

**HIT Policy Committee  
Meaningful Use Workgroup  
Transcript  
August 29, 2013**

**Presentation**

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a public call and there will be time for public comment at the end of the call. As a reminder, this meeting is being transcribed and recorded, so please remember to state your name before speaking. I'll now take roll. Paul Tang?

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

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

George Hripcsak?

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Amy Zimmerman? Art Davidson? Charlene Underwood?

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Christine Bechtel?

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Good afternoon.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

David Bates? David Lansky? Deven McGraw?

**Deven McGraw, JD, MPH – Director – Center for Democracy & Technology**

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Latonya Sweeney? Leslie Kelly Hall? Marty Fattig?

**Marty Fattig, MHA – Nemaha County Hospital, Auburn, Nebraska (NCHNET)**

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Neil Calman?

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Marc Overhage? Mike Zaroukian? Paul Egerman? Greg Pace? Joe Francis? Rob Tagalicod? Tim Cromwell? Marty Rice? And are there any ONC staff members on the line? Okay, Paul, I'll pass it back to you.

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

Okay, thanks Michelle. Thanks everyone for joining. This is our dry run before the Policy Committee meeting next week and let me just give you a heads up. I know we thought we were going to meet virtually in October, there's so much work to be done both September, Oct – not both, September, October and November are all now planned to be in-person because we have a lot of meeting time, so just to give you a heads up. I know travel; we all have to plan our travel. Okay, what I thought I would do is – and thanks to Michelle, there's been a significant change in the way we present our information and really want your feedback on this. So let's go ahead with the next slide please. The next one please.

So I'll go through it and I'll take pauses after each chunk and get your feedback, both in the way we're communicating it as well as the content. So the agenda, we're going to review what we heard from the Policy Committee last month, reconfirm our focus on outcomes, which as this group knows, we've always been dead-set on that from day 1. Look at an outcomes oriented framing, a way of framing our work to try to connect the dots between how does an EHR lead to better outcomes and then seek the approach – the main goal we have for this meeting is their approval of this framework, and it's sort of the presentation of our framework for Meaningful Use Stage 3 in this outcomes-oriented deliverable. And permission to go flesh out the details in that new framework and come back in November for approval. So we're still – want to be on track for providing recommendations to HHS this fall and this is the staging we're taking. Next slide please.

So what we heard was one, we all wrote about Stage 3 being focused on outcomes, can you help us link the functional objectives for EHRs to the outcomes. Secondly, how do we put this in the milieu of all the things, all the HHS initiatives, CMS in particular has been doing a yeoman job trying to align all of their programs. Right now they – historically their programs had quality measures, for example, that were program based and we want – and they're very much striving to align the quality measures, as an example, across their programs and how does meaningful use fit in that, along with the future payment models such as ACO. And the third thing we introduced was the deeming pathway. I think we got agreement that that's a good way, but let's make sure that the quality measures, the things you're going to reward people by deeming them in compliance with some of these functional objectives, is appropriate – is it both the appropriate measure and appropriate bar level. Let me pause there for a moment and any things I haven't incorporated in terms of what we heard?

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Paul, its Christine. From our last call we talked a lot about health disparities. I know that you guys had worked in these coming slides, but is it worth including here that we need to do more on including health disparities reduction as an outcome of Stage 3?

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

Um, yes, I thought we presented that, so that wasn't reaction they ha – I think they liked it. So, I mean, I certainly can add it.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

I think that would be great.

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

Okay. Next slide please. So one way of describing our recommendations is we're going to focus on improving the care outcomes, use the quality measures to identify the outcomes – in other words, have quality measures that are more outcomes oriented, incorporate deeming as an option, optional pathway and align with the CMS programs including future payment priorities. Next slide please.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Paul, I do have a question on that slide –

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

Yeah, go ahead.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

– so if you can go back one slide. So I think it would be helpful to understand – so these are our recommendations that you and George will present next month to the Policy Committee, right?

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

Correct.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Okay. So on Sta – sorry, on number three, what is our ask there? And the reason I'm asking is I feel like it's not fleshed out totally because of the CQM issue, which I'm sure you addressed, but also we never say in this particular deck what functions get deemed.

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

If it's not in this deck, it should have been the one where we left off, which would have been the one we presented last month or at the beginning of this month.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Okay. Well, I can wait on that, but I just – if we're asking them to approve it, I think we need to know again what gets deemed, since we had a discussion from last month about pulling out the patient-facing criteria, we've all received the letter from a number of consumer organizations on that. So I think it's hard to present without that slide.

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

Well, let me try – so I – so this is – what we're seeking approval for is the framework and the deeming concept, and I think the slide that I had prepared earlier, it might have been the last call, was essentially stripping out the details and leaving in the concept, which is, based on your performance, performance or improvement on some set of quality measures, there would be a subset of the functional objective that you would be deemed not having to report on.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Okay.

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

And this is in response to saying one, people still are doing the things that they did in Stage 1 and Stage 2 and two, reporting turns out to be actually more burdensome than actually doing the function itself.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Right. So the reason I was asking my original question about sort of what's our ask is because I feel like we presented deeming to the Policy Committee at least two or three times and in concept they're fine with it, they love it.

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

Yeah, so just –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

But –

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

It's just an affirmation.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Okay, so we're going to do it for a third time and then are we going to come back with the details?

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

Yeah.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Okay.

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

That's what we're due back in November.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Okay. Thank you.

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

Um hmm. Next slide please. Okay, so this, and I don't know how reasonable –

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

I'm sorry Paul, can I just – if you're not speaking, can you please mute your lines, we're getting a lot of background noise. Thank you.

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

So we tried to give a little bit of the history of how we got to these categories in the first place, and probably the majority of the folks on this call remember that. We looked around and we only had six weeks to put the whole framework together and one of the groups already – the multi-stakeholder groups already in existence was the National Priorities Partnership, which was in fact, put together to come up with recommendations to HHS about the health priorities. And it was made up of multiple stakeholders. So we looked to their categories or groups or domains at the time, and why don't you do a click please? And what we came up with is we backed, you can see the blue to blue and those became the four clinical categories of meaningful use. What we left out at the time was appropriate and compassionate care – end-of-life care as a specific object – category and we didn't, at that time, include efficiency or affordability, even though we actually did introduce some objectives there that did not pass through the final rule. But that's a bit of how we got to those four categories. It was a bit of a parsimony and we did some lumping there.

If you look at the National Quality Strategy that was published in 2011, it turns out they looked at the same place, the NPP and they ended up with six domains, three of them match very well with our existing categories of meaningful use, the others are, I think, are sort of combined so I might even actually put checks there – well, actually no, these checks are how they took it from NPP. You can see the gray area, effective prevention is actually in our quality category, the healthy living, I'm not sure we have that specifically, we think of it as part of prevention and the affordability is again, something we did not have at the time. So that's a bit of where we came from. As you see, it has a lot of overlap with the NQS. Is that a helpful way of presenting this, by the way?

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Paul, its Christine. I mean I think it is, but actually I almost think – I think it's the next slide, you get into more detail about sort of where we're heading and where we're at, because I think that there are things that I could certainly argue about these sli – this framing, because I think people are going to want to see more check boxes, well where is affordability, where – I mean, working with communities to promote healthy living might in a meaningful use context mean, collecting data on lead exposure and things like that. So I don't know about other folks, I think it's helpful but I also think I – then I want to go and fill in the boxes and make the gray ones blue.

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

I almost wonder whether – I'm not sure this is the right way to present – we're trying to show how aligned we were in our heritage and how aligned we are with the National Quality Strategy. So we both – both derived our domains from the NPP actually.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Yeah we did and then – because slide seven, I mean if you maybe want to present that, and see if that is as good or even better?

