



**HIT Policy Committee
Advanced Health Models & Meaningful Use Workgroup
Final Transcript
February 17, 2015**

Presentation

Operator

All lines bridged with the public.

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

Thank you. Good morning everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Advanced Health Models and Meaningful Use Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Paul Tang?

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

Here.

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

Hi, Paul. Joe Kimura?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Here.

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

Hi, Joe. Amy Zimmerman?

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

Here.

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

Hi, Amy. Art Davidson?

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

Here.

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

Hi, Art. Charlene Underwood?

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

Here.

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

Hi, Charlene. Cheryl Damberg? Devin Mann? Frederick Isasi? Ginny Meadows? Jessica Kahn? John Pilotte? Lisa Marsch? Lisa Patton? Mark Savage?

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Here.

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

Hi, Mark.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Hi.

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

Marty Rice? Marty Fattig? Mike Zaroukian?

Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)

Here.

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

Hi, Marty. Mike Zaroukian?

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

Here.

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

Hi, Mike. Neal Patterson? Norma Lang? Patrice Holtz? Robert Flemming? Shaun Alfreds? Shawn Terrell? Stephan Fihn? Sumit Nagpal? Terry O'Malley?

Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital

Here.

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

Hi, Terry. And Terri Postma? From ONC do we have Alex Baker?

Jessica Kahn, MPH – Director, Division of State Systems – Centers for Medicare & Medicaid

Sorry, this is Jess Kahn; I missed the CMS roll call I'm here.

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

Thanks, Jess. Alex are you on?

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Hi, this is Alex.

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

Hi, Alex. Is Samantha Meklir on from ONC?

Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy - Office of the National Coordinator for Health Information Technology

I'm on.

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

Hi, Sam. And anyone else from ONC on the line? I heard Kevin Larsen as well.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yes, it's Kevin.

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

All right with that I'll turn it back to you Paul and John.

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

Okay.

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

I'm sorry.

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

Joe.

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

Paul and Joe.

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

Okay.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Good.

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

Okay, well welcome everyone and a special welcome to the folks in the North East we feel your pain actually every time we read the paper or hear the news I just don't know how you get through this, but, at any rate, well thanks for joining us with your hot chocolate by the fireplace I'm sure. I think we're going to be a little hampered by not having a full cast here because we're going to have some assignments at the end but we'll get through it and then maybe make some assignments afterwards. Next slide, please.

Today we're going to talk about some of our, basically our assignment from the interoperability roadmap where the assignment we have is Appendix H where the public submitted I think about 53 use cases and the charge to us is to find a way of dealing with that. Next slide, please. And next slide. And next slide.

So, what they would like, they being ONC, would like us to do is to come up with a process to prioritize use cases and that maybe our major deliverable from this feedback and we would try...in the process of doing that we want to try it out ourselves and see if out of the 53 we can come up with some small number or a handful of priority use cases that help sort out, well, gosh of the many things we need to do in order to facilitate interoperability which are the things that could drive us the best, because it is rich in its dimension and gives us a way of focusing in on the important topics that need to be put in place.

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

This is Michelle, I'm sorry Paul...

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

Yeah?

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

We're getting a lot of feedback, if somebody could please mute their line. Thank you. Sorry, Paul.

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

They're just shoveling snow. So, that is sort of our goal and so you see there in front of you it's the repeatable process, the initial result of that process being applied to the use cases that were submitted and come up with a set of who should be working on the various pieces in order to make these use cases come to life. Anything to add Joe?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

No, I think that's it, yes.

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

Okay. Next slide, please.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Paul, this is Mark, can I throw out a question?

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

Sure, yes.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Repeatable process comes up several times in this slide deck...

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

Yeah.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Can you tell us a little bit about...

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

It just means something...

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

What that means?

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

Yeah, so we're going to go through some process to come up with our recommendations for high priority use cases and what they'd like to do is HHS would like to have, hey, if this is a matrix the considerations, the attributes, the wading scheme that we can use in the future as we look at...to prioritize use cases for the future let's say the next set of use cases, they'd like to reuse that, maybe reusing that is sort of the way to describe it. They want a process that they could reapply in the future.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

All right, thanks.

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

Sure thing.

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

Paul, this is Charlene, the other question that I have and maybe this becomes part of the prioritization matrix, they're sometimes dependencies between the use cases, do you build on them basically...

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

Yes.

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

So, is that part of the consideration?

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

Yes.

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

Okay.

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

And that's one of the things we need to talk about when we get there. Chances are we'll...remember these are all just all submitted through the web, chances are there are ways to cluster them and perhaps even consolidate some, you know, like a lumping.

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

Okay.

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

Yeah, so yes all those are possibilities. Next slide, please. I think people know what we mean by use case it's a way of...it's a description of a use for interoperability in this case that shows how do people use it, what do they get out of it and in the process you have to figure out well what does it take to make that use case happen. It's commonly used for identifying functional requirements of a system or a product or needs of an organization and that just gives it real life rather than people just sitting around saying, oh, we've got to have one of these and it should do something like this, it just gives it a real life.

And so, as part of the feedback ONC had asked the public to submit use cases they're interested in and they've just accumulated that in Appendix H. Next slide, please.

So, here are some of the roadmap actions and some of the use cases that are related to that as an example I think. Alex do you have anything further to say about what this is...what you want to accomplish in this, just an example?

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Yeah, I think this was just for reference at places in the roadmap where use cases are mentioned to put it in the context but I don't know if this has huge bearing on that outside process.

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

Okay, all right, let's just go forward. Next slide, please and then one more. So, we have between now and our presentation on April the 7th to come up with a process and a test run so that we produce use cases, accompanying use cases that result from applying that process internally within our Workgroup.

I think we have a number of...we have a fairly sizeable Workgroup and we tried to have a diversity of backgrounds, unfortunately they're not all represented on today's call, but we hope to get through some Subgroups to work on clusters of use cases proposed. So, that's sort of the overall strategy.

So, today's call we wanted to define, start working on prioritization process and there is something contained in the PowerPoint for us to go over and see...check our work in terms of categorizing the use cases and then think about are these the right criteria that is impact, timing of the need and readiness. They're just a draft that ONC put together.

And then we want to divvy up the work amongst Subgroups of this Workgroup to work on one of three categories, just to...we've got to make...to make progress in a timely way we thought we'd do work in parallel.

The we get together on the next call and review the work of the Subgroups and see how the process is, you know, see how these attributes are working out so we can discuss both the process, the criteria and the output priorities for each subcategory, probably we'll refine those and then refine both the process and the output of the process between the March and the...during March calls. I think we may have to schedule a couple of calls in March in preparation for our presentation to the Policy Committee on April the 7th. Any questions on that sort of overall timeline? Okay, could you advance the slides a couple of more please?

