



HIT Policy Committee JASON Report Task Force Transcript July 1, 2014

Presentation

Operator

All lines are 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 meeting of the Health IT Policy and Standards Committee's joint Task Force talking about the JASON Report. 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. Also as a reminder, if you are not speaking, if you could please mute your line it would be appreciated. I'll now take roll. David McCallie?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Here.

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

Hi David. Micky Tripathi?

Micky Tripathi, PhD – President and 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. Andy Wiesenthal? Arien Malec? Deven McGraw?

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Here.

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

Hi Deven. Gayle Harrell?

Gayle B. Harrell, MA – Florida State Representative – Florida State Legislature

Here.

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

Hi Gayle. Jon White? Josh Mandel?

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

Here.

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

Hi Josh. Keith Figlioli?

Keith Figlioi, MBA – Senior Vice President, Healthcare Informatics – Premier, Inc.

Here.

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

Hi Keith. Larry Garber?

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

Here.

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

Hi Larry. Larry Wolf?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Here.

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

Hi Larry. Tracy Meyer? Troy Seagondollar?

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Here.

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

Hi Troy. And Wes Rishel?

Wes Rishel – Independent Consultant

Here.

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

Hi Wes. And from ONC do we have Debbie Bucci?

Debbie Bucci – Office of Standards and Interoperability – Office of the National Coordinator for Health Information Technology

Here.

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

Hi Debbie. And Kory Mertz?

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

Here.

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

Hi Kory. And Kim Wilson?

Kim Wilson – Health Communications Specialist – Center for Disease Control and Prevention – Department of Health & Human Services

Here.

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

Hi Kim. With that, I'll turn it back to you David and Micky.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Michelle, do we have Jon White on the call today?

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

He did not answer he may be running late.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Oh, I didn't hear you call his name – I didn't hear you call him, I'm sorry.

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

I'm sure he'll be joining.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Good. So this is David, I think Micky is in his car in transition to a desktop so I'll get us started. Let's go to the – what's the next slide here? Our agenda today, so we've gone through the roll call, we're going to work through the revised charge here in a couple of seconds and talk about the upcoming meeting schedule and then we'll spend the most of our session today going through the responses to the discussion questions that we sent out a couple of weeks ago. And then put a few minutes in at the end into the planning of our listening session, which is actually our next meeting, which is coming up at the end of July. We have kind of a big gap in the month of July and then pick back up. So, let's go to the revised charge slide.

I don't think there's anything major new here. Just take a scan at it and see if you have any questions. I think we will have addressed most of these questions in the – as we work through the questionnaire that we sent out. We may not get to the specific recommendations, the fourth bullet point, this time around. We're going to kind of iterate in on that, I think our critique of the report will be what dominates the discussion today and then we'll try to synthesize some positive recommendations as we get deeper into it and step back and see what we think is relevant in the near term and in the longer term. Anyone have any questions on our revised charge? I don't think we need to work through these point by point.

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

David, this is Josh Mandel, just a quick question. Can you describe what is new or different?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Um, you know Josh; I was wondering that myself and I don't have the previous version to compare.

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

David, this is Kory, I'd be happy to just go through that quick.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah please Kory, do. I don't remember.

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

So, based on the workgroup comments on the last call we made a few modifications, mainly to the first and fourth bullets, and the second bullet. So in the first bullet we specifically called out other federal agencies and their strategies and expanded it to HHS, originally it was focused on ONC. In the second bullet, we added the broader HIT ecosystem, really trying to again open it up beyond ONC and HHS. And then in the fourth bullet, specifically called out the Federal Health IT Strategic Plan. So those are the major changes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay, thank you for reminding me of those, it comes back to me now that you mention it. I think they all make sense.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

By the way, I just – Arien, I want to announce my presence.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Welcome Arien. Okay, next slide. So this is our current meeting schedule, you see today's meeting, July 1. Our next meeting is currently scheduled to be on July 31 and it's a listening session where we will have invited some outside parties to come in, answer questions and participate in a virtual listening session. We're going to cover those invitees, or suggested invitees and the questions near the end of today's call. Anyone from ONC have any comments on the schedule that I need to – that I'm forgetting to mention?

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

Yeah, this is Michelle, thanks David. We actually – I actually didn't have a chance to update you, but the Task Force has been given one more month to talk through their draft recommendations. We were originally thinking about having a joint Standards Committee Policy Committee meeting in September, but we are not looking at October, which gives this workgroup more time to do some more thinking over the summer. So –

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

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yes indeed. Well I think that that's really positive. I hope – I've been operating personally under sort of a sense of pressure and rush through this, but I think this is welcome, let's us not rush through it and if we –

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is Arien. Doesn't that bias us towards – against, I mean I don't think it's realistic anyway, but doesn't that bias us against any set of recommendations for Stage 3 Meaningful Use?

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

The goal was never to think about Meaningful Use itself, but to think more broadly.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Okay.

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

We can talk more about what the agenda is for the joint meeting, but the thought is that we would be really thinking how this work and some government work can help inform the interoperability roadmap.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Okay.

Wes Rishel – Independent Consultant

This is Wes. I would comment that the report itself has recommendations for Stage 3, so there's a certain incongruity in not making that part of our charge. A more specific comment is that we currently have no meeting between now and the – after today, before the listening session, and it's a fairly large gap. I don't know whether that was a logistical issue or what –

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

Yeah, it's the summertime; there are a lot of vacations planned.

Wes Rishel – Independent Consultant

Um hmm.

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

So we are just working around those things. We likely, when we get there, we can talk about it more, but we likely will have to plan an administrative call to do the planning for the listening session. So, when we get there, we'll discuss that as well. And I think when we get to the summary slide that might speak to some of the gaps that you mentioned about Meaningful Use.

Wes Rishel – Independent Consultant

Okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I wonder – this is David, in the past a number of times with other task forces, at least on the Standards Committee side, well actually on the policy side as well; we've given preliminary reports to the broader committee, but not the final report. Would it make sense to address some of Arien and Wes' concerns if we scheduled a preliminary report where we kind of hit highlights?

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

The plan is to do just that in September. So in September, we'll bring the recommendations from this group to the Policy Committee as well as the Standards Committee and then the final recommendations will be brought to the joint meeting, whenever we schedule that for in October.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And what is the timetable for Meaningful Use impact that Arien you were thinking of? I'm vague on the dates.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I'm assuming that if there is – I'm assuming based on the suggested timelines for Stage 3 Meaningful Use that an NPRM would have to come out in fall in order to meet any realistic and expected timeline for Stage 3. So my belief would be that right now folks from CMS and ONC would be at least drafting or thinking about some of the high-level framework for Stage 3 Meaningful Use. There is some regulatory offset stuff that has to happen in terms of review, Secretary clearance, OMB clearance, and all those kinds of things. And so the later we provide recommendations, the less likely they can actually impact what's in the – what's in an NPRM.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, that certainly makes sense. Kory or others from ONC, do you have a reaction to that? Is there a way that we can prioritize our early findings in this discussion to better influence that process that Arien's describing? I know you can't talk about the inner details of it.