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

Yeah, I almost think so. Okay. So let's go, next slide please. And this is a placeholder, Mike Zaroukian was either drafted or volunteered to provide a scenario of how do functions in an EHR that a provider uses contribute to qual – contribute to outcomes anyway. And we were trying to see if we can help connect those dots from function to outcomes, so that's what this placeholder's for. Next slide please.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Paul, this is Amy. I did join the call, first of all. Second of all, when we go to it, I want to come back and see if we think that that makes – if that's the best place for that scenario, based on what Christine just said before, or whether it should come a little bit later.

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

I agree. Okay, advance two slides please. Okay. So this might actually be a better place to start, which is – and maybe we make some reference to NPP or combine it here. In other word – so here's the National Quality Strategy domains and it is pretty much translated, because of their similar heritage, into our meaningful use categories. There's a bit of a mapping and the thing that I think we have not adequately addressed so far is affordable care. And one of the things that we did add that actually isn't directly in either NPP or NQS is the population and public health. That's where I think we have incorporated some of the community and healthy living, you could see that it's probably both in the quality of care and population public health.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

So Paul, I'm – this is Amy again – I'm confused why those two are gray and there's not a check. What am I missing here?

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

Ah, a click. So, would somebody click please? So I think –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

I actually think they are different Paul. I think well, our component actually doesn't focus on population health, at least as the slide deck reads later on in this deck. It focuses on public health, reporting and labs, etcetera. So I think it's almost like – I actually don't disagree that it should be gray, because it is a subset of promoting healthy communities by catching disease outbreaks and doing surveillance. But there – but the Quality Strategy priority about promoting healthy living is bigger than that, although that's one component of it. That's how I would see it.

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

Another way to look at this is, can we fit the Quality Strategy domains in the categories we have, with the exception of affordable care. Because I'm not sure it's super-important to have the word – every word matches, have we got the domains covered? Does that make sense?

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Yeah, or at least covered to a degree. I think maybe it's not a check mark, because that sort of implies, oh, we did that –

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

Right, right.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

– when we didn't do all of it. But – and I also don't quite get why there's a check mark next to affordable care. I mean you can see how making test results available to the whole care team would lend to affordable care, and there are some functions obviously that we've done around generics, formulary checking, that lend there as well, but I think the check mark is challenging –

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

Yeah, it's –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

The check mark means we've done something in that area, right, it doesn't mean we've covered the area.

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

So, you know what, for purp – I think the check – I don't know that the check marks mean anything.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yeah, I don't know if they're that helpful.

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

And in fact, I would probably make affordable care the gray as well, because those are the – so, in a sense, we covered everything except for affordable care, that should be the only gray thing. So I'm not exactly sure of this color code.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

Right and I – this is Charlene, I thought we spent a lot of time, both under the quality section and we discussed population health, I know under Art's section, too. But, when we scale back, some of that stuff falls off the table. So, it's – I would have – there are functionalities that we considered which, if we need to map to that, I know met some of those requirements.

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

Right. So let's go back to the purpose of this is to have a framework that makes sense and that ties to outcomes. What we just described, for example, what Charlene just described is the work we should do between now and November, to make sure that if this is the agreeable framework, and we may need to add affordable care, that could be one of the outcomes of the Policy Committee meeting –

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

So, I – Paul, the thing is sensitivity or specificity? I thought our goal, I mean, I know what Farzad said, I thought our goal – so we have half the people are going to vote against this because they think it's too much and the other half, because it's too little. Trying to address both at the same time has made it too complex and it doesn't make sense any more. I think we have to pick one or the other. So I thought what we wanted to say was, we're only doing those things that address outcome, which is different than saying, we addressing all outcomes. Because then we can go through and say, oh, well I don't think you cover this outcome enough, but in the presentation, I don't – I want to spend less time proving how well we covered every possible outcome and more time in saying – and more of the focus on being concise and say, look, this is a huge leap from the previous stage and everything we've done is focused on outcome. It's small and focused on outcome. I thought that's kind of what we were doing instead of, as I said, covering every outcome.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

But George, then I think that leads people to say the next question is, well which outcomes, and this is the only roadmap that we can really point to, I think. I totally get what you're saying.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Well I'm saying on the slide, then we're going to go through the slides, so you'll still have that – , Christine, so get rid of the checks, get rid of the gray. Just show one of the two frameworks, I don't think you need both, so either slide, wait a minute, no, I guess it's not one of the two frameworks, so you could –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

What if – George, what if we did – what if we just said the revised MU3 priority outcomes only and then have something across the bottom that says, this reflects, find an adjective, good, whatever, alignment with the National Quality Strategy priorities. Because in the field, I don't think many people outside the Beltway unfortunately care about National Quality Strategy.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Okay, so that's even better, or even more succinct. I was okay with keeping slide three, but I couldn't have four and – I mean, sorry, keeping slide seven, I was o – I didn't want both four and seven. So if we get rid of four and just keep seven, or even make it shorter by doing what Christine just said, that's fine.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

This is Amy. The other option is to use like seven as a summary, so not – to come back after we do more of the outcome oriented matching and say, okay, and here's a summary now of how these outcomes map to the larger strategy.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Well that, you mean that's a summary of slides eight through whatever –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

What I'm saying is, move this down to the end so that you're sort of getting into the heart or the meat of the matter earlier and then saying, okay, we're going to show you how we mapped them – how they're supportive of the National Quality Strategy.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

It's Christine again. I think because people have – we've all had sort of these outcome buckets in our brains but it's not getting through the signal. I think doing it in the beginning and the end is probably a good idea. Paul, if we only had this particular slide, number seven, kind of focused on the revised MU3 priority outcomes, I do like the addition of affordable care, and we can say, we have revised these to reflect the National Quality Strategy. But that being said, I think there's overlap between healthier living and disease prevention and improving population and public health, so that's my first comment on this.

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

Um hmm.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

I'd rather see those consolidated, beca – if it's no longer a one-to-one mapping.

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

Yeah.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

And the other piece is, we – we're very, I think, much in agreement on the last call that equitable care for all while the administration runs it down the side of everything, we needed to have a separate category for it. That is reflected later in the slides, but since we've removed it from the reference in the first improving quality and safety, I would tend to combine the two I mentioned and replace one of them with equitable care.

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

That's what we ended up doing, but let's –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Right.

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

So let's, yeah –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

So why was it removed from the label in the revised MU3 priority outcomes column?

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

So this is – .

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

I'm sorry, I'm sort of late at this.

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

No, no, and I tried to figure out myself how to explain this. This is not going to be the way, but in this closed group, light is both a particle and a wave.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Okay.

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

So basically, the – this particular slide is to represent the concept that equity crosses across all domains of outcomes, and that's what this – this blue area's supposed to show.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

I see.

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

Yes, in order to focus on it, then we bring it out in its own row. It's very analogous to what we did with privacy and security, we thought well it should be privacy is everything, but then in order to focus on it, we created its own workgroup, and that's the message here. So we tried to – we actually elevated it from being part of category one to being category six.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

So I would just make the – I know you guys talked about disparities while I was away, but, equitable care and reducing disparities are two different things completely. Because disparities – reducing disparities is a – requires a much broader look than just how care is delivered.

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

Okay, let's actually substitute that word then –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

So –

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

– okay, reduce –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Well, I mean actually Paul, I don't –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Because it's just about care.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Yeah, I mean, but –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

What?