Okay, so we have four categories, so ONC took the 53 comments and clustered them into four categories, the first one sort of goes across a number of domains mainly because there were fewer proposed use cases in each of them so we put them together for one Subgroup to tackle, one on consumer, which was I think the largest, one on payer and one on provider. Next slide, please.

So, the three proposed criteria and this is what we'll pause and discuss or we'll go through this process and then come back to this, one is the impact, so we put in front of us what are the key national priorities, well there are two sort of overarching ways to view it, one is a triple aim, health, healthcare and cost. And other are the three...and the other is the three...are the six National Quality Strategies which were proposed by the...which were set by the Secretary I don't know maybe one or two years ago and that's safety, patient engagement, care coordination, prevention, community and affordability.

One of the things I thought was missing from the NQS is really a focus on health as we move towards the fee-for-service treating illnesses and disease over towards worrying about community health it seems like health should come out more strongly as one of our aims in a sense.

So, how does the use case align with these national priorities is the topic of the impact criteria. The second is, how does it line up with some of the timeframes that are in motion. One is HHS goals, which is the triple aim.

Two comes from the Secretary's announcement three weeks ago about health delivery reform and I think she really put a more definitive and bold stake in the ground for the level, the rate of change towards moving away from fee-for-service towards more value-based purchasing and that is to have 30% of Medicare payments be through an alternate payment model that's more pay for value rather than pay for volume and 50% by the end of 2018. So, that's...I think it's doable but it's faster than people might be percolating at this point. And then that 90% of the fee-for-service payments would also be linked to quality and not just the transactions by 2018.

Interoperability roadmap, as you know has three, six and 10 year goals and so we might consider which use case helps the country get to its interoperability goals along those three timeframes.

And finally, sort of pacing or phasing what's the maturity of standards and the current infrastructure you can't change the whole system overnight so there is sort of a feasibility attribute as part of this.

I think what we'll do is go one or two more slides and then come back and discuss...yeah, and then come back and discuss the criteria themselves. Next slide, please.

So, the idea would be that we go through each of these use cases in our Subgroups and apply these attributes and try to characterize them by each attribute and you'll see the template in the next slide, but the goal then is to sort of cluster things by, gosh if there's something that's very ready, high impact that's what's known as low hanging fruit, let's go for it. If there are things that are very high impact but we just aren't there at all then that's really a gap that you'd like to move let's say standards along more quickly.

So both go for the low hanging fruit to capitalize on what's already possible and start the effort, you know, start the development efforts in either policies or standards that help us bridge the gap and readiness for these high impact cases. And next slide, please.

So, this is just all made up but if you had use cases, you know, A through F and you scored them across, DSR by the way stands for Delivery System Reform, scored them...and we're just sort of binary at this...well, we can decide, plus's and minus's then that gives you sort of an overarching look and then the group can assign some kind of priority based on that. The right column is just an example and it just shows that you may actually...it's not necessarily just counting all the plus's but there may be some wading scheme to decide...to help you decide what's the priority for this particular use case when you consider the six NQS strategies and the triple aim and the delivery system reform, etcetera.

So, this is sort of the overarching, the framework that we're posing for us...all the Subgroups to use to make progress in terms of one, applying the criteria and two coming up with some priorities. So, maybe we can go back two slides and go back to the criterion and have some discussion about that. Open up the floor for discussion on these, there may be a different name or there might be a different way to...different criteria used to help us prioritize.

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

So, Paul, this is Amy, and one of the questions, as I'm looking at these, is sort of the dependency between the use cases or in other words like the dependency of timing.

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

Okay.

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

And I don't have an example that comes to mind. And I throw it out as to do we or don't we want to include that, account for that or do we just note that? In other words if we're saying there is a gap but one thing has to happen before the next thing happens do we want to somehow capture that and does that effect our prioritization? Because we can prioritize something that may have three steps before it as high but we have to do the three steps...you know, we have to do the use cases...

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

Right.

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

That maybe three steps before it.

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

Correct. And we had this discussion with ONC staff about that very issue. What we thought we'd do and this is open for you discussion, is first let's go in a normative way and say, well, what are the true high impact needs that we have in order to advance towards the...as our Workgroup name says, advance health models, and that's going to be true regardless. Then use some of the readiness and we're going to have feedback from the Standards Committee but they're so busy right now doing their response to interoperability roadmap that they may come...they may have their input later than April even, but because of the repeatable process ONC could take that and that helps them decide when.

I think we need to come up with some way of expressing the sequential or the dependencies that you just described and that may be one of the things we need to figure out is how to insert that into the process. It may be as simple as for each thing we...once you start sorting them you'll find out the dependencies and we may want to even set it up...put it in order in our own little mini-roadmap.

But, yes, that's definitely an issue, it's one of the considerations we have to figure out a way of dealing with that and one of the intents of the "current" readiness is to at least express, well, gosh, you know this is really important, remember that quadrant it's very impactful but we need to get some work done let's say in the standards before we do that and maybe there is a quadrant that we indicated it's like the lower right and that means that there is a huge gap but it's really important.

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

Great, thank you.

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

Other thoughts or questions?

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

Paul?

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

Please?

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

Yeah, Paul this is Charlene, the other aspect and I'm not sure where this would fit in of readiness is the ability for people to send and receive, right, so let's just say that, you know, we've got...we know we have gaps in the infrastructure, long-term post-acute care isn't very well automated yet, a pretty large group of physicians still aren't quite there yet dah, dah, dah, so where does, you know, the labs don't want to receive that data, where does that fit in?

So, it's not only readiness of standards but it's readiness of adoption or something that's a really important factor here I think and, you know, so as we build out that seems like it should be taken into consideration.

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

I think that's an excellent point Charlene. I wonder if what we need to do, and we can discuss that on this call, is tease out some of the components of readiness so there are standards, there are policies, there is business, there is...well business is one of those that you were mentioning and as we heard on our interoperability hearing business and standards were a couple of the biggest like people just didn't want to send it. So that we...we may want to pull that out again.

Policies might include privacy. So, so far I've got standards, policies and business, is there another subcategory there?

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

So, Paul, this is Mike when you say business I want to make sure or at least clarify whether you're also talking about cultural, because I think that's a little of what I've heard commented on so far the issue of how high do you have to climb the mountain to make this work, how much difference does this require, how much burden or would you distinguish that from business?

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

How about let's do cost, okay, so there's business and that was where people just didn't want to exchange information and a lot of that has to do with competition.

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

Right.

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

Then another dimension I think you're bringing up is the cost side.