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

Kory, I don't know if you have anything to add, but I'll just say the charge for this group was never about informing Meaningful Use. So, I don't know Kory if you have anything else to say.

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

I think the other thing I would say is, obviously as we're going through the various process we do to develop rulemakings, we can look at what our FACAs are formulating and working on through recommendations. So, I think the fact that you don't have a final signed, sealed and delivered thing, I don't think you need to assume then prevents that thinking from being taken into consideration.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, very helpful. And then I'd also just note that if we determine that we're – addressing Stage 3 Meaningful Use is not in our charge that amounts in many ways to a rejection of an explicit recommendation in the report.

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

So, I wouldn't say – I don't think – I wouldn't take that as implicit in the charge –

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Okay.

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

– I think the question is about what should – how – so I think the charge lays it out broadly, I think that's something you guys need to think about and make a decision about. I wouldn't interpret it as yes or no.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Very helpful.

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

Yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, that's excellent, thank you. Thanks Arien for bringing it up and Kory, thanks for that clarification.

Larry Wolf – Health IT Strategist – Kindred Healthcare

It's Larry Wolf; let me add some thoughts that maybe are just noise at this point. But there's nothing in HITECH or the way in which ONC and CMS have been talking about the Meaningful Use stages to suggest that there's no life after Stage 3. And in fact if we come out of this with some roadmap thoughts, that maybe that's actually helpful to the industry to say, there is life after whatever the next stage of Meaningful Use is. I recognize there's – the further things are in the future, if the political winds can shift, the legislation can shift and all of that but I think if we approach this as, what's a reasonable roadmap? What the report encourages doing things on an accelerated timeline, I think if we address those issues and don't necessarily tie it to specific regulatory cycles, but try to lay out this, it seems to be a reasonable timeline to do the work that needs to be done. That still addresses the need for doing it at a reasonably fast clip and then that could fold in to regulatory cycles as they evolve. I'm personally completely skeptical about what the actual timeline is for MU Stage 3, given all of the heat currently around MU Stage 2. So, I'm choosing to not comment on timelines when people ask me these days.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David. Larry, that's helpful. If I understood some of the discussion at the last Standards Committee meeting, it seemed fairly clear that ONC is certainly contemplating additional certification milestones in the future, whether they are tied to Meaningful Use incentives or not. So the notion that we could lay out requirements or recommendations for requirements that could become part of future certification seems quite real, if I understood Steve Posnack's presentation correctly. So I think that's good advice. Did others hear it that way as well? Arien, Wes, you were there.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah.

Gayle Harrell, MA – Florida State Representative – Florida State Legislator

This is Gayle –

Wes Rishel – Independent Consultant

Yeah, I suggest we take that general notion and move forward for now, I think until we get a little clearer fix on how big the pickle is here, this could get a little bit hypothetical.

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

Yeah, so this is Josh, I agree with the prospect of moving forward now, I just want to preview that later on, I will certainly share some opinions about what we ought to be recommending with respect to Meaningful Use Stage 3. And I haven't heard that that's out of scope, even though I've heard that might be logistically difficult, just to put that out there.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Hi, this is Troy Seagondollar. One thing that I noticed, at least in the questions and the comments up until now is that we're trying to really eat this elephant and I don't think we – that's really the approach we should take. I think in looking – when I read through the document, I mean it is broken down into different modules. I think if we take those and just look at them one at a time, and again look for those new concepts, look for old concepts, maybe put some relevance to them, find current practice in the industry and do the report out in that manner, I think we'll be much better served. For those people that need to make the ultimate decisions, at least they'll be more informed about which direction to go.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Other thoughts or should we dive in to –

Gayle Harrell, MA – Florida State Representative – Florida State Legislator

This is Gayle, I just want to offer one more comment on Meaningful Use Stage 3. I think the Policy Committee at least has been very open and has had discussion on Stage 4, so whatever evolves out of these recommendations, there's no doubt that the Policy Committee believes that Stage 3 is not the be all end all. And wherever, whether we decide to make some recommendations specific to Stage 3, there certainly are going to be further changes within – we move forward. So, whatever recommendations we choose to make, this is a long-term endeavor and it's certainly not going away in the next 3 months, so, I think we're on good ground to make recommendations moving forward whether it's to Stage 3 or to Stage 4 or 5, wherever, this is an ongoing event.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay, let's move – this is David let's move on then. Next slide. This is the meeting schedule, we've essentially, I think, covered the main implication here of the change in time of our final report. Any other schedule questions? Okay, let's go next slide, and the next one. So, we got great feedback from quite a few of the Task Force members and have included also some comments from an unofficial Task Force contributor, Dr. Halamka. And those responses were collated by the ONC staff and they made a valiant overnight effort to coalesce that down to the slides that we're going to work through here in a few minutes.

First, to everyone that contributed responses, thank you, they were terrific, really insightful. Apologies up front if some of your insights got lost in the summarization and condensing of the responses, so feel free if you think something really important has been neglected, to bring that up, not that I have any doubts that this group would hesitate to do so. The – one thing that was fairly clear as a number of observations commented on what seemed to be the dated nature of the report and that it was out of touch with the most recent advances in Meaningful Use. And so you see the comment here, bullet point number 2, was to note that the JASON Report started a year and a half ago and was based on data from more than a year ago, so some of that datedness was, in fact, due to the fast moving nature of the space we're in. On the other hand, I think their observations that they made, which we feel misrepresent the industry, are worth calling out and you'll see that we've done that.

Next slide. So Micky, do you want to drive through these, since you did this extra work?

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

Yes. Sure David, I'm happy to. I just sat down and I'm situated safely, so –

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay, great.

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

– at least – from a driving perspective, not necessarily from a comment perspective. So, yes, so thank you for bringing us up to this point. So what we did here is just tried to synthesize into – sort of extract what seemed to be seven themes that were emerging from the comments that we received. And we got lots of comments from – from the eight people who responded, there were lots of deep and rich – detailed and rich comments and those are synthesized and collated in the succeeding slides. I think the idea here is not to go through every single one of those slides – every word on every one of those slides.

I think what we want to do is go through these themes and then go through – go to each slide and kind of use that as a pause point for us to sort of read through quickly what’s there. And then any additional thoughts or comments that people have in that particular area, we’ll try to capture those, because there’s a lot of material here and we need to be able to get through it. But certainly if anyone has a disagreement with the themes or the way that it’s captured, we can talk about that here or we can talk about it on that slide. One other caveat I would just make here is that this is just a synthesis of the comments we’ve gotten, so, in no way, shape or form should anyone think that these are the emerging themes that are going to turn into sort of the framework for the recommendations and that we’re giving a preview of that now. That’s not what this is about; it’s really just to synthesize the comments that we got to be able to have some way of getting our arms around them in a relatively short time.

Wes Rishel – Independent Consultant

Wes, Wes.

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

So we put – yup Wes –

Wes Rishel – Independent Consultant

Are you looking for comments here Micky or do you want to wait, because I think I have one that doesn’t fit into a specific area here?

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

Okay, all right, go ahead. Go ahead.