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

What I would, I actually think they are two different concepts and I think they're both kind of essential. I'm okay with equitable – this notion of equity being across all of them, but I think that's where you have an opportunity to have a very specific row that says, reduce health disparities, because that's really the way the MU criteria are oriented, is not as much toward equity as it is toward reducing disparities. And then kind of the overlying value is the equity. So I actually would love to see it in both places. I also think it's confusing that we have a whole slide on it, but it doesn't have its own row in the visual.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

So anyway, my point was, if people come into the delivery system disadvantaged, then equitable, providing the same care for everybody does not help you reduce disparities, right? I mean, you can't just do the same thing for everybody when different people need navigators and they need additional resources and they need multiple languages and they need other things. Just providing equitable care doesn't really – is not really address disparities.

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

Okay, so –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

And that's more than just sort of a linguistic – it's really – it's a different concept. So I would agree to put it in both places or –

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

Why don't we go to the familiar term, which is more actionable, is to reduce disparities.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yeah.

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

So we'll fix this slide later and fix some of these – the merging and all. So, in the –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

– Paul, I'm sorry, I just want to say, so are you suggesting you're just changing the blue line or you're actually – we're adding the row, because that's really what I think is more important is adding the row box –

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

Okay, so –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

– in place of one of those other ones.

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

So this is the wave and the particle. In presenting it, reducing disparity crosses all of these domains, to work on it, we are proposing a separate row or separate domain, same thing we did with privacy and security, it should both permeate through all of our work, but to work on it, we create a separate workgroup. So for this representation we're saying, reducing disparities across all these things is a goal, and we consider this crosscutting.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

I totally understand that, but we also are losing privacy and security, I would almost think of that as the wave down the side with the disparities as its own row. So that's my thought and I'll be quiet now.

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

Okay, well, we'll think about how to do that. Okay, let's go to the next slide please. But the sum – so the summary is that the heritage probably didn't add enough and could potentially just complicate matters. And we just call out, you know, actually go back to that slide. I apologize. Because the other comment I wanted to make is these – actually these domains are not outcomes, they're more processes, it turns out. So are we happy with what – the things we're trying to address, that we try to address these domains in our health and healthcare delivery system in order to improve health and healthcare for Americans.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

So Paul, are you saying that we could – because I see what you're saying now, that we could instead say coordinated care, instead of improving care coordination?

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

Well even care coordination, that's a process, that's not a "outcome."

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Well that's the worst –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Well now, coordinated care though –

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**  
– one though Paul. This is George. So, I mean, high quality care – high quality and safe care is probably close enough to an outcome. Engage patients and family is probably close enough. Healthy living, eh.

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

Yeah, I mean, you get – so, but is it okay to. Well, so maybe these are outcomes of the Meaningful Use Program, the –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**  
Oh, I see.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**  
Yeah.

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

You see what I'm saying. And then we reserve the word outcomes per se to our later talk about appropriate measures. But really these are prior – revised Meaningful Use Stage 3 priorities to improve outcome.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**  
Well, I'm not sure, I mean, I'm actually –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Aren't they outcomes?

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**  
Eh –

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

My life is not better off by having care coordination, that's not my life's goal –

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**  
No, but other than that one, other than that one, it's not too far off. I mean –

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

Well, to be engaged is not an outcome –

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**  
To be satisfied, what is the word, what's the outcome?

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

I want to live a healthy, productive, functional life.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**  
That's the big outcome.

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

That's the big outcome.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

I mean I think if you're thinking about this as like a chart that would be sort of at the end of it –

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

Right, and –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

– but these are intermediate outcomes.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Look, if we really want outcomes, what I want to do is be buried in a really nice cemetery and in order to achieve that, I need a good job and I need to be healthy to work hard to get buried in a really nice cemetery as the ultimate outcome.

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

So we'll point out that corner case George.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

That's on the next slide George.

**W**

– being buried, right.

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

So, I think – so as an – it sounds like we are happy with these domains, need to come up with a better label, is that correct? And separate the notion of – we do agree that EHRs are a means to an end, a means to the health system helping people to achieve better outcomes in the traditional sense.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

So would you just call them domains? This is Charlene.

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

Yeah.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Or you can just call them priority areas.

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

Okay. So we'll work on that, but it sounds like people are happy with these domains, and we'll work on how it connects to the outcomes, which is probably one of our challenges.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

Yeah, one of our challenges.

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

Okay, so let's go to the next one and then we'll start working on this. Now what we tried to do then is say, what's the outcome goal, and then we'll have to figure out later on whether that's the right word. Could you advance the slide please? What's the outcome goal – in the domain of improving the quality and safety, an outcome goal is quality of care. An outcome goal is improved population management and improved patient safety. And ways of demonstrating – ways of measuring the output of quality care are the following: better control of chronic diseases, improved efficiencies – actually, I'm not sure that goes there, reduced preventable hospital admissions and readmissions. And then the thought here, whether we have the details right, are you move leftward, you move upstream, and in order to improve the control of chronic diseases, we believe you need tools of the sort of clinical decision support, tracking the orders, real-time dynamic dashboards for clinicians and patient safety tools like registries and radiation dosing information, etcetera. And that this builds upon what we accomplished in Stages 1 and 2, such as the things that support structured data entry, problems, meds, allergies, vital signs, smoking status, etcetera, the functions of CPOE supported by CDS, having the appropriate – so you see how that's going. I'm not sure – so tell me how it works.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

This is Charlene. This is on this one, I think it would make sense just to – I know we merged them, but because you've got that population health later, I think this needs to be more patient-person specific and then let the other one be more population specific, because I think people will understand that a little better, when we merge them. I know why we merged them, but –

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

I'm sorry, I – so give an example of what you're talking about.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

So for instance, under the management of registries, it's more of a population health management function, right, and again, could be support the individual care, but this tends to be a little bit more individual care focused it seems. You know, order tracking, you can still use clinical decision support, that type of thing, but –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Are you suggesting that under the Stage 3 you'd take out the real-time dashboard – or that can be actually at the individual or population, but –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

Yeah, it could be both, because you're marrying the two.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

So take out the population health management reference there, take out the registry under patient safety and take out improved population management under outcome goals?

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

Yeah, because that maps to that other domain space a little bit.

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

Oh, take it out of this domain.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Take it out of the domain of quality care and safety.

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

Got it, okay. Got it, sorry.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

I mean we can argue this stuff one way or the other, I get that, but, it's just –

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

Right, got it, got it, got it.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

– keep focused on the individual care domain, and then we'll talk about the population health domain and maybe make it a little easier to talk about.

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

Thank you. Yeah. So, the goal of this exercise is to make it easier to understand and to connect the dots with what we're prescribing in a meaningful use of EHRs to the outcomes. So thank you for – that's the direction. Neil, you were going to say something about that?

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yeah, just a qu – so is there going to be a slide that's going to specifically call out the disparities issue here?

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

Yes.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Okay.

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

Okay, so, let's try this again with the next one, and see if this method is working at all. Next slide please. So on the right, the outcomes goal – the outcomes we'd like to improve with these certified EHR systems is improve the access – improve patient and caregiver's access to their health information, involve them in decision-making and improve their experience. So if you back that up, we propose that if EHRs were to deliver patient relevant information about their health through their preferred means of communication that would improve their access to their health information. That if we – seems to be a lot of stuff conflated here, but, and if we were able to take in patient-generated health data, in theory that's giving us patient reported outcomes, maybe that's what we ought to say, and contributing towards shared decision-making. This is not flowing that well, at least – what are people's thoughts?

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Well on – this is Amy. On this one, I mean in terms of patient-generated health data, it engages patient's to share additional relevant information that may not be present, so maybe you put in something like that. I think the third bullet, communication preferences, to me came across very redundant from the one above –

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

Right.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

– so I think that might have – I don't know if that was an error or if it was meant to say something different there. And amendments again is allowing patient – I don't know that it improves the patient and caregiver experience, and I know this isn't like the lateral one for one, but amendments just allow patients to be a partner in their care by amending or correcting what they believe is inaccurate.