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

Right.

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

They may want to but can they afford \$50,000 right now and that might be...

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

Yeah or the three months it takes to do it.

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

Or the three months, yeah.

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

So, the time, energy and financial cost absolutely.

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

Okay.

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

And even just the cultural readiness, what are the downsides, the unintended consequences they're worried about if they were to do this.

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

Okay, so that's four components so far.

Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital

And hi, this is Terry O'Malley, just under the technology availability, so is the technology up to the task that we're asking it to do.

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

Yes.

Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital

To link post-acute care for example or some community-based services. It is not clear the technology is there independent of the willingness, the ability, the capital, the standards.

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

You know I'm almost starting to hear two parts instead of calling one overarching current readiness maybe there is the technical readiness and that could include both the actual products and things like standards and then there is the, for lack of a better term right now, the business readiness and that includes the cost, energy, financial that Mike just mentioned and the policies.

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

Yeah and it might be business and cultural readiness, you know, because both...

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

Okay, business and cultural.

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

Yeah.

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

And technology.

Julie A. Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology

And hi, this is Julie Crouse from ONC can you hear me?

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

Yes.

Julie A. Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology

Great and, you know, it's funny that this conversation has circled back to this, but the clinical, cultural, business and regulatory is actually one of the overarching building blocks in the roadmap. So, I think it makes a lot of sense for you all to be thinking about those things and I think, you know, this entire activity is to support the interoperability roadmap so I think it makes sense to align with some of the things that we've been thinking about in the roadmap as far as how to...what are the different perspectives that will set us up for success for interoperability.

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

Yeah.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

So, Paul, this is Mark with a related idea on the matrix that you've got under timing the interoperability roadmap criteria don't appear and I'm wondering if it...

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

Actually it does in the right.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Yeah.

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

Under two, timing of need.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Oh.

W

On slide twelve.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Got it, okay. So, how...when you have a plus does that mean...because on the description it's broken down into three timeframes. What would a...can you remind me what would sort of a plus here mean with respect to those three timeframes? Does it mean that the use case helps one or all three of those?

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

Well, why don't we go to that after we deal with whether the criteria themselves are solid.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Well, let me tell you why I'm thinking this...

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

Okay.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

And then...and it may be that it's still appropriate to wait, but there is a question of sort of looking at are we ready for something but there is also sort of looking at it from the other side there is a question of what do we need to be ready to do in order to achieve those three different timeframes in the interoperability roadmap.

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

I think they fit in the criteria that we're discussing.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Okay.

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

But we can...I think the matrix, as you point out, needs some either definition or whatever.

Julie A. Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology

And, yeah, hi this is Julie from ONC, I think that that's a really helpful framing to make because I think that what this group could come up with is a set of high priority use cases that happen to be very low on the scale of readiness or standards, or policies and I think that the initial criteria that you all use should really inform what's going to be the most impactful to the industry as far as advancing interoperability and also supporting the HHS primary goals or the triple aim.

And so I think, you know, first the activity of prioritizing based on what's needed, what's the most impactful, what's going to really get us healthier people is the first step or phase in the activity and then I think as a second phase the feasibility or gap analysis would then inform the low hanging fruit that Paul mentioned earlier.

But in my mind I really do have these two separate things separated out because if you start doing the feasibility or the gap analysis too soon in the process then you may have a different set of priority use cases then if you had really been thinking just on what's important and what's going to be the most helpful in advancing our overall goal.

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

Okay, you know, what I think something that could help, at least me understand these criteria a little bit better is maybe rename...timing of need seems to be pretty general and it's getting confused with three, what if we called that programmatic need because I think that describes what's underneath the HHS goals and delivery system reform and interoperability. So, those are sort of like HHS programmatic needs that sort of gives us a framing of that.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

Paul?

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

Yes.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

This is Devin, can I add something?

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

Yes, please.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

Under readiness one of the things I'm thinking about is that when we talk about cultural and institutional readiness there is also a lot variation in that as it relates to policies and structures at institutions that are just different across the country and I think we're trying to do a national approach, so I just...the readiness also is probably...we probably don't want the average readiness we need to understand that there is this big variation of that.

And so certain things may be very ready in some parts and even with our own state here I can see there is a huge spectrum in that. So, I think we have to be aware of that when we're evaluating the readiness of kind of how low on the kind of spectrum we're going to aim for or how high and that it will really change based on the kind of region you're looking at.

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

Okay. Any comments on impact?

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

So, Paul, this is Mike, if I could comment and maybe it's in this but maybe it's also its own category and that is when I looked at these specifically in Appendix H I looked first and foremost at who is going to benefit the most and, you know, if we're patient centered we put the patient first and so as we look at use cases the first thing I do is look at is the patient going to be the primary beneficiary of this. If I have to make the hard choice between a little more burden for a provider but a huge benefit for patients I'll take that benefit for patients, but if I have low benefit to patients and high burden to providers I'll make the other decision.

So, part of what I'm wondering here is I think it's easy if you're a provider to look at the impact and resonate with it quite well but then you'll also look at it and say, are there within these priorities in and of themselves. So, for example if we're not safe do we really need to...can we really move on with anything else? If we're not affordable where will we get with this? What's the relationship between prevention and safety and so on and so forth.

So, I think that part needs to be in here, but I think, for me at least, I really need to look at patients benefit first, caregivers who are around them providing direct care need to be a big part of the win, secondary users maybe a little further out and so that's a really hard discussion to have and there are lots of different stakeholders interests so I'm wondering how we're going to tackle that.

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

That's a good question and I think it's related to my observation that I don't think health comes screaming out of the NQS priorities. As you were speaking...let me try this out for people's comment, you know, the triple aim has it listed one, two, three better care, healthy, care health and affordable, affordability. I wonder if we move healthy people, healthy communities as number one of the three as a manifestation of what you just said Mike. What do you think about that?

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

I think it does put the patient first it really resonates with that notion. I'm not sure...it's already so high that I think it's really well stated and put but I think maybe what I'm talking about is more for this group as it considers who is going to be the primary beneficiary, you know, as providers we often hear who pays and who benefits.

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

Right.

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

But, I'm really more talking about if this provides immediate proximate benefit to patients who've also asked for it that's a really high priority from the impact perspective and then we look to see if there is readiness.

On the other hand if it benefits researches with a much longer timeline and not that much benefit for patients and a significant impact to providers to be able to provide those data then that's...I need to somehow be able to reflect how and why I might see that as a lower priority as much as I'm a researcher and I like to do that.

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

Other comments?

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

This is Amy, I was trying to look but I don't think it matches, I was trying to look at the last slide in terms of the categories of use cases and then think about what we were just saying, but I don't think you can always equate patient engagement to the only thing up there being better for, you know, patients or whatever.