Wes Rishel – Independent Consultant

I didn’t comment but thought something that was very similar to what Deven commented, which is that the conceptual model both in terms of how rights are described, which was the focus of her comments, and also sometimes operationally, the conceptual model was a patient-owned record. And sort of the theory is that individual providers might comment on – might document on that record or might change documentation on the record, but ultimately it was the patient’s record. And I thought Deven was very eloquent about the legal and pragmatic issues around that. Had I written something, I could have been eloquent on the technological issues.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Thank you, Wes.

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

Okay, I think we – I do make note of that particular issue down in some key terms not fully defined, but I didn’t sort of capture the – sort of the implications that Deven was getting at in her comments. So we can talk about that either, again, this is just a summary or when that slide comes up, but we’ll be sure to capture it.

So let me just jump – let me just race through these seven themes. If everyone could mute your phones, please, unless you're talking, that will stop some of the background noise. I'm just going to go through these seven themes, see if there's a basic core understanding of that. If anyone feels that there is any theme that's not captured, and then we can just dive into the details. Again, this is really just a way of simplifying our task and is not meant to be authoritative, because we have a lot of time to sort of develop the framework and develop sort of our authoritative view on this.

So the first one is related to identification of current gaps in interoperability. And so just by way of sort of organizing this, the first three are areas that I think we – I pulled out that seemed to be themes of people saying that this is the part that we have – feel the JASON report got it right. And there were, I think, two questions that asked it in different ways about, what do you think that the report got right? And so these are three themes that seemed to come out of that. And then the last four – the next three are areas that seem to be areas of more of critique in the way of things that they may not have gotten right for a variety of reasons and that they may have misaligned in some way, and we can talk about that. And then the last one is really clarification kinds of questions. People raising that there is a key term here that I don't fully understand that doesn't seem to be fully explained in the report itself. Okay.

So the first one is identification of current gaps in interoperability, a number of people noted that the JASON report appropriately notes that interoperability is not yet nearly where we would hope that it would be. And they accurate – and the report accurately identifies some of the key barriers to that, lack of APIs, lack of EHR modularization, again, there's – we can go through some of that detail in the succeeding slides, but that was one theme that came out that interoperability is not where we want it to be. They highlight that and they identify some of the key areas where that seems to be not happening.

Second is interoperability as a “public,” and I put that in quotes because that's an area to be defined, public resource, but leaving aside the question of what public means, the report advocates for a valuable – for what a number of people thought was a very valuable aspirational interoperability goal. Which is to say, a layer of “public,” again in quotes, open APIs to enable data level extraction from disparate clinical systems to support higher-level aggregation, whatever that higher-level aggregation is supposed to support. And that's touched on a little bit later, but there seemed to be a number of people who commented that that's kind of what we thought we were going to get with interoperability, one of the things, not the only thing, but one of the things we wanted to get with interoperability. And so they sort of appropriately point to that as being a gap.

The third area that they touch on is enabling patient control of data sharing, and the report certainly highlights the importance and benefits of greater patient control. And in particular, the importance of making it easier through a variety of means, for making patient data sharing preferences to be able to capture those. And to be able to propagate those across clinical settings so that those are attached to the data in certain ways that can be sort of enforced all the way down a chain of data exchange.

The fourth one, and this is by way of more sort of criticism or things that people found certain deficiencies with the report is, the first comment is that the principle goal of the JASON architecture and recommendations, and it seemed to a number of people to be unclear what the report is primarily focused on. And I think we had one question that asked this, what problem does the JASON Report seem to be trying to solve. And it seemed – it was a little bit hard to discern and we actually had conflicting views on that about whether it's primarily trying to address the needs of research or clinical treatment or patient access – I should say and/or clinical treatment and/or patient access.

It's certainly – and it implicitly assumes that a single approach will meet all of these needs, which is a key assumption that warrants more discussion and explication. A few people hit on that as well that it seems to be making that assumption, but – and Paul Egerman, I think, made the descr – had that comment at the Policy Committee, the last Policy Committee meeting. But a number of people noted that that probably warrants a little bit more discussion and explication, that doesn't seem – that's not explicitly right there.

The fifth category is accounting for current progress. Again, we asked this as an explicit question of, where does the report not seem to take into account progress that has been made in the way of standards, architectures and actual production deployments that are consistent with the JASON Report recommendations. So they recommend some things, it seems that there was a lot of progress in a number of dimensions that are very consistent with what they're recommending and for whatever reason, they didn't seem to take full account of those. Some of them perhaps having to do with the timing issue that David described.

The sixth is that there seems to be an approach of a single architecture for what a number of people had pointed out, is a very complex and heterogeneous set of ecosystems that we really have in the US. That we don't have a single ecosystem that's really sort of a multiple overlapping and ever-increasing number of ecosystems in some ways. And the report seems to be talking about a single architecture over all of that and designing that, that doesn't fully then identify what would be sort of the considerable business, governance, legal, cultural, financial hurdles to achieving a single system architecture.

And then finally, in the way of clarification, there are – a number of people pointed out some key terms that seem to be critical to the argument in some way or some piece of the argument, but that weren't fully defined. We talked about one, which is the idea of patient owning their records, without sort of fully carrying through, well what implication does that actually have for the system? How would that change behavior in ways that don't seem to be made clear in the report? And the converse of, what are the negative implications of the patient not having legal ownership of the record and some people pointing out that in legal terms, that actually is not true anywhere, except for New Hampshire. I'll point out in New Hampshire statutorily, patients do have legal ownership of their records, but it's not clear that that translates into any different behavior at the provider level.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Also France –

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

Sorry?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Also France, but that's not a very helpful question – comment.

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

Thanks. The second area that people pointed needing more perhaps clarification is that there seems to be this implicit assumption that cryptography is not used in the industry, and certainly when you look at the diagram they have, the cryptography layer is a very big and sort of pronounced part of that graphic. And again, the report seems to suggest that this is not mature in the industry, where I think a number of people pointed out that in a variety of ways in implementations it is used quite comprehensively.

Then finally, in the function that EHRs are purely clinical data repositories with none of the advanced analytics and decision support features that the JASON report authors believe the system as a whole needs, without sort of pointing out that EHRs aren't just sort of dumb CDRs, that they actually have a lot of those analytics built into the systems. So – and there were a variety of other categories, I think, of clarification.

Wes Rishel – Independent Consultant

Micky –

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

Yup.

Wes Rishel – Independent Consultant

This may be implicit in what you said but, it just struck me that the report didn't – I didn't see the term digital rights management. And it was difficult to interpret whether they meant to use cryptography as a way of enforcing the privacy of individual kinds of data associated with a patient in a sort of PCASTian way, or whether they were just using cryptography at the level of all the data in a server and all the data that's being transferred. And I think that's a critical clarification to understand what they're recommending.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Wes, I definitely interpret – this is Arien; I definitely interpreted in the former context of a PCASTian like architecture that would allow –

Wes Rishel – Independent Consultant

(Indiscernible)

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

– data provide for research purposes with explicit authorization of that. But I agree that it wasn't very clearly spelled out.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

This is Troy Seagondollar. I keep – as I was reading this document, I kept trying to keep in my mind who requested this analysis, and it really was the AHRQ. It wasn't people like us that are savvy with systems and look at technical specifications and you look at the architecture and you say, okay, well this is how it's going map out within the system. These are people that are sitting there in research cubicles who are kind of wondering, well what happened to all this data that we were supposed to be able to extract and begin to develop quality initiatives.