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

So the way – what I'm feeling right now is we're being too – one, we're being too detailed for the –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yes.

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

– for the purpose we're trying to do, we're trying to accomplish next week –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

Yup.

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

– and we're being too literal with our own text. So in other words, if I want patients to have better access to their information so they can participate in shared decision-making, one, they've got to have access to their information, two, they've got to be able to contribute information and three, they've got to get the information in ways that are good for them, i.e. communication preferences. Do you see what I'm saying?

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Yeah.

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

It seems like those would be the bullets in these boxes. And then we're talking much more at the conceptual level, then if we get approval, it's our homework to go map those into individual functional objectives. Does that make more sense? Maybe I'll state it again so that people can hear it a second time and critique it. So in the outcomes goal box, what's the outcome I as a more engaged patient would have? I would want to have relevant information in order to better understand my disease and participate in shared decision-making about my care, period. In order to facilitate that, certified EHRs should help providers provide access to health information – provide patients and their caregivers with access to health information that's relevant to their care, allow them to contribute health data into the record and distribute this in a way that's most understandable by them.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

So Paul, this is Amy and forgive me, because I know I missed a couple of calls and I wasn't at the Policy meeting, but I think – what I feel like I hear in this conversation that we're struggling with the sense of what level is the outcome. What level of outcome do we want and is it process outcomes or is it health care outcomes in terms of the sense of like specific things where we can link and show how people will actually be healthier and we will have better healthcare outcomes? So I think we're mixing process with process measures – they're outcome, but they're still a process of outcomes, as opposed to the actual end result which says, less diabetics, less obesity, less whatever the condition, more whatever, more employment. So what level, I think that's what I feel like we're struggling with, and if I'm out of line and you've already discussed this, then I'll be quiet. But I feel like, what level is the committee looking for here?

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Hey Paul, it's Christine. I think Amy's right and I get where she's coming from. I also think we could be here like forever doing this, because we will get to what's a process, what's an outcome. And the thought that's occurred to me is, what if we just say goals in this red box, and we don't think about outcomes, because sometimes, for example, I might think about this box as patients and caregivers recognized as full partners, patients and caregivers empowered to support care coordination and then improve patient and caregiver experience. Whether they're outcome or process or whatever, they're really important, they are the goals we're trying to achieve and so maybe we just stop trying to box the goal into a box and just focus on goals.

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

I think it makes sense. Other people's –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yeah I think – this is Neil, I think it makes sense, too because in a sense, every stage has been goals.

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

Yeah.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

It's just – it's an evolving set of goals, getting closer and closer to sort of moving towards outcomes, but I think it does – it is confusing when you say outcomes, because that term is so badly used so many times.

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

I agree. So I think a missing slide or slides is, and what the committee asked for, was the connection between these EHR goals and true outcomes from a person's point of view.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Or maybe we say MU goals.

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

Yeah. So, okay. So I think that's a good suggestion in terms of let's not make – further contribute to the confusion by labeling these outcome goals when they are more process oriented. And we – it still begs – but we still need something up front that is connecting even the National Quality Strategy, let alone our MU categories, with individual outcomes. And one of our thoughts was that through this scenario, we would at least show how EHRs can contribute to care and hopefully through some of the population health tools, contribute to health. But maybe that's – that – let's – we have to establish that up front. All right, so may – I would just love for any ideas to come through about how we do that, how best to do that up front, but that seems like one of the key things we have to do first, and then work on this. Bring it up a notch and then lose the word outcome, because it's misleading.

**Amy Zimmerman, MPH – State Hit Coordinator – Rhode Island Department of Health & Human Services**

So Paul, maybe – this is Amy again. Maybe just starting with the scenario –

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

That's – yeah.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Like the very first thing is, here's a scenario, and I'm not quite sure how to work – I'd have to think more about how to work through it. But, it will capture people's attention right away, in terms of here's a scenario and here's some functions and here's what an EHR did and here's what the provider could do and here's how the patient got better, or something like that. I don't know if that's the right context. And then go back and break it down. It's like an attention getter right up front, I don't know.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

In a sense what we're trying to do is design a logic model here, right?

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

Exactly right.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

And the point is, that all the way to right in a logic model is improved health, happiness, welfare and being buried in a good cemetery. And then you sort of move – we're trying to create a logic model here using the MU Stages as the sort of left-hand side of the logic model.

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

Yeah.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

And you're sort of ending – the way these slides are developed, you're sort of ending like maybe one or two bars away from what's normally on the right hand side of a logic model.

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

Correct.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

So maybe we need to add – maybe there needs to be sort of an overview slide that sort of shows how this last sort of goal is connected to the outcomes, I think that's what you're saying, right Paul?

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

That's what I'm saying.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yeah, and I think –

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

And that's the struggle.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Right. The other thing you could do is you could just put that little bar on the right hand side of all of these slides that sort of says, the outcome is really improved health and just sort of make it clear that we're not considering these goals sort of the end game.

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

I think, I think that – people have been taking that – buying into that, but I think the question is being called right now, how – now that Sta – we're talking about Stage 3 and we had labeled that as improved outcomes, how do we connect the dots between these functional objectives and that goal.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yeah.

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

And we're looking for a way to illustrate – so some of the things that seem obvious, at least to some folks that have been using an EHR how it improves things, but it's not so obvious to everybody and we could do well by articulating it better.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Well then maybe the thing to do is really to have – to take the bullets in Stage 3 and really say something – have an arrow almost from each bullet. Because it seems like when you kind of group them like this, you kind of – it's hard to make the connection. But it would be much easier to make the connection to say, how does order tracking improve outcomes? You know what I mean, like if you're going to list bullets – \

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

Right, but then – so that's why we were hoping to have a fairly rich scenario that credibly led people's thinking and connecting the dots between how does having the at the moment CDS when you're ordering something, a test or a treatment, affect the long term outcome of an individual. And you're ability to track and watch for more acute need for interventions, just get that logic – so an exemplar logic model, in a sense. And then rely on well, and the rest of the next slides for the reader and as what the Meaningful Use Workgroup has been doing all along, or at least that was what we've been trying to do. But really –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

I don't know.

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

– to put out that logic model in a way that is – that gives you a more upfront look at how does it really work/ I think that's what's being asked.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

So the other comment that sort of strikes me, having looked at this for the first time before this is really that as you move towards outcomes, you really lose the distinctions between these MU categories. Do you know what I mean? I mean, the quality and safety and patient engagement, all those things that were sort of the way we worked it –

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

Yeah.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

– sort of gets lost as you do this, because all of this stuff is, CDS improves patient engagement, it also deals with population health, it also – we're sort of losing – we're kind of making these kind of one-to-one connections when I think it's now become sort of one-to-all. It's really all of these things have now sort of merged into a set of activities that are all contributing to all five of these goals.

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

I think that's an import – I think you're right. If there's an artist amongst us that can represent what is – I mean, what Neil just said. We separated them into categories, just like we were talking about disparities as a separate category, to make sure we were doing important work in each of those categories. But to actually succeed, we have one human body and one sort of delivery sys – it's got to come together.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Right.

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

And how do we depict that so we can explain to people what's happening? And it's final logical end, which is the effect on the outcomes for individuals.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

It would be a PowerPoint slide with the print too small, but you could do it as one logic model.

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

Can –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

As sort of one – it would have less of the detail but it would...it would take you to sort of more towards the end and it would show that all of these things really are focused on this set of activities.

