



**HIT Policy Committee
Advanced Health Models & Meaningful Use Workgroup
Final Transcript
February 24, 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? Charlene Underwood? I know Charlene is here.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Here, sorry, here.

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

Cheryl Damberg? Is Cheryl here too, I'm sorry? No. Devin Mann? Frederick Isasi? Ginny Meadows?

Ginny Meadows, RN – Executive Director – Program Office – McKesson

I'm here.

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

Hi, Ginny.

Ginny Meadows, RN – Executive Director – Program Office – McKesson

Hello.

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

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. Marty Rice? Marty Fattig?

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

Hi.

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

Hi, Mike. Neal Patterson? Norma Lang?

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Here.

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

Hi, Norma. Patrice Holtz? Robert Flemming? Shaun Alfreds? Shawn Terrell? Stephan Fihn? Sumit Nagpal?

Sumit Nagpal – President & Chief Executive Officer – Alere Accountable Care Solutions

Here.

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

Hi, Sumit.

Sumit Nagpal – President & Chief Executive Officer – Alere Accountable Care Solutions

Hi.

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

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? And from ONC do we have Samantha Meklir?

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

Here.

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

Hi, Sam. And Alex Baker?

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

Here.

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

Hi, Alex. Anyone else from ONC on the line?

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

Kevin Larsen.

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

Hi, Kevin. Also, as a reminder we're getting a lot of background so if you are not speaking if you could please mute your line that would be appreciated. Thanks so much and back to you Paul.

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

Thanks, Michelle. As we took roll I think Ginny might be the only person who wasn't here on the other call is that right? Okay, so, I'll...

Ginny Meadows, RN – Executive Director – Program Office – McKesson

That's right.

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

Let me Ginny how much do you think you understand from the previous notes if they were distributed?

Ginny Meadows, RN – Executive Director – Program Office – McKesson

Thanks, Paul, I think I read all the notes and looked at the spreadsheet so I think I'm pretty well up-to-date with what you guys are trying to do.

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

Okay.

Ginny Meadows, RN – Executive Director – Program Office – McKesson

So, don't take a lot of time.

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

I'll just give a little bit of overview. So, you can see the spreadsheet we created with a number of features or attributes of ways for us to score the...our end goal are two things, one is to come up with a repeatable process of how do you prioritize use cases and the other is to give it our first draft. And so we came up with a number of aspects or considerations for how you would qualify or score a use case and what we thought we'd do before the next call is to at least filter it out by impact that is its contribution to the triple aim.

So, the other things are not necessarily weighted but the impact is sort of a first gating. So, if it's not a very high impact then probably we're not going to even score the rest of the features of that use case. So, these have been provisionally categorized by ONC staff into these like four or five categories.

And the purpose of today is sort of a prep call and we said, you know, join in if you'd like to and that's how we have this Subgroup of the bigger group and we are going to put together a method of filtering out or at least scoring these things on impact so that we can go forward with a smaller number to actually go through the whole vetting for these proposed use cases.

So, today it's possible we may get through all of these because some of these may not even fit in as a use case, but our goal is at least to understand how to apply this process, how to rate these things by impact so that before the next call each of us can submit our version of the impact ratings to each use case that still is a use case. Does that make sense and is that consistent with everybody else's understanding?

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

Yes.

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

Okay. Why don't we go forward...we had a little pre-discussion before the public joined about trying to say, hey a process for getting through this would be to first look at the column B and say, hey is that even a use case or not or is that a principle.

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

Sorry, just before you get started Paul...

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

Yes?

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

I just want to make sure people are following along, so...

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

...

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

So, I'm about to share my desktop so that people can keep track of this if they have the webinar open. So, hold on just a second and let me get folks oriented.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Hi, Cheryl Damberg just joined, sorry to be late.

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

So, can people see the spreadsheet now?

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

Yes.

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

And just at...I know for...if you're looking at it with all the other webinar stuff around it, it looks pretty small, but there is a little arrow, a full screen arrow thing up in the corner and if you hit that it will make it full screen and then it's easier to see.

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

And you may have to pull up the bar to get the four arrows.

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

Are people seeing that or are they having trouble?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

I see it.

W

Yes.

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

Okay.

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

Full screen arrow.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

It's that box that has like four arrows.

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

Oh, on the left side.

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

Yeah.

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

Yeah, okay, got it.

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

So, this is Mark, just to check I see a column C on what's on the webinar that's not on the Excel spreadsheet that was distributed is that...

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

Yeah.

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

Is everything else the same?

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

Yeah, everything else is the same we just decided to add those categories back in.

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

No worries, thank you.

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

And how do I get out of full screen if I don't want it?

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

I think you just...you can hit those again, right?

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

Well, we don't see it anymore; once you hit it it's gone.

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

I think the escape key.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Hit escape.

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

The escape key.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Yeah hit escape.

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

Yeah that doesn't seem to work either. Maybe I'll just go back in it.

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

On mine when you hit the four arrows again it says “exit full screen.”

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

You know what if you just hover your...

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

Yeah, you’ve got to hover.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Your mouse in the up top, you know, like the ribbon bar.

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

Got it, yeah, the old hover trick, it’s like the right...yeah, before you learn right click.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Right.

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

Right.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Then we hover.

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

Yeah.

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

When in doubt.

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

Now could you please sort this by provisional category please, Alex, and we can go A to Z.

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

...

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

So one more...Paul one more clarifying question, as we go through this like...actually I’ve got my own notes, but if it’s redundant with another requirement, another use case do we identify that as we get to that use case or do we hold that until we actually get to the lower use case?