So that's what I had to do was keep going back and say, okay, this isn't a specification manual, this is something that is telling the members of the AHRQ who requested the report, here are the issues that we've identified. Interoperability is one thing that we absolutely need, here's how interoperability works, here are some high level issues that we see, here's a general structure that might help and then go forward from there. So I think we need to keep that in mind that the audience for this document, while it was very global, I mean it's available to everybody, but it was specifically asked for the AHRQ. So I think with that mind, I mean it might help us base our answers to some of these questions that were posed.

Wes Rishel – Independent Consultant

This is Wes, unless the Chair intercedes, I'd like to come back on that. I mean, it's not – it seems to be describing – be holding very closely to what it calls an architecture, indeed referring to every system now out there in the industry as a legacy system, as of now. I've heard the comment that the legacy system is any system that's currently in production. So, I don't know that we should – we have the option of just taking these as gentle suggestions or general pushes in a direction, the language seemed to be more towards developing a very specific architecture and then developing a long term plan to convert all EHRs into systems that operate off this common data store.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

We have – this is David; we have Jon on the phone. Jon, do you want to comment on that – the request coming from AHRQ and what context was?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

You read my mind. Yeah, so Troy, appreciate the comments. I would like to offer the following quick response. The report – the charge for the report was actually developed by AHRQ, ONC and The Robert Wood Johnson Foundation staff working together. I should be clear that I don't sit in a cubicle working on research; I fund people to do that. I'm actually – my background is that I'm a family doctor and that I was part of an operating hospital system, not running a large research enterprise, but delivering care. So, the third thing that I'd ask you to do is probably rather than say, think about the particular audience, I would encourage you all to go back to the charge – charges. They're in my slides when I presented them; they're also in the report. Those are probably the best reference point that you should take for what was asked for, in terms of the study. And it talks about how you assemble large, real-time data sets, it also talks about the fine-grained analytics that are required to be able to derive value in terms of both findings, but also guidance to patients and providers, how do you deal with the permissions and privacy concerns related to doing that. The charges are probably, for your discussion purposes, are your best source for what was originally asked for.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Thanks.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Hi, its Larry Wolf, I want to jump in with something that's sort of buried in bullet four that I think addresses sort of the charge issue as well as, I think, actually – up in bullet one, which is the multiple audiences or major use cases, research, clinical treatment and patient access. Because I think interoperability needs a framing context and so what I'm thinking is, if number one said, identification of current gaps in interoperability colon, paren, something, with an eye towards research, clinical treatment, clinical use, something, provider use and patient access or use. I think that's very key that we frame that those seem to be the three big areas that the architecture is trying to support and those are the kinds of interoperability, when they talk about interoperability, those are the audiences and the context they have in mind. Because I think it then frames the rest of what's here about well why did we get this model and then to ask the question in number six about will a single architecture work? And what evidence do we have of elements of this architecture already being in place.

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

Right. Okay. Yeah, no I think that makes sense. And again, these are just themes that we pulled out of the thing, but I think that's a good comment, Larry, for our thinking about how to frame the overall – as we think about framing the overall outline of the report going forward.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Thanks.

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

So, rather than stay on the summary slide, does it make sense to dive into – again, this was just to give us sort of a roadmap to follow the next set of slides. Should we just dive into that and that will allow us to sort of do this in a little bit of a structured way? So, why don't we go to the next slide, that's slide 8, and this is – we've really just broken it down by the questions. I'm not going to go through and read every word on this, I guess I would just ask that people just sort of skim through and let's talk about if there are any additional comments or any bullets that people think are particularly important or that we want to highlight here. And certainly if anyone feels that their comments have not been captured or now's your opportunity to make comments, if you weren't able to in written form.

So the first one here is, the current EHR/HIE/MU environment may be misrepresented in the report. What did the report get wrong?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David. I think that you captured a number of these in the summary slides. Just one of my pet peeves that I will surface, just to get the conversation going, which I don't know that this is important enough to elevate to top level summary but, the report almost seems to imply that its either document or discrete. And I don't think it actually says that, but it was easy for me to come away with this sort of denigrating of the document capabilities that we have focused on in Meaningful Use Stage 2 and focused instead on the discrete data. And I think that from a clinical point of view, you really need both. Because the discrete data has a whole bunch of advantages for aggregating and research and analytics, but the document view of the world gives you snapshots in time, which are really critical to understand the evolution of a complex case that are very hard to assemble by just looking at data stamps on discrete data. So, that's – that wasn't captured in the summary, I'm not sure it's worth elevating, but I think that that's one of the shortcomings. Or, it's really a mis-impression, I don't think they said that in so many words, but it was easy to come away with that feeling. I know several people who did.

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

This is Larry – Larry Garber. So I think the other thing that is I think they clearly misrepresented how much health information technology has been deployed to date and the fact that there's a huge installed base of electronic health records and rapidly burgeoning health information exchange efforts, I think that really wasn't represented. And if you looked at the articles they cited, they were at least five years old, looking at how many EHRs have been deployed.

Wes Rishel – Independent Consultant

This is Wes; I'd like to speak in defense of the JASONians here. I think – first of all, I agree with everybody that they misrepresented the level of EHR deployment but with regards to health information exchange. I believe that they are – we are hoping for a level of success in Stage 2, in terms of semantic interoperability and in terms of reach, the ability to interconnect one enterprise with another that is potential in the Stage 2 – in the 2014 edition standards, but we have not proven that we have achieved that yet.

And we do know – there was a quote in there that something like 84% of HIEs were having trouble with financial sustainability. I don't have any reason to doubt that that's a current number, so I would say that part of what's going on is we have sort of a tentative belief in – tentative level of hopefulness that might be different than their level of hopefulness, but no clear, exact data to argue one way or the other.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Hey Wes, this is Arien. I'd say that that's absolutely true, but it – I don't think it affects the comments on the statements that they made relative to things like all we have is the electronic equivalent of FAX of page formatted documents. So, I think you can –

Wes Rishel – Independent Consultant

Yeah, I agree that we have a little more than that now, particularly in ePrescribing, and that we have hopes that a lot of it is going to spring fully grown from our loins very soon.

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

This is Josh, I would just comment that in particular, with respect to view, download and transmit, I mean yes these are capabilities that weren't perhaps around at the time when the JASON report was written. But if I take a cold hard look at VDT and ask whether that's going to make it easy for a patient to share their data with researchers, I think the conclusion I come to is no, it probably won't make those things easy. But I think yes, there are additional technologies we have now, but I don't think they really rise to the level of interoperability that the JASON Report is getting at in the first place.