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

Right.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Because I think this is, in a way it's misleading, it kind of makes you think that these – each of these things in Stage 1 and 2 and 3 just sort of deal with one – somehow you look at it and you're trying to make the one-to-one connection between this stuff. And as you were trying to verbalize it, that's where you were getting stuck, you were like, how does – you're getting stuck trying to make the one-to-one connection between these bullets and these columns.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

So, this I think is going to be too confusing, because it would be a huge chart, and maybe this is what you mean. But if you actually took all the Stage 1, 2 and 3, even if you color coded Stage 1, Stage 2 and Stage 3, and then you took sort of the outcome goal areas. And you said, okay for clinical summary, it supports patient engagement, it supports and you do check b – I mean you then see how much of these individuals – how many different goals they align to. But I don't know if it would be too confusing and too big to be able to do that on a PowerPoint, but it would show the one to many relationship that you're talking about.

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

Yeah, that's our work for November, that's the reconciling the details. Right now we're trying to get the framework rendered.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

So we're trying to take it up at a slightly higher level.

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

Yeah.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Go back to the –

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

So the goals are to show how EHR – functions in the EHR help people on the health team, which includes the patients and caregivers, achieve better outcomes. So we want to connect those – create that logic model. Then go one level deeper, but not into the granular objectives, showing how what goals you have for each of these domains because it is easier to think of those.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

So could you do something like using the thought of scenarios or case studies, could you do like two or three case studies and just map those case studies – I mean it's a little into the detail. But it's not mapping one for one, but sort of showing how in case study one, here's the patient, here's the condition, here's the situation, here were the EHR functions that came out of Stage 1, Stage 2, Stage 3 and here's what happened to the patient or the better outcome. And just do this all through a case study or scenario and take two or three that can highlight – maybe they don't have to be in each specific sort of priority area, but – they can cross priority areas, but I don't know if that works –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yeah, I think those illustrations would be much more powerful at getting the message across about how these outcomes are achieved through all of these building blocks that were part of it. And I would agree, it's not going to include every building block and whatever, but if you read through three of these scenarios and say, wow, I really get it, that's why they had to capture in Stage 1 race and ethnicity information –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Right.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

– because you could follow it through. And I think what you're trying to do is build credibility here and I think if you had a bunch of those, people would say, wow, I really get it. Here's how the stuff led to these outcomes.

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

Okay, with less than a week to go, how are we going to get this material? Does anybody know where there already exists – or could

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Paul, ONC has done a bunch of stuff on their website that they could maybe draw from, but I know they've done sort of case examples and studies, or not studies, more like case examples from practices. Michelle, I don't know if you're familiar with those, but they would certainly be a source to draw from. I mean, if somebody could cross the dimensions, I'm happy to support the additions and editing process.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Paul –

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

This is Michelle, I'm sorry. Are you – are those things on HealthIT.gov that you have in mind? I mean, I can follow up, I just wanted to –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Yes.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Yeah, they're on HealthIT.gov and I think it's if you go through the provider route, there are a whole bunch of stories collected. Because we had this exact same discussion actually, when we very first started crafting the five policy priorities. And so I know that ONC at that time, and I think it was Damon Davis, led a process to kind of collect stories from the field about effective use of EHRs, that we could pretty easily tie to the specific MU criteria. I'll go look a little bit Michelle and send some things to you.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Thanks.

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

Okay. Yeah, I – this is going to be a challenge in the time constraints. Let's move to the other subjects –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

You know Paul actually, I'm sorry, before we g – it strikes me that by next week, I'm not sure you have to have like a beautifully written thing as much as you need to be able to tell a story, and I think that's a lot easier to do with some kind of talking points and pointing out the functions, and then being able to verbally describe the story gives us some more time to kind of build it out.

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

Yeah, that's fair. Pictures do help people understand at their gut, but –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

And I actually think there are pictures, if I recall, at least if the web page is still there that I am remembering. So I'll send some links around.

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

Okay, thanks a lot. Let's advance to slide 16 please. Okay, so the next part is to try to find measures that either follow these domains or just look like – just do reflect outcome goals. And so here are some – now when you say proposed CQMs Michelle, are these pipeline measures or are these real ones – well, some of these are real for sure.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Yeah, I think it's a little bit of both.

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

Okay. So as an example, when we look at improving quality, it's no longer how many blood tests are you doing, it's how well are controlling the blood pressure? How well are you controlling LDL? How many complications do you have, like pressure ulcers? We're just trying to list some of the things that are closer surrogates to outcomes in that domain. So when you think of patient engag – I'm sure that these are –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yeah, they didn't write these. Like morphine equivalent should say reducing opioid overdose or something like that, right?

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

Yeah.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

I mean –

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

So these are not vetted. Now in the increased patient engagement I assume what was meant there is, if you have ability to provide patient reported outcomes, then that – they're part of contributing to the care plan, in a sense, the feedback loop.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

I don't get – what does knee and hip mean?

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

Michelle?

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

I'm confused.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

I believe they were functional status.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

It was what?

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

It was probably functional status after knee and hip replacements.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Oh.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Those three are functional status.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

I'm sorry George?

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Are you saying all three are functional status after –

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

I think so.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

– after knee operation, after hip operation, and after heart failure treatment, what's your functional status, is that it?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Yes. We'll fix it.

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

So in a sense, these were just starting points to say, look, of the ones available, or some of the concepts under development, these are the kinds we're looking more towards rather than the process measures we're used to. And this is of course a buildup to being able to use these kinds of measures in the deeming program as well. So it's possible that since this is actually work we've farmed out to a Tiger Team made up of some members from the Quality Measures Workgroup and the ACO Workgroup, and they are due to give us some of their thoughts, which would in a sense be population of some of these boxes, in October. And that will presumably feed into our recommendations in November saying, here are some of the things – these are some of the types of measures that we propose CMS use, if it accepts the deeming pathway recommendation. And similarly we would like to have some of these more outcomes oriented, more patient-centric measures be a part of the Meaningful Use Program by Stage 3. That's sort of where we were headed with this. Does that make sense?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Hello?

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

Yeah.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Hi, this is Art. Sorry to join late.

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

Hey Art.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

I'm just trying to understand, the arrow from the proposed CQM – I'm not sure, is there an arrow there or is there something that's trying to ensure that what is in the box has happened, like that the functional status was collected through a proposed CQM?

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

So I think we had sort of agreed earlier that when we say outcomes or outcome goals is what we used in earlier slides, we actually don't – we aren't using the term outcome in the same way that people think of outcomes. So maybe the top – the blue boxes are representing meaningful use domains to pay attention to, it's our four going to six. And the white boxes are examples of CQMs that could be used to help measure your success at improving quality or increasing patient engagement.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So for instance, under patient engagement, would something about patient reported outcomes be part of the proposed CQM?

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

Yeah, tha – well that's the implication here I think.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Okay. And then, kind of the bracket line is not directional here –

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

No.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

– either the top one or the bottom one, it's not directional.

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

Correct.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Okay.

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

I think those were just labels of the blue boxes and the white boxes.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

I see. Okay, thanks.

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

I'm thinking that we may defer this section of slides to what's the outcome we're anticipating from the Tiger Team, the QM/ACO Tiger Team. It's possible we include some abbreviated set of this – what's shown here as an indication of the kinds of things we're looking for, things that in the first column demonstrate control of chronic conditions. Things in the second box that demonstrate that the patient is engaged, is actively contributing, and of course our work between now and November will point to the patient-generated health data and the semi-structured questionnaire, that kind of stuff.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Yeah Paul, I almost wonder if you want to kind of – instead of going through, because you have two slides on this, and you've got nothing under equity you've got...anyway. So I wonder if you want to give some just examples from three buckets, I think the affordable care piece is actually pretty good, it's the first time most folks will have seen that. And then I think you're right to kind of focus in on things like readmissions and things that are really the more advanced measures –

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

Yeah.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

– control, things like that, so give some real exemplars, but not others.

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

Okay, so to make sure it looks like exemplars and not some comprehensive list.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Yeah.

