient, I need to find relevant patient records; that's a little bit different need than, as a provider or as a umm, a specialist or as, you know, different stakeholders. So I don't know that we...I'm thinking across all the different needs, we've got the people dimension in the way that these needs are expressed and used by different stakeholders.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

I think there's...I'm going to take a stab at this George, I think I see your point. But I think what we're articulating here is that there is a difference between...there's a set of needs, and yes, different people have those needs and so it's a little different from person to person, as opposed to there's a systemic need to ensure that specific stakeholders are managed and trained a certain way in order to get the interoperability results that you're looking for. So the people themselves and sort of the training and so on that people that people...of people themselves is itself a need, separate from these sets of needs which people have as they're trying to...

George Cole, MS – Principal Scientist, Community Solutions – Allscripts

Ahh, yeah, I see that's yeah, sure. Okay.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

I think that's...but that's a really good point, we'd want to be clear about that because otherwise it would seem that we've just created overlap and redundancy if we don't say that right. All right, so I'm now...so now I'm trying to, you know we started down this path of...my original intention was we'd figure out how to rank order some of these things, and I think a really good point has been made about rank ordering being a little simplistic a way of looking at this and really we should look at sort of fundamental building blocks, I like the way both Shaun and subsequently Janet kind of positive sort of ways we can look across these as building blocks that can come together the right way. I know the word building block has probably been overused at ONC, but so until we find another word, I'll use it for the time being anyway.

Feels like the set of needs around number two, the new set of needs around number seven and set of needs around number five, so the encoding are all critical pieces that we'd...we might want to...that may be where we want to spend the most time on as we look towards solutions. I don't remember whose point it was, early in this discussion, but it was a very fair point that as we listen to our panelists, who come from a broad variety of settings and with deep experiences, we may go back and say that we got this wrong and we need to change it around, which is fine.

But with those...with these pieces in mind, uhh, the place we need to get to next is what are, you know, what is being under-solved today? Where is there a big gap in the solution today? And I heard a couple of solutions being bandied around patient-centricity but I would...I'd love to hear, you know where do we think there are just big gaps in solutions today that we might need to address, particularly where it comes to two, five, you know seven, maybe John you can opine on seven. I know we mentioned three as well as, in terms of the ability to identify providers, but what do people think? Where do we want to start in terms of thinking about solutions, even as we wait for more input into the needs themselves?

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

Hey Jitin, can you read number seven, I'm driving so I'm sorry, I just...

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Number seven is the brand new one that we just made up right now as we were talking through John that starts with management and, of the stakeholders themselves; management, training, all those things which have to do with the stakeholders themselves as a need for interoperability to work in the real world.

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

We call that governance.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay.

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

Just very quickly what I would say is the uniqueness of these undertaking in that it's not a single organization effort, and trying to get...trying to coordinate between disparate organizations very, very often in which have never interoperated and worked at that level. Trying to get them to be bringing up their individual systems, doing their individual training, workflow redesign to role-based workflow and stuff and then coordinate that across several different systems, particularly when you're talking of dozens or hundreds of organizations.

Kelly Aldrich, DNP, RN-BC, CCRN-A – Chief Clinical Transformation Officer- Center for Medical Interoperability

This is Kelly; I think these points are excellent and we also want to make sure that we're talking about data flow and the access or availability on top of the people process technology approach.

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

Agree.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Right data flow, okay.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is Larry...this is the other Larry, rather. I'd like to reinforce the importance of a convenience, you know for patients and providers to make this happen; in other words, even though we can technologically get everything wired up, if it requires too many clicks, too many buttons it doesn't happen efficiently. So, I think that usability should be a key focus and the automation should be a key focus.

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

I couldn't agree more.

Jorge Ferrer, MD, MBA, LSA – Biomedical Informatician –Veterans Health Administration

Yeah I would add, just to dovetail on that I would say that from the usability perspective, reducing the data entry burden, the navigational effort on the clinician's side so that the experience is not as labor intensive for the clinician I think is critical because you can wishfully think of interoperability but if the individuals who are requested to do the data entry simply are overburdened with the task at hand, this becomes a secondary disruptive behavior for them as opposed to something that they actually want to do.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

So I totally agree...this is Jitin; I totally agree with this usability point. In fact, sometimes the usability, if something is usable and convenient enough, it actually can reduce your governance burden significantly because people know what to do and they want to do it. Is there...is that where it belongs or is this

more...is usability sort of a separate thing under the ability to exchange data or is it just somewhere else?

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

I think it's separate, Jitin because again, even if it's more usable, if you don't have just for organization close to the same timeline and being able to absorb and to do this, then you're out of sync because who do you send to and receive from, etcetera.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay, all right, I got you. Okay, all right. All right, let's just start outlining a couple of the solutions in these buckets, not as much to evaluate them but as much to starting getting them out there so we can capture for our notes and we will continue sort of thinking through what some of this, the potential solutions are and the opportunities they create for us at a subsequent meeting, after the hearing.