Larry Wolf – Health IT Strategist – Kindred Healthcare

This probably – this is Larry Wolf. I think that's probably an important distinction to make here is the sense of the report is there's nothing and we're giving the world something. And I think we want to say, progress has been made, there are steps that have been taken, they don't get us fully to the goal and we know that. And so let's look at moving forward, but not completely trash everything that's been done.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Amen.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, this is David, I think that's – I mean, jumping way ahead to end game, I think our attitude coming out in our final report is well expressed by what Larry just said there, there's perhaps not reason to be as bleak as it sounds, but we've got a long way to go and –

M

Yes.

M

Right.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Agreed.

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

Yup, yup and I think actually if we think about the slides that if we presented the second question first, I think a little bit of that framing would have come out, at least in our comments. That if the second slide asks what did the JASON Report get right about the current environment? And a number of people did point out that interoperability isn't where we want it to be and there are a lot of gaps and lots of areas and sort of a recognition that that's the case and that JASON is spot-on in pointing at that as a gap. Now we've made – difference is in the details and in their not representing how much progress has been made in certain areas, but the fact certainly remains that there is a large gap from where we all want to be.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So with that segue, why don't we move to the next slide, question 2 –

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

Yup.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

– which I apologize for putting them in the negative first order that was perhaps just an artifact of the way I typed them up. So, I think we can fix that in our report. So, Micky, do you want to walk through this one or do you want me to?

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

Either way, sure, go ahead David.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah so, I think, apologies that some of the summarization work here is maybe not – we did this really in a hurry with an overnight effort by ONC and with two quick edits with me and Micky. So, I think there are other things that we would say in our assessments about what the report that got right that perhaps better captured in Micky's summary slides, but we think these are valuable sort of observations.

One, the comment several times in the report on the lack of modularity in EHRs, which when coupled with the lack of any kind of public API gives you, I know they refer to it as closed systems, not flexible systems and that we generally, you guys generally agreed that that was a correct observation. Even though in bullet point two, even though some EHRs, many EHRs in fact, do some kinds of data extract for secondary uses such as population health or research, it may not be the eas – it may not be as easy as it should be. And speaking as a vendor that has a population health product, it certainly means that every EHR we work with is new work that isn't readily repurposed when you get to the next EHR. So there's – idiosyncratic, proprietary approaches that are required for every specific EHR, and that's painful and expensive.

We all agreed that the insight about the needs for complicated new types of data is going to be increasingly important, genomics and the various –omics that flow from that in the future. We commented already on the “document only” model and agree that – I think many of you agreed that the need for moving past just the ability to interchange documents to an API is a good suggestion. And even though the documents may be encoded with extractable discrete data, there’s still value in an API above and beyond a document model.

And then the notion of this question of what we call an “open API,” which I would suggest we need to come back and spend some time on what the heck the word open means when we specify open API. But we had a comment – an insightful comment that even for the vendors that have published APIs of some kind or another, it’s pretty difficult to use those APIs to test out ideas and build things, it’s a cumbersome process, and it’s not a public process. So let me stop with my interpretation of this extraction and see what comments we have.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

David, this is Andy Wiesenthal, thanks, by the way, for doing this and doing all the work overnight to synthesize it. I think you’ve done a good job as I’ve read the email trails. My contribution would be that I wonder if we should – I’d like to think we can keep one other thing in the back of our minds and that is, there is both pressure from new and sophisticated clients for the commercial electronic health record systems and from patients and other consumers of healthcare information to get these things right. The ones that are – that JASONs critiques are correct, there’s a lot of pressure in the marketplace that I see to make progress in all these arenas.

So the real issue for us may be not so much to decide what to do, but whether or not it’s going quickly enough to satisfy the critics. And what, if anything, is the role of government or ONC to create a new speed of innovation or change rather than to create innovation or change in a direction that the market isn’t already taking these products. Because if you look at these points, every single one – as you point out, every single one of the major vendors is trying to address them, it’s just a question of how fast and how quickly they can get to market with some of their ideas about solutions.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Hey Andy, this is Arien; I agree with that, I do think there’s an additional deficiency with regard to the current state. Which is that lets say I’ve got the best diabetes planning and management application and I want to make it broadly available, the state right now is that I’m going to have to work with EPIC and work with their API set. I’m going to have to work with Cerner and work with their API set. I’m going to have to work with Allscripts and work on their API set and athena and you just go down the list. And you can get – you can probably get the work done, but I can’t build an application that I can reasonably expect will work across a broad ecosystem of EHRs at this point.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

No, I agree with you. So – but I also think the market is going in the direction you – we’d all like it to go. So the question is how fast will it get easier for a developer to work across the platforms, if you will, toward implementation.

Wes Rishel – Independent Consultant

And – this is Wes –

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

I – I’m sorry, this is Josh, I don’t think that how fast is the only question, I’m not even sure it’s the most relevant question, the question that I would raise is how consistently. So we might see good things happening here or there, in this vendor product or that vendor product, and they actually might be happening very quickly but to the extent that they’re all different, they’re not leading to interoperability.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That’s right.

Wes Rishel – Independent Consultant

But yet – this is Wes – diversioned APIs could be regarded as a step forward, but it could also be regarded as a step towards further asserting the dominance of the most dominant vendors. That is, as third parties develop new capabilities that are staged upon APIs, they need to make a business decision on whose API to build on and therefore they strengthen the largest vendors, the repertoire, the things in the quiver of the users of the largest vendor and weaken the – lessen the quivers of the other vendors.

Larry Wolf – Health IT Strategist – Kindred Healthcare

This is Larry Wolf; let me jump in on Wes – on those comments about the APIs and ecosystems. And I think it would be actually interesting to get the vendors to speak about their ecosystem. We’re very focused on it needs to work across all of the platforms and I think we should understand what even works well within a single platform. Because I think we’re making all kinds of assumptions about what people are able to build and what experience base there might be if we’re going to start to encourage ONC or others to build an API architecture, that it would be really good to start to identify, well what is the current ecosystem, even within a single vendor space. And I think we should also be careful with language, so just like we have the potential pejorative around legacy, we have the potential whatever the reverse of pejorative is around innovation. And I think like on the first bullet if it just said an ecosystem of applications might be cleaner – there are many ways to innovate, whether or not use apps or depend on ecosystem.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David. I think these are great comments. I do believe that the JASON Report itself goes pretty far towards the notion of calling for this notion of a public API, which again I think we need to dive in and figure out exactly what that means. But I took it to be clearly a recommendation that would go beyond the aggregate set of proprietary APIs that are emerging in the market today – or that exist in the market today or may, in fact, be emerging in some places. So, I don’t think the JASONS were shy about the belief that it – that this public API is something different than the existing APIs that we may or may not have from all the vendors today. Would others agree with that?

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

I agree, David. This is Deven.