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

Okay. So some of the new things you mentioned, one is like choosing wisely, another might be readmission, a third might be in this category, the patient engagement, which is the PRO –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Yeah, I agree with that, absolutely. And that's what functional status is, a PRO.

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

Right. So maybe, I think that's a good idea. So we're saying we're going to rely – this is exactly what the Tiger Team is charged to do, but this is sort of what we're looking for. It's new stuff, it's far more relevant to individuals – to patients and it – like choosing wisely is a professional – profession-led goal of making more appropriate decisions. Okay. That's a good idea. All right. The next set of slides is – let me see if – oh, I see. So what's happened is, the framework slide is missing in deeming and so let me just describe the things that I would try to mention. And it's really – it's the slide that we showed last time, but minus the details. So it says, deeming is a concept that says, if you're already a high performer or high improver, then in quality – in performance measures that reflect overall good performance in the new model – new way of doing things, which is much more like the ACO model, the population management model. Then we are assuming that you are already doing – using – have and use the following subset of the functional objectives well. And –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Hey Paul, it's Christine. I was just going to say, I think you also have to say performing in a way that is HIT enabled and/or HIT sensitive, since it is an HIT program.

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

Good. Good, yes. So that – so we'll try to capture – that's on slide 20, that concept of HIT sensitive. So we'll just put that framework back in, without the details, and so we're going to work on what gets deemed and what are appropriate categories of performance measures. And we'll try to draw that from the ACO Program. How does that sound?

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

I think it sounds good Paul.

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

Since we have time, would it be okay to come back and sort of brainstorm a bit more about how do we do this – how do we have a graphical logic model that helps connect the dots between the MU Program and improved outcomes. So one suggestion was to have some scenarios that illustrate it, I think some kind of picture – you know, graphical representation of even screen dumps or something would help the diverse members on the committee understand how this software can help achieve outcome goals.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Paul, I'm sorry that I missed this, but who is the audience for this, ultimately, for these diagrams that we're trying to create?

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

Well I think it's the Policy Committee and it's what – who are represented in the Policy Committee. In other words, the Policy Committee by design has many, if not most of the stakeholders and that certainly includes providers and patients, the main participants in this. They need to see – so if you look at what's being said about meaningful use is, we're spending this money, what are we getting for it? We need to help connect that dot, and for that matter, then that means Congress as well.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Right, so if it's meant for public consumption –

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

Yes.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

– that's what you're saying, not just for the committee. So if it's meant for public consumption, I think the illustrations and scenarios are going to be critical, and then I think the big picture that you're trying to be done could be done in much more of a summary level, almost like in a single slide. Because the details of like how it really works will be described in the pictures and the scenarios. I think we're trying to do – we're trying to get like every bullet connected to say, here's how this one thing that we called for in Stage 1 really is connected to stuff later on, to an outcome. The other way of doing it is really listing, I mean and it almost seems like we're getting there, like every Stage 1 and every Stage 1, 2 and 3 sort of initiative and saying, how is each one connected to an outcome, that's much more of a complex kind of chart. But I don't think we're trying to justify like every single thing we did.

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

No, I don't think we are. So I think the two things we're trying to do is connect the dots between an MU EHR Program – HIT Program and improved outcomes.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yup.

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

Okay, that's one dot, big dot connection. The second is saying, okay, if you see that, then what we've distilled that to is these are these six domains, and that's – and if we concentrate on these six domains for HIT, that will connect with the big dot we just connected for you, which is HIT to outcomes. And that's exactly – so we're looking for that level approval and then we go away and work on making sure that the details, the granular recommendations we have, the objectives we have, actually map very well and very convincingly with increased performance in each of these six domains. So right now we're trying to connect the dot between these domains and health outcomes, and then the next stage is connecting these objectives and quality measures to those domains.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So Paul, this is Art. Do we have – I think Neil proposed four items in that final outcome box, including George's suggestion about the right grave. Do we know what are the items in that final rightward column in the logic model?

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

I think it is the – oh no, the final logic model, those are outcomes, we don't have those categories.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

I wasn't saying they were category, Neil just listed off four things, George sarcastically said, it includes the grave in the right place, but do we know what that final box will contain yet?

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

Could the final box be the Triple Aim?

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yeah, it could be.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yeah, that makes sense.

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

It either could be the Triple Aim or it could be the IOM six aims.

**W**

I kinda like –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Or it could just be improved – it could just be better health for all Americans. I mean that's really the last box if you're drawing a logic model, it's really the last box, it's good health for all Americans, not better health, it's really it's good health or optimized health and healthcare for all Americans.

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

At affordable cost, and that equals the Triple Aim, of course.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yeah, but I mean, we don't have to – yeah.

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

Well maybe we do say it's the Triple Aim and we then have to connect our six domains, which obviously includes adding the affordable care domain, to the Triple Aim and as long as people buy off on that, then our work is to make sure that our functional attributes of HIT connect to the six domains.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Right. The only thing I would say is, if it's going to be the Triple Aim, we should put in "for all," in the triple, we should add that "for all" in the Triple Aim piece, because that is one of the things we're concerned about.

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

Correct.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

That's not in the Triple Aim.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

I would say George said it more jovially than sarcastically.

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

George, you're –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

I agree George.

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

You worked your way into a footnote, so – so then, the scenarios are still important, because it's one thing to say HIT contributes to that, it's another to try to feel like – understand the logic essentially, of how that works.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yeah.

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

Does anybody already have like a PowerPoint slide showing that kind of connection?

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

So are the scenarios stories or – I mean, because I was trying to think what would the scenario be? So it would be like, in the South Bronx, in the population of 10,000 people, diabetic control improved by 25% between 2010 and 2012, and that improvement is attributed to these things that happened, that were also reported by the electronic health record. I mean, you're sort of describing that there were registries, that there were decision supports which identified for providers when their patients were out of control on any one of eight measures. There was a way of tracking ophthalmology consults to make sure that everybody that was sent out actually got a report back on the status of their vision. I mean, is that what we're – is that what when you're thinking of a scenario, is that the way you're thinking of it?

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

Yeah. And if it could be done in pictures – so, when you say registry, is the lay person going to know what does that mean. The minute it doesn't – you start losing the – the minute you start not understanding what some of these terms or how does that work, I think you start lose – getting lost in the scenario. So that's sort of the reason we thought a pictorial representation like the reminder, the clinical decision support reminder that this person hasn't had their A1c, so you don't even know where their disease control is –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

I was just – I see, it's a scenario that's described in a series of snapshots of tools that were EHR-enabled, it's not like one slide, it's like eight slides that show all of the ways in which the electronic health record contributed to this outcome.

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

Correct, in a believable scenario.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Paul, it's Christine. I think we did some work, the National Partnership we, did some work a couple of years ago from a consumer lens, to tell a couple of stories –

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

Um hmm.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

– I'll go sort of how technology can benefit patients. I'll dig around and see what I can find, but I would think as we tell a story about doing it more from the patient's journey through the system. So they were admitted to the hospital for "X," the hospital notified the primary care provider, the records went back and forth. The patient had access to their information in the hospital and they got a discharge summary immediately later, primary care reached out followed up, so you're kind of bridging mor – both EPs and EHs. But you're doing it from the perspective of how the patient ultimately went from a hospital admit to preventing readmission by connecting them with primary care and helping them get to good health outcomes and then managing – supporting their health management over time through the registry functions and all that stuff.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

I think – this is Amy, I think that's a great idea. And you might also want to do one or two that way and the one from a provider perspective, from a caregiver perspective.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Yeah, I actually – I agree with that, because the other thing I was thinking about in listening to the conversation around Triple Aim, etcetera, etcetera is the only thing that's sort of missing from that picture is making it easier for providers to practice medicine.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Yeah. So if you did one from the patient perspective, one from a provider perspective and maybe even one from a population perspective.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Well I actually think you could probably do all three and just, here's the story, but different viewpoints on how things were better, easier, more efficient.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Yeah, that would be great. That makes it real and it's easy to understand.