So, if I'm...based on the previous comment I think if we do want to do some...if we can agree on some prioritization then somewhere in the grid on impact we weigh, you know, as was just said, we have to define who is going to receive what impact and then decide if that increases or decreases the overall impact relative to the others.

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

So, Amy, this is Mike, thanks for the comment, I agree with that too and just looking at the slide that's up now I would say that's a really good place to start our prioritization and I would at least say consumer/patient first, provider second, you know, cost somehow, however that's in there and population health is there but the question is whether it rises to the top or it falls closer to the bottom.

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

Other comments?

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

Paul, this is Devin again, I think I heard a couple of comments about the kind of impact on the providers and measuring the amount of burden they might get and I agree that, you know, if there is a huge benefit for the patient some extra burden for the provider makes sense, but when I look at the criteria and also the dashboard I don't really see a call out for that provider burden and we've had this issue in other Workgroups before.

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

Right.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

And I know we have a category for the provider but I just want to make sure I'm wondering if you thought we need to call that out more specifically because it does tend to often get kind of lip service and then lost in the shuffle.

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

That's a good point. So, I wonder if it fits...do you think it would fit under the cultural if we broke it up into business, technical and cultural readiness.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

Yeah, it's also...but I guess for me it's also about the impact sort of what's the impact on kind of the care provider's experience.

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

Yeah.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

Because if interoperability makes things great for the patients but it's an enormous burden it's not just about cultural it's not that people are culturally against interoperability.

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

Right.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

But it...

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

Right.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

You know literally, you know, impedes the experience of delivering the care I think that's an impact we need to assess and evaluate in the use cases. Because I've definitely seen interoperability do that.

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

Yes.

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

Paul, this is Art, is there any way that we could...I know that we're kind of using the definitions from the National Quality Strategy but is there a way to kind of blend this into the affordable? Is it affordable to clinicians based on what Devin and Mike have been speaking about?

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

I was wondering if we could but...I mean, I see what you're doing you're trying to make things fit into this but what I hear Devin and Mike saying is we need to make sure we actually consider it in a deliberate way and make it clear.

Now in the Meaningful Use Workgroup we actually did that, we had a way of ranking, you know, everything from the standards to the technology readiness, but what do you think if we made this a...part of cost, I think it was Mike that talked about energy, and just call it out, you know, provider burden so we have a label for it, we have a place where we can make an indicator let's say it's a plus/minus but we don't lose it rather than try to put it somewhere where something else is actually, you know, had their own labels like the NQS.

Why don't we call it out somewhere and maybe it's under our cost, you know, we divide readiness into business technology and cost and have it as separate subgroup, sub-category?

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

Paul, I like calling it out. I wonder in terms of semantics of provider burden it kind of makes it seem like there is no possible upside, so I wonder if maybe somewhere like provider experience so that...

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

Yeah.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

Potentially interoperability could add to the experience of delivering care...

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

Right.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

Rather than just not...

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

Right.

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

Be a burden.

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

Okay.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Paul, this is Mark.

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

Yes?

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

One of the things I observed when there was that label of provider burden added that it really did skew the conversation so there was no offsetting column for example about patient or consumer need or how significant an impact it would be if we didn't do this quickly.

I'm wondering if instead it's better just to use the criteria that we've got and to...in those ratings that happen under the different categories that's going to be a part of the multifactor consideration when people decide what number or plus or minus, or whatever to put there rather than to list out, lift up a separate column just around provider readiness.

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

So, this is Mike, if I could dovetail on that, so it may well fit under readiness, I think the slide that we have for this talks about the standards and policies but I would resonant with the notion and not just cost but cost and benefits, and to which stakeholders, so the whole notion of stakeholder cost, benefits whether it's vendors, patients, providers, etcetera that might allow us to live within this framework and not forget to include it and not make it obscure to those who may be reading this at a high-level that we are indeed paying attention to this, we are championing our patients, our providers, our vendors, etcetera to make sure this is reasonable for everyone.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

Yeah.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Paul, this is Joe, can I say a quick...

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

Sure, yeah, please.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Yeah, so I'm wondering here too...so of the three buckets that we've got, so and understanding Julie's point in the very beginning and thinking about sequencing and just being transparent with the decision making, so if there is a phase one which does take sort of the, if we define impact as impact on triple aim better care, healthier people, affordability make sure that we articulate what our priorities around that are then you're feeding in and mixing in that next element which may be around timing criteria or the strategic priorities that HHS has put forward.

But then ultimately that third bucket of readiness whether it's the cost, cultural gaps and sort of all the technical elements of it sort of as two buckets understanding that all three of those sort of areas are important but is there value to being transparent about how we're integrating those three pretty systematically rather than attempting to mix them all up in a single prioritization? Because I feel like the logic gets to be lost because it's so complex at that point.

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

Let me try to summarize some of the comments but somewhat in a new framework and I think this is a little bit where Joe is going. So, really the...if you notice it's called triple aim goals and National Quality Strategy priorities. So, really those six are strategies of reaching the triple aim.

I wonder if the first category, impact, if we just focus on the triple aim and I would actually follow, I think it was Mike's sort of suggestion of putting the person or the patient up first, so if we reordered that two, one, three, but really the impact is measured by getting healthier communities, better care and affordability period and those can actually be scored as to how does this use case address those three. Then under category two, I've sort of renamed programmatic need, than the NQS programmatic need, as defined by the Secretary, can fall under that. The delivery system reform goals can fall under that and the interoperability roadmap stages can fall under that and we can...they can get plus, zero and minus for example.

And then this whole category of readiness has I think I've now heard four components one is business, one is technology, which includes product readiness and standards, one is cost which can include financial, time and provider experience and a fourth one is cultural. I think...I'm trying to accommodate all the comments I've heard so far, what do you think of that approach?

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

So, Paul, this is Mike...

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

Paul, this is...

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

Go ahead, I'm sorry.

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

No, this is Amy, thank you. I was just going to say, on the categories of readiness I think they all map to the interoperability roadmap environment except we put in cost and took out regulatory they're not really one and the same so I don't know if we feel we need a regulatory in there. That was one comment.

The other comment is, I want to push back just a little bit on whether the order of the triple aim makes the difference or not and again it's because I struggle with the dependencies of the triple aim. So, I agree about putting the patients first and health being first but to the extent that better and/or affordable care influences health or doesn't and that this influences healthy communities...I mean, I understand that we don't really have a lot in here around sort of social determinants and pushing out health...pushing out the definition and if we only look at it from a medical care perspective we're going to do ourselves injustice, but I don't know that one is higher than the other because I think they're two interdependent in some ways not always.