M

(Indiscernible)

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

This is Josh, I couldn’t tell. This is Josh, I couldn’t tell, it was one of the central questions I was trying to ask and I did my best to pour over the text, and I could hear it both ways. I lean towards what you just described, David, but I just wasn’t sure.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, this is Arien, I agree with Josh. I believe the intent of the report was leaning in that direction, I don’t believe that the report explicitly made that clear.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Well – so this is Deven, so if – but if we think that’s a problem, wouldn’t that be a contribution to make?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

This is Jon that might even be advice that we’d getting for an advisory committee, so yes, that would be lovely, actually.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I was going to ask Jon – this is David; I was going to ask you what you thought of that. Do you feel that the – what they meant by public API is clear or is that worth seeking clarity on or do we just recommend what we think it means.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

I’m happy to tell you what I think, based on both my reading and my interactions with them, ultimately though I do think it comes down to what you all want to recommend. I mean, and I’ll just throw this in there, these are not – this is not a sacred text. I’m enjoying hearing the conversation, I do worry that we feel like we’re treating it a little bit like a sacred text and I think it’s – like I said before, I think it’s a thoughtful analysis, but really, I’m really eager to hear what you all think of what these things are and where they go. So, I do think that JASON was trying to promote openly developed meaning, not one group sitting with another group in an open way. I think they mention Code-a-Thons in there, I think they mean openly developed and openly accessible in the sense of open source APIs that the way to – I think what they were saying was that the way to promote rapid uptake was to have the development of those APIs be done in as public and as wide input, I know it’s not good English, sorry; a way as possible – widely inputted a way as possible to get the maximum kind of engagement of the community with it. So, that’s my two cents.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And – this is David, I think we will want to come back and revisit this and go into deeper what we think this means. I don’t want to try to solve it right now, because I think we have a lot of ground to cover. But, any other thoughts on that while we’re on that subject.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Its Larry Wolf, I just want to clarify. So I agree with the notion that we real – that what I imagine is an open set of APIs really is a desirable endpoint. My desire to hear from the vendors about their existing ecosystems is to understand what’s working today.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yup.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And if they come back and say, we've built 'em, but we only have three folks who have adopted them, as opposed to no, I have 200 different app groups building stuff and I have 1000 apps that people could use. I think that's a very different statement about the level of ecosystems building around APIs in this space, and that would be useful.

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

Yeah, Larry, maybe we can come back to this when we talk about the listening session at the end of this.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Great.

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

This is Josh, I would just make one quick comment there that asking the vendors is valuable, I think we should do some of it, but asking their customers what their experiences are might be a more revealing perspective, or at least complimentary.

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

Yup –

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, although I think –

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

– and there's an excellent article in JAMIA, I think, on this by someone on the phone. Sorry, go ahead David.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I was just going to say that the – we could conceivably ask some – for some vendor input off cycle, even if they're not part of the hearing, just based on contacts and stuff, just to summarize numbers of apps and scope of APIs or something like that. That might be an interesting – just pursue that back channel and then summarize what we find. I'd be happy to help.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

David, this is Andy, I think I'd be just as interested in their roadmap. But we all know what they've accomplished more or less to date, at least with the larger vendors. I'd want to know what they think of this also and whether they have plans for the immediate and medium term future to address some of these critiques.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, yeah, I'm open to suggestions on how to do that in a way that doesn't turn it into a marketing session. I'm speaking as a vendor who would love to answer that question right now for you.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Right, right.

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

Larry Wolf – Health IT Strategist – Kindred Healthcare

So we do have one API that's out there as a public API, the FHIR work and so it might be useful to get comments on – an update during our work on where that is. I know there's been some initial implementations by at least one vendor.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I think that's a great – I think we're going to see more of FHIR as we get deeper into this.

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

Yup and in the listening session, too, we've identified having that be one area to explore further.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yup. Could we move on to question 3, we've only got a half an hour left, we're not going to get through all these.

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

Shocking.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Let's try number 3 then. What problems do you think they're trying to address? Are these the right problems for a robust health data infrastructure? Micky, do you want to run this one or did you do the last one and I do this one? I can't remember.

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

Yeah, sure. No, I think you did the last one. So yeah, I mean this was we've touched on a bunch of these issues already. But as I noted I think in the summary one of the bullets that we got in the comments back, we got different interpretations of what main problem the report is trying to solve. Which itself suggests that there – that smart people can read the report and still come away having ambiguity, an ambiguous sense of what exactly the report is trying to accomplish. So the cost and operational complexity of existing standards and protocols are prohibiting providers from universal access is something that is identified there. The limits of existing methods for sharing and certainly patient privacy is something that they talk about, though not in specific ways, but they do actually talk about that. And then the do also have, I think a particular use case, the way that the mobile devices and as one method of a consumer preferred tool to be able to access information. And they do note that EHR systems are poorly modularized, which they note does impede innovation. Are there other areas that we think that, at high level again, that the JASON Report is trying to address that isn't captured here?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David. The one that jumped out at me the most when I was reading it was the tension between patient control and the needs of the researchers that I don't think was resolved. I think we capture that here in bullet number 1, but I'll just highlight that that was one of the areas where I felt almost two different groups were writing this report. One group stressing the importance of the patient having absolute control over the data sharing that the other group stressing the need for researchers to have completely unfiltered, fully extant data. And it's those kinds of tensions that make this problem so hard in the real world and it just – I felt like it was glossed over in the report, these governance type questions.

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

Okay. Why don't we go to the next slide then, I think this one's yours, David.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay.

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

It has more bullets, so it's yours.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, yeah, well this one is basically an enumeration of relevant marketplace activities. And it was triggered by comments that Arien made to me, or I think to our group in a previous call on wondering, has there been market failure in this space sufficient to justify government intervention to address market failure. And so we turned that around and instead of asking for market failure said basically, where are the successes? Where are things underway that are consistent with the principles that are coming out of the JASON Report? And I don't know that I need to read through all these, I think you guys can see them.

There's quite a bit going on, I mean, a number of you have already made that a question. Andy commented on it before, there's just a lot of activity, things are changing and moving really fast in this space. Taking a look at this sample that we extracted out from your responses, are there any glaring things we've left out that we should highlight?

Wes Rishel – Independent Consultant

This is Wes, I'm –

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Go ahead.

Wes Rishel – Independent Consultant

...suggesting that we're going to end up having to take vendor names out, maybe we can name clients – representative client sites or something, but I know one vendor that would certainly lobby hard to be included in bullet one.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, that's a good question.

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

Yup.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is basically extracted from what you guys sent in, so we didn't try to do any cleanup. I think that's an excellent point.

Wes Rishel – Independent Consultant

Yeah, so your contention based on my reading of this slide is that there are currently market successes around granular consent enforced with certificates.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Umm, there are – I put that one in. There is at least one company that I am aware of that has sophisticated patient control in operation for research gating of data sharing, that's one mentioned in the last line. The "enforced with certificates" was a comment somebody made, and I don't honestly remember who made it or what that meant, so if somebody wants to translate what that means, feel free to jump in, I just pulled that forward.

Wes Rishel – Independent Consultant

Well I – I mean, I'm aware that in the clinical study sub-industry there's an awful lot of protection of the integrity of clinical documentation being done with certificates. I'm aware – I've seen presentations by vendors who have methods for doing fine-grained consent based on digital rights management. I don't know that I've seen what I would describe as a market success in that area, but if someone has one, then that would be interesting to add to this.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, this is David again. I'm wondering, we've – the title of the slide is market activities, I don't know that the implication is that these are all successes, they are not failures in the sense that they are ongoing, but they may not fully be successful in some high scale – points.