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

Okay, so how does this get done?

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

Yeah, I know, it seems like this must have been done before, I would agree with Paul. I just don't know where, I'm trying to think. This is Charlene.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Well Paul, why don't we just do a thirty minute call, you know, I mean, I don't think it's hard to kind of create it and we're goin – if we come up with it out of thin air, it's going to be a little easier than trying to research it. I sent you guys some resources of real stories, but it's – you're going to have to look through them and kind of piece them and parse them. But I think if we just sort of make it up and call out the functions, it's not – I don't think it's going to be hard to do.

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

Okay, we can do this, but who renders it into graphic form, I think that's the hard –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

I'm voting for Michelle.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Yes.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

I'm sorry Michelle.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

No, that's okay

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

We all need to send you big Christmas baskets or something.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

No, I think I've kind of done stuff like this before, it's just pulling it all together. So, I'll take a first stab and if people have samples of things they can share, that would obviously be helpful.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

You're the best.

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

Okay –

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

And Paul, you want real screen shots, right?

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

I don't know that we –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

I think if we use screen shots, at least we're going to have to get permission from some folks.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

I don't know that you're going to have time to do screen shots. I think you just might want to talk through the functions and then maybe – yeah, I –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

I have a whole series of screen shots that explain – that deal with sort of a public health outbreak and how all of that stuff fits in with SmartSets and Smart – and decision supports and all that stuff. But, we'd have to get permission to use it, because it's –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

I think if you can, I mean personally, I think – especially, I don't know how much time there is, but I think that if we can come up – a few people or individually or whatever, not individually, but with the scenario that we were talking about. And then say, from a provider's perspective, from a patient, even just talking through it, even if you don't see –

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

Yeah –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

– functionality, even if you do a chart again or something visual to say, here's the pa – when you're talking about from the patient perspective. And then you could either do a flow chart or diagram or just check off the functions or the functionality that was hit in the scenario, that made life better for the patient, for the provider, for the population overall.

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

So –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Because there really is limited time, so I think – I mean I think the more effort should go into coming up with a scenario that can clearly articulate and demonstrate this than actually showing something on the screen.

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

Okay, so let's – we do actually have forty minutes on this call, would it be good – do we want to do it on this live call or do we go to a conference line that doesn't have to take up the public's time?

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

We could do that.

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

Michelle, do we – can we get a non-public line, just to do our workgroup?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Sure.

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

Or do we just stay online?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

I think it's really up to you all. I mean from a FACA perspective, we probably should just stay on the line, but if it's really just planning, then we can do an administrative call, but that's all that should happen offline.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

I think we can stay on this line.

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

Okay, let's stay online. So we have three perspectives, the patient perspective, the provider perspective and population, if we get to that. So let's go from patient perspective, it prob – we want to work backwards I think from what is the closest thing we have to an outcome. One could be, one of our favorites, which is diabetes, because there's a lot of good evidence about how well are we doing now and what's the benefit if you improve control. Hypertension's – actually, hypertension would fit with the Million Hearts, right?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Yeah, but diabetes does too? So Paul, I had sent you slides where I started this, maybe I can send those to Caitlin and she can bring them up and then maybe it's easier to start from something.

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

Yeah.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

So, if you'll all bear with me.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

And Paul, it's Christine, I mean I think diabetes control is like good, but you've got to start from the real tangible outcome for the patient, right, which for most people is like, "oh, I was able to avoid surgery," or "I was able to get healthy enough to go to this big function with my family." Like, I mean that's a little more what patients tend to think about. We have to think about what's the tangible sort of outcome here.

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

Okay, so let's –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

– chronic versus – it might – I'm just saying it might be easier to do acute versus –

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

One possibility is hypertension, one because it's the high prevalence I think, in the country, so a lot of people can relate to it. Second, we have a poor track record, about half the folks are under controlled, despite having good drugs and as far as what you're talking about, outcomes that matter, stroke is a very feared complication of hypertension. So we can talk about the incidence of stroke in hypertension, say, this is the problem to solve, people don't want to have a stroke, yet – go back – back up you go, okay, well do we have a way of controlling it? Yes we have a way of controlling it. What's the problem? Half of the people are not controlled. Why is that? It's a combination of clinical inertia and patient inertia, so this is a shared decision-making and shared treatment. What could help that? Well, upload continuous monitoring of your blood pressure, I don't mean continuous, but ongoing monitoring of your blood pressure for the feedback, which involves – which engages the patient. It certainly talks about patient-generated data –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Download data from the pharmaceutical database to show that people are taking their medications.

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

Med adherence and then the other stat is people only take half of their meds, people – I think people don't fill even a quarter to a third of their prescriptions. So we use some of those stats to say, here's the problem to solve, we have a very feared outcome. We have actually really good treatment, what's the disconnect and how does an EHR, PHR, HIT help that. And that would draw on population management, draw on patient engagement, draw on quality, draw on disparities, draw on affordability – I'm not sure exactly how to work that one in. It's certainly more costly to suffer the stroke and to pay for the consequence of the stroke than to pay for the pills.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

But also affordability on generics addressing why people only take half their meds.

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

Oh yes, yeah, yes, good. Right. Good idea, and formulary.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

And maybe affordability in terms of how – don't over treat A1c or A1c, I don't know if that relates to hypertension, but you know, don't over treat either.

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

Yeah, that's probably one of our least problems – least concerns at this point. Umm, so actually we've hit one, two – oh, care coordination.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

Yeah, care coordination.

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

Care coordination would be, oh I know, it could be the home – so the home monitored data doesn't go to the docs, it goes to other members of the care team and you have to have that coordinated.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Right, you could have a care manager, you could also have a nutrition or a naturopathic doctor.

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

Correct.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

You could even have that data uploaded to an HIE and then disseminated that way.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

And you would have to know who's on the care team, so you need to use the EHR to catalog who's on the team and then the patient can go online and share parts of their record with other members of the care team that they think need to see those parts.

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

Okay, so we probably want to stop at like ten, something like that. So we want to get people to the point where they recognize that this is an unsolved problem, despite our medical science and what's known already, it's an unsolved problem and technology can help all the players on this health team do better. And that's – so that's from the – actually, this is, well, primarily probably this one's probably primarily from the patient's perspective, although maybe we can work this both the provider and the patient and have a more parsimonious scenario.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Yeah, I mean I think if you sort of have the facts outlined, then the – so the patient's getting better as a result, they're feeling better, they're exercising more because they feel better, they're doing this. But from the provider's view, they're getting out of the office at 5 o'clock every day because they are doing more proactive care management, they're not taking phone calls, as many of them in the middle of the night, all the ways that the EHR enables the workflow. Because they got the data from the HIE, they didn't have to spend six hours trying to get the records.

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

Well actually, this whole healthcare team may be one of the ways – that benefits the provider. It also works in the ACO model. It does rely on care coordination and the population reports are how you do the outreach. How are we doing?

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Good. I have to say I'm glad that we're on the public line where the call's being recorded.

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

That's what I was thinking exactly, and I'm sure Michelle was as well. I think – so we've named a number of things. Oh, disparities, we can ah, there we go, disparities is the mode of treatment. So there are actually different racial responses to different drug classes used in hypertension, and that could come up as a decision support.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Right, I think if the patient is non-white, then you can – that opens up the door for exactly what you've described plus education materials in their language of choice.

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

Okay, so let's see –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

So all of the stuff that we just laid out around education, whatever, whatever, if we think about a non-English speaking patient how would that change those different dimensions.