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

Well if that's true then you wouldn't...it wouldn't bother you to change the order I wouldn't think.

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

No...

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

I mean, I'm trying to reflect...

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

It's not...

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

I'm trying to reflect...

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

Yeah, it's not about changing the order it's that I wouldn't want to...I'm not sure that I see giving...if one is...if we have the order one, two, three I'm not sure that whatever is one then is a higher impact than two or three that's all I'm trying to say.

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

Yeah, I'm just trying to reflect the movement towards either patient centered or person centered as Karen was talking about. I mean, I think that is a goal. I sort of...I'm agreeing with Mike that I think health is the goal and there are a lot of things that contribute to it, but others can comment as well.

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

Yeah, so...

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

And Mike you had some comment?

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

Yeah, so Paul, so what I heard Amy saying was and I think we want to clarify it, is I don't think by rearranging the order we're trying to say that one is more impactful than the other but rather how do we want to draw people's attention to this as we list it and start to talk about it. So, putting the patient first and having that first is sort of an overarching goal. I do think they all interact but I think I agree as well it really doesn't matter which order we put them in from the impact or interdependency part I think it's just probably helpful to have healthy people as the first thing people read as they're reading through this to get a sense of what's our ultimate goal first things first.

The other thing I would just say is that I actually like that idea of maybe removing the National Quality Strategy priorities both because they're inherently obvious as part of how you achieve that triple aim but also the issue that it might make it seem as though we kind of for every use case would have to consider all of them to be sort of equally important.

You heard my bias, and it is a bias, that, you know, if I can't keep people safe I shouldn't be in the business and that's the first thing I do before I do the next thing in medicine. But other people have other priorities and there is good rationale for that. I don't know that we need it in this summary slide however other than maybe just to allude to it if at all.

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

Other comments?

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

This is Mark with two thoughts, one is I do like having those under the National Quality Strategy, those factors listed at least to make sure that we consider all of them, sometimes with just the triple aim goals one can...it gets a little fuzzy, one can jump over some. I think these are all six important things to be at least considering to the degree that they're relevant.

I had another thought that may take us off a bit Paul so you tell me if it does. In some ways the impact list and the timing list seem to be sort of two versions of the same thing but the timing list sort of tells us what order to stack our needs and I think it...I'm still wrestling with the readiness conversation that people were having and sort of what's the burden, what's the benefit and I'm wondering if it's helpful to focus more on that second category since it does include the triple aim goals, it does fold in the National Quality Strategy priorities into those things and to sort of assess what's needed...and I see these...what's listed under timing of need as being sort of national imperatives that have already...that are being declared for us.

What do we need to do in order to be able to help achieve these things on time? I guess that's the key thing I'm wrestling with is, is that a helpful way of looking at this, what do we need to do in order to achieve these things on time?

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

I actually thought that was the reason for having that second category.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Right and what I'm wondering is does it help...

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

...

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Does it help to organize around that timing frame rather than the National Quality Strategy priority categories?

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

Yes.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Does it change the way we look at it?

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

So, I guess I...so my suggestion was leave the triple aim as the impact because those are the goals, those are a persistent goal, a timeless goal or goals.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Yes.

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

And then inserting...moving NQS which is, you know, set by the Secretary, and these other things are all determined by policy and regulation those are programmatic, I call them programmatic timing needs for example and I think it fits with what you just said. So, they're another consideration but our main goal really is the triple aim, really, I mean, that's timeless. And then there is the feasibility and readiness that are all the factors we enumerated before.

I think we're coming...how do people feel about that structure? It is sort of impact, programmatic needs and readiness.

Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)

Hey Paul?

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

Yeah?

Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)

Yeah, this is Marty, I totally agree with what you said and having read the interoperability roadmap document I totally agree with the direction that it is taking us. My concern, as I work with providers in rural communities, is making sure that the maximum number of those providers come with us so in fact we can impact health, especially population health. So, I don't want to lose track of the amount of lifting required to participate at a meaningful level.

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

Okay and I think we tried to tease that out under "readiness" and I guess a number of folks have talked about one word was regional, there is readiness of different provider groups really whether it's rural versus urban or regional parts. I guess these are all...some of this is cultural and some of it is business.

Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)

Yes, I would agree.

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

So, Paul, this is Art and I too vote for keeping this, National Quality Strategy priorities, as something that we explicitly define as we go through the use cases. I think that Mike's right first, do no harm, and we should be clear that there are some use cases that address safety but not all use cases will address safety and we want to have some balance...

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

Right.

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

Across these priorities. So, I agree with you about moving the NQS piece down underneath what you're calling operational...

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

Programmatic.

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

Programmatic area and it's just another HHS programmatic EHR quality.

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

Yeah.

Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)

Yeah.

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

Okay.

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

Okay, well let's move to the next...let's move to, let's see, keep moving please and that would be number fourteen, the matrix. Okay, so if we...let me propose restructuring this so sort of ignore what's there and there are three clusters of considerations one is impact, basically triple aim and actually we might...let me just throw out a score of one to three for each of the triple aims and that starts to...so let's say something is really addressing all three at a high-level. So, that's three, plus three, plus three is nine, that means while this is a very rich use case that's going to get us better care to support healthy people and affordable cost.

Then you, in the next, the next set of columns there would be the programmatic needs and you'd say, oh, I see how this is meeting the delivery system reform goals, plus, it's a plus, zero, minus, and it is figuring the interoperability roadmap year three or six, maybe there's three columns, three, six and 10 and you get plus, zero and minus in those. The same thing for the quality strategy and then in the readiness we get a plus, zero, minus, I'm just throwing this out right now, under these four categories of business, technical, cost and cultural.

So, in other words it is the North Star becomes the triple aim because that is these timeless goals for the health of the nation. Then you have a number of other criteria that have some considerations in influencing how rich this use case is as an exemplar and so you'd see, let's say in this magical example I gave and it was three across the board for the triple aim you got nine that says, very weighty, very impactful use case and then I see some plus's in various columns. I say that's going to get us really far.

Another use case might have a three waiting in triple aim and has a bunch of zeros in it that says, well, you know, that's really narrow, I mean, it works for one domain only that may not rise to the top it doesn't mean that it's not important but it doesn't rise to the top in terms of what to go for first.

And then from an interoperability roadmap because there are three different timing stages you might look in the plus column there and say, oh, this might be a good one to pick first because it's going to be rich in its triple aim benefits and it has...it's achievable in the three year timeframe for example. I don't know how clear I was in describing that, but sort of has the weight of the use case determined by the triple aim, the impact and the sort of the prioritization somewhat of timing and how rich it is being shown by the plus, minus, zero in the other columns corresponding to the programmatic needs and readiness.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Paul, this is Joe again.