Wes Rishel – Independent Consultant

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So I think it's not a success list it's a what's under way –

Wes Rishel – Independent Consultant

Okay. Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

– but the point here is that there's a lot of activity, some of it is in fact quite focused on manipulating discrete data. I mean, we haven't even gotten to PCORI, which will come up in another slide.

Wes Rishel – Independent Consultant

Yeah, no, so I'll rest my skepticism for now.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay.

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

Okay, yeah. And I think it's a good point that we'll have to come back in the report of how to represent this in a way that gives enough detail to illuminate what it is we're talking about, but doesn't get this feeling of people lobbying to be in a particular bullet, right? I think it's a fair point.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Why don't we go to the next slide which is Part II of question 4 and Micky, a number – a good chunk of this is actually MassHIway comments, do you want to take this one?

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

Yeah, sure. So a number of people had pointed out that in the way of – again, this is a continuation of the previous one that in terms of discrete data sharing, there are examples, Indianapolis, Oklahoma, the MassHIway and there's a bullet here, which was just extracted from comments and this probably originally came from John Halamka's blog, I think. But just as an example of places where we can represent that in production mode there is discrete data sharing going on. Also, there are existing research networks, i2b2, tranSMART and then i2b2, I think as everyone knows, has been further generalized into the QueryHealth, which is a different type of architecture to accomplish some of the things that the JASON Report is trying to get at, which is sort of an interesting side note here.

We also talked – we talked about PCORnet being something that is in active conversation and actually in some ways, being actively deployed, that may be specifically addressing some of the things that JASON is trying to get at. The Meaningful Use Common Data set for Stage 2 represents many, though perhaps not all of the atomic data elements that JASON – the JASONS were trying to get at. And then finally there is a lot of research going on, and even emerging products and lots of production products even and natural language processing, for example, as one of the more novel technologies that are out there, now in production in many places. Is that a fair representation of – again, this is the second slide representing current activities?

M

Absolutely.

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

Okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

All right, let's get a – are you ready to go to 5?

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

Yup.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So question 5 was list any standardization efforts under way that encompass some of the recommendations – someone raised a concern of the word encompass, that wasn't intended to be any terribly important use of that word, I'll say overlap with some of the JASON recommendations. And the ones that we heard most commonly about – several of you pointed out these FHIR, Fast Health Interoperability Resources, number 1, is expressly an API, a RESTful API that could be applied to EHRs. It can be applied to other data containers – data sources as well but it's obv – it is clearly at least targeted at EHRs. We've got a fair amount of work successfully achieved in the CDA value set standardization, which addresses, in the long run, some of those semantic interoperability problems that have bedeviled us in the past when we used to have interminable arguments about how to represent a medication. Those are settled debates now, we may have still some rough edges, but it's a settled debate.

One of the un – less heralded artifacts of the Meaningful Use Program is that we finally laid a lot of these nomenclature battles to rest. We've heard testimony recently on the Standards Committee and in other venues about two important S&I Framework efforts that are focusing on standardization for document query – or data query through the DAF framework or through data capture through the SDC project. Both of those actually are currently looking very closely at FHIR as the way to standardize that work, point number 1. OAuth 2 has emerged as a strong contender for the glue, the authorization framework that will glue together external access to a protected resource by proxying the authorization. Josh, who's on our call here, has worked extensively on this with the Blue Button Plus and is extending that to that SMART platform. And then OpenID Connect, which is layered over OAuth 2, is emerging as an Internet approved way to manage the single sign on authentication issues.

So, what else have we may be missed or any comments on these points? One other thing that we didn't add, but I've thought about actually since putting these slides together on the FHIR work, there are a number of profiling efforts that are ramping up. Stan Huff has a group meeting I believe next week, out in Salt Lake City to start work on profiling for FHIR. As any of you have studied FHIR know that FHIR itself is an unconstrained resource and to use it in the real world setting, you need to lay a profile on top of it to constrain the cardinality of the fields and specify the nomenclature. So there is FHIR profiling work also getting under way. IHE has done some profiling and some other groups, I'm sure, that I don't know about. Anything else?

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

I – this is Troy, I'm just curious, is there any work underway in looking at universal identification for the different disparate medical records that are out there? I mean, the only reason I bring that up is because one of the things that seems to limit our ability to share information is the fact that a patient can have multiple medical records and if we go to authenticate this person's record belongs to – or this record belongs to this particular person, we use demographics. Now with the nature of people nowadays, I mean they move all over the place, they may have a number of different demographic profiles. So I'm just curious, is there any enlightenment that we can include in here about standardization for that?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Arien, do you want to comment on that one?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Apologies, can you repeat the question?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I'll repeat it. It's patient identity management standardization.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yes, the current state of that?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Well, there's clearly the work that's going on in the private sector or the kind of cross public/private sector with CommonWell. There's work that's going on at CCC, I believe, to also address this. And then there's clearly – and so there are some innovation that's going on there to address this in a more coordinated, cross-industry way. And then there's clearly the ONC work that was included in the 2015 set of recommendations that came out of ONC Task Force on Identity Management that calls for better specificity and standardization of data attributes as well as additional features for patient matching.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

I think I would be very beneficial to include that into this standardization list, as far as efforts under way.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think that's a good point, I appreciate it; thanks Arien, didn't mean to put you on the spot so suddenly.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

No, no problem, there was a little bit of an issue that I had to address and so I've been kind of catching the thread.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Good.

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

Great, so –

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Any –

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

– David, I wonder if – I'm just looking at the clock here. I wonder if we want to leave the rest of this for homework. Maybe there's one other slide, if we're going to pick one other slide that we might want to make sure that we have specific conversation around, I wonder if it's question 12, the two or three top recommended actions for ONC to consider? If we do any at all, because we do need to get to the listening session planning, at least for a few minutes in order to launch that.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David; I certainly have no objection to that. I think we may want to – if we look at question 12 now, we may want to look at it again after we've listened and learned some more.

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

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So we should look at question 12 as a kind of first cut, based on what we heard in our initial survey. Do you want to run that one?

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

Okay, sure. And again, I won't read every line here. I think the idea here is – and this is slide 20 –

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, go to slide 20, please. Yeah, there you go, perfect.

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

Yup. And I think the idea here is for us to sort of start capturing the spirit of the different kinds of levers that people pointed to. The report does have very specific kind of recommendation to ONC about what they are recommending that ONC try to accomplish within a year. And I say very specific, it's specific in terms of saying 12 months and defining an architecture and it's pretty open after that. So, in some ways there is something about that recommendation that we probably need to comment on, but this was related to the question of asking for people's thoughts on two or three recommended actions. So, there are a variety of things here, we already discussed the Meaningful Use Stage 3, how that fits in and Meaningful Use more generally. Let me just pause here and see if people have any other thoughts or reactions to this, otherwise we can just move on. But I did want to just make sure it was in front of us, if anyone had any initial thoughts on there as course guidance.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

The – this is David. The one thing that we are skipping over that I think maybe we want to touch back on later is the PCORI PCORnet relationship because I'm confused by the overlap and whether we should address that in our report. I don't think we need to tackle that today, but I'll just queue that up for the future, maybe Jon can help with that.