Under governance I heard one set of solutions around that from Jorge around the SAFER Guidelines, is that what...did I get that right, Jorge? Is that what they are called?

Jorge Ferrer, MD, MBA, LSA – Biomedical Informatician –Veterans Health Administration

Correct, S-A-F-E-R.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

S-A-F-E-R, okay, got it...of the outlines. Okay. John, is there a set of best practices solution, something that people can point to as, you know, as a potential resource either for us, for the...community, for a future FACA that you've experienced or encountered or created along the way that can be in public?

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

Oh boy, ahh, not off of the top of...yeah, not off the top of my head, I mean I'm thinking of some guides that like we may have where we've brought up communities, but nothing, not off the top of my head.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

No worries, that's fine. I didn't mean to put you on the spot, but that's something worthwhile to think about, how would we articulate the solutions over here, even as we get to...the solutions which we've...or even the elements of solutions which we know have to be there. But the closer we can get to, here are some things which can work and need to be further explored, the more actionable our recommendation may be back to ONC.

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

I'm happy at a future time to talk about, you know, things that I've seen and we've done.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Sure.

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

But off the top of my head, I can't think of documents or URLs to go out and find it.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Okay, all right that's fair. Michelle, we are what, two minutes away from needing to open this up, is that right?

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

Yup, we're getting close.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

We're getting close, all right. Okay, so you know what, I will cut my own solutions suggestion down right now, partly because we'll probably need a little bit more framing around how to have a discussion around solutions and partly because we've got enough content here to go back and revise what we have.

The...since we just had this discussion, does anybody here, given the discussion we just had, have any thoughts around any changes or edits we'd like to make to the hearing? Either the panelists or the questions that we might want to keep in mind as we get to the hearing, given that the hearing is the next item on our agenda. Actually, can we go to the slide with the work plan before we turn this over?

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Jitin, this is Anjum; I just wanted to remind everyone that we would also be adding another use case around quality measures...

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Oh yes.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

...which is not seen in the need case...

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Anjum, thanks for mentioning that; yes, the quality measures use case is meeting today actually, I thought it was last Thursday, apologize for the misinformation; I had gotten the dates wrong, it's...we're actually meeting later today and yes, we will add that in as a fifth use case to our current, instead of four.

So our virtual hearing is not this Friday but next Friday, May 6, 10:30 a.m. Is that three hours, Michelle, is that what we had 10:30 to 1:30?

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

Yes.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

10:30 to 1:30 Eastern; so, you know, be prepared it's a three hour marathon.

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

It's 10 to 1 though, Jitin, sorry.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

It's 10 to 1, okay, all right. Okay, so we may have to update this slide. So it's from 10 to 1 next Friday. You saw the set of panelists at the high level that they're going to be inviting; if anybody has any questions, comments to either, in terms of the panelists and the questions, given the discussion we just had, please feel free to send to us offline. Otherwise we can, you know we can turn this to public comment. Anjum, do you have anything else you'd like to add before we turn this to public comment?

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

No, I think we had just a great discussion and really grateful to the members.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Yes, yeah, absolutely thank you all for this discussion and thank you for helping us to continue to build this sausage; I still haven't figured out the secret recipe towards building the sausage, thank you all for being active participants in helping us get there. Michelle, we'll turn it over to you.

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 for public comment?

Lonnie Moore – Virtual Meetings Specialist – Altarum Institute

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

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

While we wait for public comment we did get a comment through the chat and I did get an e-mail from Matt Reid from the AMA. There was some work done by the Advance Health Model Workgroup, he was wondering if we could integrate into this work. So I will share that with the Chairs and we'll follow up on that.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Great, thank you.

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

And it looks like we have no public comment. So thank you everyone and we look forward to our virtual hearing next Friday.

Jitin Asnaani, MBA – Executive Director – CommonWell Health Alliance

Thank you everyone.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Thanks a lot.

George Cole, MS – Principal Scientist, Community Solutions – Allscripts

Thank you.

Shaun Grannis, MD, MS, FAAFP – Research Scientist, Director for the Center for Biomedical Informatics – Regenstrief Institute, Inc.

Thank you.

Anjum Khurshid, PhD, MPAff, MBBS – Senior Health Systems Strategist – Louisiana Public Health Institute

Take care.

Public Comment Received During the Meeting:

1. Matt Reid: Matt Reid | American Medical Association | I'm wondering if this workgroup would consider reconciling your four use cases with the "capability clusters" identified by the HITPC Advanced Health Models and Meaningful Use Workgroup. The clusters represent high-level use cases that combine needs w/ functional capabilities. I'm forwarding the workgroup's slide deck to Michelle.