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

Yeah?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

So, as part of that is the idea at the end deliverable being something that sort of discusses our assessment of all the use cases and at some higher level decision making body there is a strategic prioritization that acknowledges everything we've put on the table and says, but we still want to go this direction and we understand it's going to be hard but we're going to lead there as opposed to packaging it totally just assuming that our recommendation goes forward as the deciding sort of recommendation?

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

I think it's the former, Joe, for those who have participated like in an NIH study group where you're judging grants there is the technical review which says, here how's it meets the criteria, then there is...then the board of trustees gets to say, well for programmatic needs we really want to hit disparities for this round of funding cycle and they choose amongst the technically qualified which one satisfies that programmatic need. I think it would be similar here.

So, we have the impact rating and then we have these smatterings of plus, minus, zero and they can say, you know, what we are going to work on delivery system reform in this next three years or the three to five years and we're going to look in that column and focus in on some of the ones that score plus's in that column which I think matches your first description. And then so the process is you score these things so that the strategy and the policy makers can decide for my programmatic needs in this timeframe here is what I'd like to concentrate on.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Got it, thanks.

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

How does that sound to others?

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Well, this is Mark, I just want to second the comment because in looking at the use cases in Appendix H I didn't think they were all created equally...

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

Yeah.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Some are much more important than others and that might be lost in just doing the calculation on the matrix we've been looking at so...

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

Right.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Just seconding the importance of that assessment.

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

So, I think this would be somewhat of a “objective” way of saying first determine what’s the impact according to the triple aim and that’s where I think you’re going to get a lot of sorting as you said, Mark, and then try to assess its impact on these programmatic needs and readiness just with our...and we can decide at what point scale is it right now, is it a plus, zero, minus, and then the program officers or the administration, or HHS Secretary can decide this is what I want to concentrate in this timeframe and sort of use some of our assessment to help her decide.

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

So, Paul, this is Amy, I have a question. Are we only working on the use cases that are in Appendix H which, if I heard you correctly, is sort of just a listing of everything that was submitted, so, in other words if in our work we are discussing something and realize there is another use case that seems to be missing would we add it, note it, alter what is written here or are we really confined to just this and does this reflect just what the public submitted or what ONC also sort of garnered from their work for use cases?

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

Whoever created this appendix from ONC do you want to respond?

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

I just think it’s important that we understand the ground rules going into this.

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

I think...

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

Because there is plenty of work to be done here and it maybe comprehensive enough I haven’t studied it enough, but I can see getting into a conversation and without parameters of sort of doing a little bit of spinning.

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

I would say that we have some latitude, let's say we...we have some latitude to combine things to make it a richer use case and if we see some gaps we can contribute ourselves, I mean, we're an advisory group.

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

Okay.

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

I don't know what the answer is to how Appendix H was formed whether it's just the public comments or others, but I would give us the latitude of making a better one if we see that opportunity.

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Yeah, Paul, this is Alex, my sense is that this is, you know, things that were received through the different processes that went into the roadmap but, you know, it's not representative of a considered effort or, you know, use cases that have been vetted by some other federal process this is pretty open.

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

Okay, thank you.

Julie A. Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology

This is what we collected.

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

Okay, thank you.

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

Okay, thank you.

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

So, I think we...

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

So, then...

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

Have some latitude.

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

Yeah, no, I was going to say I do think it would be helpful, you know, like if we see something missing or slightly altered that we are able to take that liberty and latitude.

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

Yeah.

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

So, Paul, this is Mike, that's also what I heard at the joint meeting last week so I think that's a good fit. I also just wanted to respond I really like your framework, you know, from the NIH analogy to this which I think helps a lot.

The thing, again, I just want to make sure ends up in our grid, at least from my perspective, is that notion that says, who are the main beneficiaries of this new functionality, this new use case that would work and how do we use that to help decide both to make sure that we're staying close to the patient but also to make sure that for example, you know, a community entity is not left out of this or a public health entity is not because I think those will be important.

And I think they might be capturable in the current readiness part, I just think we need to be careful as we develop the matrix to make sure it's pretty clear which set of stakeholders are most likely to directly benefit from that aspect of interoperability being implemented.

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

That's an important point. What do people think about adding a fourth cluster and that would be the beneficiaries? It would still be another, you know, plus, minus, zero but it would be explicit and I could see how a policy maker would want to know that.

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

I think that's a great idea.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

Yeah, how detailed are we going to get on that?

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

I mean, so, you know, we could go by the four categories even.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Right.

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

Patient, provider, researcher, public health for example.

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

I think that makes sense, this is Art, I think that makes sense. I just wanted to go in the other way back to our discussion earlier about burden. Is there some way to convey that in this column that you're adding now about the beneficiaries?

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

We tried to capture burden or provider experiences, as I think Devin renamed it, under the cost, because it is a cost and it's a tradeoff. So, everything cost but we want to one, make it explicit and two so that someone can weigh the cost and benefits.

Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital

And Paul, this is Terry O'Malley, at the risk of making this the largest spreadsheet in the world I always look for kind of a wiggle room column because there are going to be some issues that these use cases...some characteristics of the use cases that have benefits and negatives but one of the benefits I was thinking of is that some of these use cases, as was mentioned earlier, are going to be significant for subsequent use cases so they have in a sense a multiplier value. And I don't know how we would capture that or whether we need to, but...

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

Yeah, I'm guessing that if we do have these columns that the number of plus's they get would be a manifestation of that but I don't know any other way to do that.

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

Yeah, this is Mike, I'm not sure either, but it does also remind me of that issue of how do we capture the prerequisites...

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

Yeah.

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

Because something maybe really great but we still need to prioritize something else first.

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

Yeah, yes. So one possibility is it ends up showing that liability under readiness, right, so if there is something that is really high impact it fits a programmatic need but it's going to be low, you know, negative in its cost and technology, you know, technical readiness it will show now how do you make that decision. I wonder if we have some way of annotating this stuff.

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

You know Paul to some extent I think until we start to at least get an initial tool...

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

Right.

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

And try to start to use it it's going to be hypothetically. I mean, I don't want to put in all the hypotheticals but...

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

Right.

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

To get real here we have to just take a step somewhere, start and then refine as we go because we'll spin our wheels.

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

So that was going to be my next comment so thanks Amy. Any other final comments before we sort of move in that direction? Okay, so my proposal...when is the next call Alex?

Julie A. Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology

The 27th.

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

The 27th so we get 10 days.

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Yes.