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

And then a listening session, too, we'll have – we'll be inviting her.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right, good point.

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

This is Larry Garber.

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

Yeah.

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

One other thing that – if this was supposed to be an analysis of what's wrong with the current system and environment, there really was very little of that analysis in the JASON Report. And I'm wondering if we should – whether we need to recommend that or not, that they actually go back and really analyze what's going on.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Or if we do the homework for them, because I think from the – I don't know if – I think from the perspective of AHRQ and the JASON team, they're kind of done with their work.

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

Right, but there's some proposal here that more work is going to happen, the question is, should we just do it or should there really be a more thorough investigation.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So you're – this is David, you're suggesting a recommendation that ONC do more analysis of what's not working would be one of our – I mean, ONC, I agree – I think we've agreed to broaden it, so maybe use ONC to be a placeholder for the broad group of federal entities that are interested in this. Propose more sort of retrospective analysis of the current failures?

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

I mean, that might be useful if we're trying to – where does certain, shooting by the hip here, a dozen of us trying to see what we see as the failures and how to build – go forward based on those. And I'm wondering if there should be just a more formal process to do this.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, other thoughts?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, Larry Wolf picking up on Larry Garber's comments about what other work needs to be done. So, there's been some discussion about JASON ignores the data complexity and folks have mentioned some of the work that Stan Huff is doing, so there are efforts to try to address that and I think they need to be acknowledged. The other piece is the report, if I understand it's framing right, is saying there's a years' worth of work to do to make these architectural recommendations actionable. And I think we should address that – about, that there is work to be done to make this actionable and that it doesn't happen in 3-month reg writing cycle. It takes a lot of work and looking at current models of where things are working and where we have existing things to build on and where it would be prudent to be funding pilots to verify concepts rather than regulating a model that hasn't been tested.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, David here. We've got only 6 minutes left, let's recognize that we are going to revisit the recommendation part of this a number of times as we go forward and have learning – the hearing session and then more discussions. So those are all good suggestions, I've got notes. Do we want to go to, Micky, to slide 24, the listening session?

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

Yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Slide 24, please? You want to drive this one?

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

Sure. So – and – so the idea of the listening session, I forget, did we decide logistically – this is going to be on one day, right, this is on July 31, is that right?

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

Yeah, so we've extended the meeting on July 31, it will be a 3-hour meeting.

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

Okay. So 3-hour meeting and we took sort of a first pass at some categories, research, exchange service providers, standards and ecosystem participants, really with an eye toward trying to get a better feel for what's going on in the market in these different areas. And you see here the initial list of invitees for them to come describe their activities, describe a little bit about their – how that relates to some of the JASON findings and then allow us the opportunity to ask them more questions. So, did – do you think – from the workgroup, from the Task Force overall, I mean, do these categories make sense? Are there categories that we missed? And then let's talk about the individuals.

Gayle Harrell, MA – Florida State Representative – Florida State Legislator

Are we specifically – this is Gayle, are we specifically targeting any API developers, any people who are really out there doing it, especially off of the major vendors? And I know there was some comment about it being very, very difficult, but, I think we need to hear from them as well or do we already have them included somewhere here?

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

Um hmm.

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

For instance, I know – this is Larry, I know that EPIC has an API out there and whether they would be good to comment on it.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I mean EPIC, Allscripts, Cerner all have APIs. We have –

M

But are there any out there that are defining theirs as a public API?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

No, well –

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

Open Access –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Allscripts makes the claim, but the observation that nothing's on their website without an NDA suggests that –

M

Yeah, I just thought –

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

– them and ask the question, how do you define your public API?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah. Another possibility – this is David again, is, I know that Stan Huff is pulling a group of vendors together, Cerner’s participating in it, full disclosure, but so are several others that I just named a few minutes ago including EPIC and Allscripts through –

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Um hmm.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

– something he calls the Healthcare Services Consortium that’s designed to standardize these profiles that are used on top of FHIR APIs. We could invite someone like Stan to join in maybe on that ecosystem group, and talk about that work, I mean, because it is very expressly open and has quite a few vendors participating in it.

Gayle Harrell, MA – Florida State Representative – Florida State Legislator

That would be interesting I would think.

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

And this is Josh; I just want to go back to the idea from earlier, which is to say, institutional customers of some of these EHR vendors that have APIs of some kind, to see what the experience has been in terms of perceived availability of applications or perceived facility of writing new apps themselves.

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

Yup.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Are there any objections to inviting the VA and the DoD so that they can speak of their interoperability process?

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

I have no objection to inviting them, but my question would be what process?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, it hasn’t worked very well –

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Well, I mean they’re experiences could be shared, I suppose.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, what's hard?

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Hard about it?

M

Yeah.

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

Yeah. I think that the challenge here is going to be ke – 3 hours –

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Really. I agree with you.

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

So –

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is Arien, I'm wondering whether we want to focus on maybe from a customer perspective success and challenges in population health and analytics and then focus on APIs and ecosystems as maybe two very focused areas where we can actually get current state as opposed to a more open-ended survey. And maybe the APIs and ecosystems we could divide into provider and patient as a suggestion for how to frame up that day or that 3-hour session.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Right. Makes sense.

Keith Figlio, MBA – Senior Vice President, Healthcare Informatics – Premier, Inc

Hey its Keith; just one other comment back to what Josh was talking about about possibly bringing people in. I don't know if we can do this because some of that stuff is out to tender right now. But if you think about that DoD tender that just went out and those few folks have had visibility to it, as well as you think about the Intermountain tender that just got completed and David, your firm won. I think there was next generation requirements that were part of both of those tenders. It strikes me as not only to look at people and what they've done historically, but look at some of the in-process things that are in flight right now. That the market is asking for, because if you look at the IBM and EPIC team-up or the other – DoD thing, there's very specific requirement there around APIs that are part of that –

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David –

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

This is Michelle, I'm sorry; we're going to lose our line –

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Oh yeah.

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

Okay.

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

– because it is 5 o'clock. So my suggestion is going to be that we, ONC, will put the framework that we've put together into a Word document that we can share with the workgroup. And people can provide feedback using track changes or via email, we'll appreciate it. And then we'll also work to put together an administrative planning call, which does not have to be a public call. So, we'll follow up before the next meeting. David and Micky, if you're okay, can we open up to public comment or do you have any last words?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

No, I think – I'm okay.

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

Yup, I'm okay, too. Thanks, Michelle.

Public Comment

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

Okay, thank you. Operator, can you please open the lines?

Caitlin Collins – Junior Project Manager – Altarum Institute

If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. If you are on the phone and would like to make a public comment please press *1 at this time. We do not have any comment at this time.

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

Okay.

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

Okay, great. Well thank you everyone, we'll be back in touch.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, thank you everyone.

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

Thank you everyone.