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

Uh, yeah –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Perhaps you make the provider the hero in that they started this whole thing because they looked across their population, realized that their care – quality they were providing to their Hispanic patients wasn't as top notch as they believed and so they started outreach and they worked with Mrs. So and so and here's her story.

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

Yeah, the only – what is a therapeutic – a racial therapist – so with African-Americans, for example, diuretics work better and ACE inhibitors do not, that – so I don't know the same for –

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

So perhaps it's a Creole-speaking African-American.

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

Okay, we'll work out those details. But anyway, so that's the point, so we can keep – so that shows directly how some of these functions of an EHR give them the tools to get to the population they need to, know enough about them. And engage them and distribute care across the healthcare team to the most – both most competent and available member, including the patient and their loving, nagging spouse or significant other. Any other contributions?

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Paul, I would just say as we go through, obviously we've thrown kind of a lot of ideas for functions and uses and outcomes. I think it would be good to try as best we can to focus on those functions, uses or outcomes that are new or in some way more challenging or likely to be controversial, so we can build a value case for them at the same time.

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

Um, I hear what you're saying, I'm wondering if we want to get a win, which is connecting the dots between it, and I'm not sure that this is the time for controversy.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

No, I mean like care coordination, right, data exchange, people say it's really hard, but that's replete throughout the example we just gave –

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

Yeah.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

– and that's a good thing, it helps build a value case, shows why the efforts worth it. And it's not controversial – I don't think anything we've done is controversial, but population health dashboard is new in Stage 3 –

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

Right.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

– so that might be something to focus on, patient education materials, how you securely message a patient, because I know people were sort of – had angst about that.

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

Right. Okay. No, I think this – what we just enumerated was pretty robust. Neil? George? Art?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Hell, this is Michelle. Caitlin has the document I put together, it's probably too late now, but I don't know if you want to even bother looking at that or just go with what we just talked about.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

I –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Are you...you're going to bring that up on the screen?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

We can, I don't know if we need it now.

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

I don't know that I got it, do you want to go ahead – how many slides is it?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Two.

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

You want to bring it up and see. What was the clinical problem?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Diabetes.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So Paul, I'm going to have to get on a plane in just a few –

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Caitlin, can you bring it up?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

I just was going to respond to your question Paul.

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

Yeah, go ahead Art.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

So I like the conversation that's been going on about we're focusing on the patient and then the provider. In terms of the population perspective, is it the population of those who visit the clinic where that provider practices or are we talking about the population level approach that might be at a jurisdiction where registries are created for a community? And how might that play out?

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

I guess I would elect – I would suggest for this first go-round where we're trying to engage people in the story, your former. And the reason is because that's what people have access to right now. Clearly we want, as people migrate into an ACO environment, they're going to be as interested in the latter. But maybe so that people can really hang on and say, I see how this, one I can do it and two it's meaningful for me and my current practice, the first – the population health, your panel may be more meaningful right now.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

That's okay, I just wanted to describe this one, that's fine.

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

Yeah, no, I think you have a good point. Okay, actually, so I think Michelle, what we just spelled out for hypertension was pretty rich –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

Yes.

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

– and had a few more things in it, but we literally were able to hit on each one of these – our categories, and then some.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay.

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

Other people's comments, suggestions?

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

I think it is easier when we see it.

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

Yeah. Okay, today is Thursday –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

Yeah, and we have a holiday coming up.

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

Yeah, we have a holiday. So basically we have today and tomorrow for workgroup input. So is it possible – Michelle, is it possible to actually get something out the end of today and then for folks to give any comments and additions by tomorrow?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Um, no.

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

No.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Sorry, Paul.

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

Okay.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Maybe by tomorrow.

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

What are you talking – I'm just talking about the scenario.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay.

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

Is that possible?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Sure.

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

So, I think if it's not possible, it's not possible. Well, could folks, whenever we get it out, could you turn it around quickly, because we've got a –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yes.

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

– build the slide deck around this and –

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yes.

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

Thank you. Well thank you, this has been a helpful call, we did more brainstorming than we normally do, but I think it was very helpful, or challenge is – it's a pretty – challenge in order to get our message across in a most effective way. But our goal is really to be able to have people feel good in their hearts that what we're describing are ways that an EHR, HIT rather, supports improved outcomes in individuals. And that we are going to return to them, with their approval of meaningful use functional objectives and quality measures that support the six domains we believe mapped into those improved outcomes. Does that sound like a plan?

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Yes.

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

And then we'll talk about the deeming framework without talking about the details. They've seen that, they approve of it, there shouldn't be any problem, but we'll just sort of update them on our thinking and remind them that we have the Tiger Team, the Quality Measure/ACO Tiger Team working on that, and that's what we plan to bring back –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**

Yes.

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

– some exemplars.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Hey Paul, it's Christine. We had said at last month's call that this month we were going to talk about timing – the whole timing issue. What happened with that?

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

We got a little bit sidetracked because of our feedback from the Quality – I mean from the Policy, and, at the same time, implicit in that was a reprieve a little bit of the due date. So now we're expected to come back with our recommendations in November, so between now and November, we have to not only flesh out the details that would accompany the framework that we get approved next week, but we'd also have to deliberate on recommendations we might have on timing of Stage 3.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Okay, and I assume when we do that, I would – that ONC can share with us some analysis and information that I'm sure they've done, or in the middle of doing. And I would just really encourage us to get to that sooner rather than later, in case there are some things about our time – some things that the recommendations we're making on the criteria that are time-impacted, so that we don't – we at least leave ONC with a maximum number of options.

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

Okay. Michelle, do you know – we talked about this before, do you know if there's any extant work or work under development to give us this input, in terms of essentially readiness?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Sorry Paul, I don't have a status that I can give right now, but I will check.

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

Okay.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Thank you.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Yup.

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

Other comments or input or discus – how many calls do we have scheduled between now and November? It sounds like we would need probably – so on the docket would be the granular mapping, and that seems like that could take one to two calls; timing, which would be a call in itself and finalizing deeming, which is also, considering the quality measure recommendations that hopefully come in October. So it seems like we need to be scheduled for four to five calls between now and the November meeting. Does that seem reasonable to folks?

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Yup.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Are those calls scheduled yet or not?

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

Don't know, Michelle's probably looking it up, or if Caitlin's on.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Yeah. it looks like we only have one in September, October and November each, so we'll need to schedule at least an additional one in each month.

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

Well, and I'd shoot for – go ahead and shoot for maybe five between now and the November Policy Committee meeting, and we certainly could cancel one if we don't. And thank you all for participating, because I think these are really gnarly issues and I think HHS really does, as you know, take the recommendations very seriously and to the extent that we can come up with very thoughtful decision – recommendations and as Christine mentioned, options. So we may not have one recommendation, so there may be options, I think that would be well received. Okay, so look out for a Doodle Poll and we'll try to get some more calls scheduled and we will turn around as quickly as we can some rendition of this diagram, this scenario.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Okay.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Very good Paul.

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

Thank you. Thank you so much for the brainstorming. Now we need to open it up for public comment please.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Paul just real quick, before we open up, since we're ending a little bit early, can I call you after this call?

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

Sure.

**Public Comment**

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

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

**Ashley Griffin – Management Assistant – Altarum Institute**

If you are on the phone and would like to make a public comment, please press \*1 at this time. 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. We have no public comments at this time.

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

Okay. Well thanks everyone. Thanks for attending and thanks for helping us brainstorm how to present this. It was really helpful.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Okay, we'll see you next week.

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

Yup, see you next week.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Very good.

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

Have a good weekend.

**Neil Calman, MD – The Institute for Family Health – President and Cofounder**

Bye, bye.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Thank you everyone.