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

Here's a proposal that I work with staff to come up with a not quite mother of all spreadsheets but some way of characterizing this and get some definitions here and then put this out for Subgroups to work on and then come back with your, hey, did it work or what would you...how would you improve it and let's say you do it for I don't half a dozen use cases in your group just so you can report back on the process and with your recommended alternative and then we discuss that at the next one, hopefully, we come to some conclusion with a fairly solid both matrix and process and then we go finish the job before the next call. What do you think of that process?

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

This is Mike...

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

It's that bad, huh?

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

It works for me.

Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)

Yeah, this Marty I think you have to start somewhere.

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

Yeah, you've got to start somewhere.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

I mean, you've got to be more real and less abstract.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

I agree you have to...

Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)

Yeah, yeah, you've got to have a draft at some kind to start with and I think that would be a great start.

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

Okay, let's...now the next challenge is to organize ourselves in the four categories of patient, provider, payer, public health. Why I don't I just go down this list and see if we can...then you can volunteer for one of these Subgroups, you can volunteer for more than one if you'd like, but...

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

So, Paul, this is Mike, on slide 11 there are five categories do we want to look at it that way?

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

Let me see, where...

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Slide 11.

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

Can you go to slide 11, please?

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

Oh, it's different than mine.

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

Oh, yeah.

Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology

Yeah, that was a last minute change, sorry, if you're looking at the one we sent out that is a change.

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

Okay, so this...these are the Subgroups and if you wouldn't mind just I'll call out names and see where you want to assign yourself? Joe...

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

So, Paul, can I just check...

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

Yeah.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Is there an assumption that, at least in people's work or expertise that they would gravitate towards these or do we want different areas of expertise scattered among the four?

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

I think it's up to you. For people who want to volunteer for more than one that would be not only fine but potentially encouraged.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

All right.

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

I was just going to go down the list so we get a sense whether we have a decent distribution amongst them. Joe...

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

So...

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

Go ahead?

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

Sorry and I hate to do this but not...because I can see the list of five and I like it I'm wondering if there is a risk or a loss to having the community/population health not called out separately from public health and research which is how the other one was. Could you talk through how you thought it was, you know, maybe better to lump those together?

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

Aggregate, so the underlying theme there is aggregate data and then the second point was logistics, didn't know whether we had enough folks to divide into five versus four.

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

Yeah, so I'm wondering if the issue of...so as I think about community and population health I can sort of think of this whole engine of people that are providing direct care to people either because they're a community entity that is serving a public or the population health managers that are doing it whereas in the public health entities maybe a little bit different and research definitely different. So, I hear you...

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

Yeah, this...

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

And it makes sense for what you're doing, yeah.

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

Anybody else?

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

I was going to say, I mean, again, I don't know if there is a way to get to four, but I was thinking that like the public health community and population health sort of seem to be more one and research seemed to be off on its own a little bit although population health could go with provider if you're talking about the population health at a panel management perspective. So...

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

Another way to look at this is this is to facilitate perspectives but not a straightjacket.

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

Right. So, Paul, from a logistic point-of-view, this is Amy again, is each group going to look at all use cases and decide which one applies to them or are we going to go through all 53 or however many are here and say, this one goes to this category?

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

So, there was initial clustering on the table in the latter parts of the slide deck and there is an Excel spreadsheet that was distributed that has them labeled and you can...

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

Oh, all right.

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

Of course...

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

I'm sorry, I missed that.

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

You can change any label you'd like.

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

Okay.

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

So, Paul, I'm going to, this is Charlene, I was going to kind of...I know we've been through this whole matrix, but in listening it would seem like, you know, you've got your initial criteria which is the triple aim and if you had a team of people, consistent people look across all the use cases and rank to those three then maybe we would get...either it would be good to have consistent people just to do that ranking across all of them so we have consistency and/or potentially maybe a subset would fall out that we drill down on to do more work on now that may or may not happen but it would seem to be another way to think about doing this that might be a suggestion.

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

Okay.

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

So you get a crosscutting team across, you know, because...in listening to the people like Mike, you know, running through and prioritize them in context with each other gets us that, you know, first net out.

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

It's a fair comment. Other people want to...

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

So, this is Mike...

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

Is it...

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

I'm sorry.

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

Go ahead?

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

Yeah, so this very reminiscent of what we did in the Meaningful Use Workgroup...

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

Yeah.

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

When we had a large number of criteria and we knew we needed to get down to something less and I thought it was a really helpful exercise when you have to sort of choose between those to prioritize and then get to work on the details of them. So, I would resonant with that.

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

Anybody else? Okay, so the way I heard the proposal then you get a group, probably a Subgroup of this group, that is crosscutting and goes through all 53 and ranks them and I hear what you say it gives you consistency and applies impact factor which is the...that's the determining factor and just gives it a score, you know, one to nine. And then the group...and then we may or may not break up to work on the higher priority ones, the higher impact ones. That's fair.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Okay that sounds good.

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

Let me try to get a sense for how many prefer which approach. So, how many prefer this latter approach that Charlene proposed?

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

Mike, I do.

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

Would you please just restate it, please?

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

So...

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

Go ahead?

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

This is Charlene, it was, you know, we...there is a small sub-team again with the knowledge of the domain space and then they would get together and they would run through the 56 or whatever it is and do the ranking relative to the triple aim and it was patient value, consumer, you know, patient value, provider value, cost or whatever those three things are and then see from there...and again, they just might try it and if it doesn't work...but from there we would potentially get a subset of those use cases crawling out and from there we could drill down and do the rest of the analysis, the technical analysis component of it and or not, you know, because we haven't done the 56 yet so we don't know, but at least...what I was looking for is across that group then you get the consistency of that small team looking across all those areas and get them ranked and then, you know...thoughts.

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

So, this is Amy, I think that has a good amount of merit to try to get to what at least a small group thinks are the top priority ones. I don't know whether we would ever want to go back and then sort of try to do the analysis for the ones that don't fall out of top priority because over time, well things change, but with, you know, have we been asked to comment on all of them or just come up with high priority ones and a deep analysis of that that's one.

And then the other question would be so, you know, if the small group then presents back to a larger group, I assume we would have discussion about whether the larger group endorsed and agreed that those are the top ones. I wouldn't want anyone to feel alienated that because they weren't part of the small group they weren't able to weigh in on whether something was truly high priority or not but I understand the value of the consistency of thought.

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

So, let me try to accommodate both those responses, one is, you know, we are designing a reusable process and so if you get 1000 use cases you certainly don't want to have people spend time on things that are just not high impact, we did this in NQF as well, you first assess it on importance and then all else.

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

Right.

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

So, I hear that, what Charlene is proposing and you take a small group that is cross sectional with respect to the perspectives and then another tactic we used at NQF is so before the next call, before the 10 days, let's say, you know, three, five days ahead of time they will, this small group will publish its clusters of the 53 in terms of high, medium and low impact and then everybody gets to review and if there is somebody...and if I like 53 and you can call that out for reconsideration when we meet as a big group. So, each person, to your point Amy, no one is alienated, if you like 51 and that's...and I don't care what that small group says, you call it out and the big group discusses it. So, that's how everybody gets a fair shake yet the small group for consistency does apply the draft wading.

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

Yeah.

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

And then...the big group and then for the high impact cluster then we will drill down on the rest of the attributes.

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

I...so this is Amy again, I think given the time we have that is a more efficient way to do it. I do worry if we try to all break into Subgroups and meet and...

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

Yeah.

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

Get back in 10 days and do a full analysis we're not going to get there.

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

Yeah.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Paul, this is Mark...

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

So, I fully endorse that approach.

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

Okay, thank you. Mark?

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Would it help if we just...if we did something like a survey that went out to everybody and everybody went through it and ranked it the way they saw it and then it came back and then we would have the collective input and we could...we would have...proceed from there.

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

We could, what I heard from Charlene and it does...it is true, so if everybody does it some people will spend a couple of minutes, some people will spend a couple of hours and you don't get the richness and the same deliberativeness and yet the numbers, every number is the same.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Would that richness come at the conversation once we saw that first cut?

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

Absolutely, absolutely.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

And that's what...I'm wondering if that's...I'm not wedded to it it's just it's an alternative that might be more efficient if you think so.

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

You know you could do a combination of both, you could...whoever wants to weigh in and prioritize all 53 send it to the small group that then as a deliberate conversation and looks at the results of whoever sent anything in as long as it doesn't take a whole lot more time. Whoever has time to weigh in weighs in and that just guides the smaller group to a deliberate consistent conversation to come back to the bigger group on it all.

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

Okay that's a compromise. Anybody else who hasn't weighed in yet in terms of this alternate process?

Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)

Yeah, this is Marty, I like Charlene's idea.

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

Yeah.

Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)

Put a small group together and review them and then bring them back and then your idea Paul of weighing in if we think something got left out that is a highly importance piece.

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

Okay.

Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital

Yeah, this is Terry, I agree.

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

This is Art, I agree, Charlene when you said domain are you talking about these different groups, the groups that are listed on the slide?

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

No, I meant, Art, you've got the public health domain space and we have to have a consumer...that was what I meant.

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

Yeah, okay, yeah that's what I thought, yeah.

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

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

Okay, so the moment of truth, let me call out for volunteers to serve on this small group, the purpose is this group will meet by a call, there may be work done on paper and then meets by a call and determines the ranking low, medium, high impact and brings that back to the full group call on the 27th. We review how it went and we review their categories and if we agree with some tweaks then we'll drill down on the high to medium, high use cases and apply the rest of the criteria which the small group probably will have an opinion on as well. So, let's make sure there are plenty of folks representing the different domains. Who wants to volunteer for the small group?

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

So, Paul, as a provider, this is Mike, I'm happy to help with that.

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

Okay.

Mark Savage, JD – Director of Health Information & Technology Policy & Programs – National Partnership for Women & Families

Paul, it's Mark, I'm willing to help.

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

Okay.

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

It's Amy and I'm willing to help.

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

Got it.

Terrence (Terry) O'Malley, MD – Medical Director for Non-Acute Care Services, Partners Healthcare System – Massachusetts General Hospital

Terry O'Malley.

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

All right it's everybody who is on the call.

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

This is Art, yes.

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

Okay.

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

Yeah.

Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)

Paul, this is Marty, I'm willing to help.

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

I think that's everybody on the call. All right, so, well that's fine.

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

Well, Paul, I didn't put my name there as a vendor I thought I'd do the next piece but I think you've got a competent group, this is Charlene.

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

Wait, you're not going to be on this group?

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

Well, I can come.

M

...

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

If you say so, all right.

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

Well, whatever, so we'll invite the folks on...so we'll try to explain this process to the folks who couldn't make it today and invite them to participate and it's, you know, optional, but it does require some time and it's going to require some time from this group. That's great and then I think we'll still go ahead and publish a draft matrix that we'll propose to discuss the next call to see if that makes sense to apply to the high priority use cases that arise from this group.

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

So, Paul, in terms of logistics, this is Mike, do you have a sense given that once this gets through the first pass we'll lose some of these in the other two criteria areas of what we should be coming back with in terms of the total number?

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

Let me see if I parsed it right. So, after this first cut will we lose some from consideration and I think the goal is “yes.”

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

Yeah, we’ll lose some...well we’ll lose some from this part just from the triple aim part...

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

Yes.

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

Then we’ll go look at the National Quality Strategy priorities...

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

Exactly right.

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

Or the readiness...

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

Right.

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

And then they may drop like flies depending on...

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

Exactly right.

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

Yeah, okay. So, that’s what I’m wondering is the starting goal to get from 53 to 20 or is there any kind of guidance you want to give or simply just try to rank all of them and be prepared to come back, you know, with that?

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

I think rank them all because as we just heard it’s an unfiltered list.

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

Yes.

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

And they'll have this in the future as well. So, if we can get down to the real meat let's look at that first and then figure out how to stack it up either in timing or priority and that's what our other criteria are used for.

Devin M. Mann, MD, MS – Assistant Professor – Boston University School of Medicine; Attending Physician – Boston Medical Center

Hey, Paul, I think I was on mute, this is Devin, I can help too.

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

We already recruited everybody...all right, at any rate it's great that everybody is willing. So, it doesn't matter if it's the full group or not we just have to...I suspect staff will circulate a survey monkey and then we can just try to get that call scheduled as soon as we can.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Excellent.

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

Super, well, thank you for a nice hearty discussion and I think we certainly have a way to start and we'll figure out how well it works next call. Any other considerations before we open up to public comment?

Okay, so staff and I will get this out to folks, this revised template by...within two days let's say and then just so the instructions are clear on how to score these things and then we'll also get the survey monkey so we can schedule a call. All right do you want to open up to public comment, please?

Public Comment

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

Lonnie, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

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

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

Well, I hope the big...I hope the North East goes through its big dig and gets rid of some of that snow. You can send the water our way though.

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

You can send the warm weather our way so it will melt.

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

Okay, well we'll split.

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

It looks like we don't have any public comment.

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

All right, well, thank you everyone and we will talk to you very soon.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Thanks, everyone.

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

Thanks, Paul.

M

Thanks, everyone.

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

Thanks, Paul.

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

Bye.

M

Thanks, Paul.