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

It's fine...well, either way actually, but so if you recognize it as something that we're going to come we just mark that and we'll skip over it and then go...whichever category it seems to fit better would be fine.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

All right, because, you know, like even the public one, submitting data, blah, blah, blah, then there is one that's just a more detailed version of that one...

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

Yeah.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

So, that's the stuff I think we have to...

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

Yes.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

What granularity do we want to be at we're going to have to figure out.

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

Yes, okay.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Okay.

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

Great, all right, so let's look at this one first. So, row six and Michelle can I have the hands please or Altarum? Row six, population health measurement is supported at the community level and includes data from all relevant sources on each patient in the population and is accessible to providers and all of the stakeholders. So, one, is this a use case or is it too broad?

Ginny Meadows, RN – Executive Director – Program Office – McKesson

So, Paul, this is Ginny, I think this is pretty broad and I also have one other clarifying question. When we are talking about whether this is a use case or not are we specifically saying is this a use case related to Health IT, because some of these maybe use cases that would be used in modeling like a business process but it may not actually be related to Health IT. Does that make sense?

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

It does, so in some sense we're not trying to define just the HIT part but at the same time I don't think we're interested in the use case that doesn't have HIT implications or that HIT isn't an important part that supports that use case. So, I think it has to have relevance to HIT. Does that help answer your question or is that the question you're asking even?

Ginny Meadows, RN – Executive Director – Program Office – McKesson

Yeah, no, that's help to answer because several of them I looked at seemed that we may also want to slightly modify the description...

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

Yeah.

Ginny Meadows, RN – Executive Director – Program Office – McKesson

To increase that relevance to HIT.

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

So, I think we allowed ourselves the ability to edit. So, as Joe pointed out these are all just raw things that were submitted and there are ways that we can tweak things.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

So, this is Cheryl, so wouldn't the assessable to providers and other stakeholders be a use case? Because, I'm assuming that they would be querying a system to figure out, you know, what their patients potentially had, right?

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

So, are you suggesting to separate this or your just making...

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

I'm seeing use in the tail end of the statement.

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

Oh, I see.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

So, I was just double checking that we weren't discounting the whole statement because there was no use, but, I know I've been interviewing physician organizations across the State of California for the past couple of months and, you know, this ability to pull data from multiple different sources to track population health is the bane of their existence.

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

Yes.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

So...

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

Well...

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

So, this is Amy and I was going to say, I mean, I think there are two aspects here, one is the data collection side as a use case across relevant sources on an individual patient and then there is looking at that individual patient's integrated data and then there is looking at your panel of patient's data and a patient against, you know, as a benchmark and then there is looking at the community as a whole. And the way this is written it's hard to tell how many of those are included in here, but that's how I think of breaking it down when I look at this and read this.

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

So, let me take these past two comments and distill it into an A/B. So, I think Ginny was right that this is the use is by provider, so that's the tail end of this sentence, is that the use case is for providers to be able to access information and then to Amy's point on individual patients and their population and that the data arises from multiple sources.

So, the question is do we break it up into those two...there are two different use cases having all data on an individual patient or both, having all data on patients that I can use either for individual patients and populations.

I'll throw out a straw person and take the latter and that way we can just combine it. So, basically it's saying, a provider in tomorrow's world, today's and tomorrow's world needs to have all the relevant data on an individual patient and then take that an extra...and then if you had that then you would be able to aggregate that into populations that suit you.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah, this is Cheryl, I would agree with that approach and I often see, you know, there's different people within an organization, so the physician might want access to the individual but usually there is some quality manager...

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

Right.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

You know who is aggregating across.

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

Right.

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

Okay, so how about that as, you know, we'll edit that later, but that's the use case, it's really the access to multi-sourced population health data. All right.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Paul?

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

Yes?

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

This is Norma, can I ask another question again, just to orient me one more time as to providers, who are they?

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

Everybody who is involved in the care of a patient.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

So, that could be pretty broad because most of our examples sort of go to hospitals, physicians and public health, but there are all kinds of other providers. So, we really mean the big...the home health care, the long-term care, the...

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

Family caregivers.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Family caregivers. So, you know, to me it's just almost over...I can't even come up with the total list, so we are really thinking broader and we're thinking of people who get paid in a certain way or people who provide and they may be...I just...could you just help me put a little bit of frame around that?

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

Yeah, it's a good question. I think, from a data point-of-view we want...the goal is to get all the relevant data on a patient no matter where the source is for that data. Then the, how we get it to each of the stakeholders you mentioned is a separate thing but I think from the data point-of-view where we're trying to get access to discover where those data exist and get them...get access to them so that you can deal with them on an individual patient or a population.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Well, I think the only...this is Norma again, the only thing that bothers me is when you say “get it to them” that data also comes from them.

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

Correct.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

So, you’ve really got to have them in the system to go both ways.

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

Yeah.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

And, yeah.

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

I agree. I think we’re...others weigh in, but I think we’re going to have to stay at that level otherwise we’re going to have this turn into 20 use cases.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Yes.

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

Right.

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

Paul, this is Joe, so I would agree that sort of...I think the generic concept of provider being as inclusive as possible at this principle level would make sense. I think the appropriateness of people accessing and the mechanics of that I think we’ll get into later.

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

But it feels like giving it broad here makes sense.

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

I'm wondering if changing provider to caregiver might be helpful.

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

Yeah, I...

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

So, this is Mike, this is Mike, I would really be careful about using provider...

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

To mean anything other than a licensed health professional who can write orders. Because in our world, every world that I've seen with physicians a provider is either a physician or a mid-level, everybody else is a caregiver or some other kind of health professional. So, it would be confusing to change that.

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

Hi, this is Terry, maybe we can call it... in a sense it's a service provider but you also want to include the individual I think in this.

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

Let me follow along with what Mike suggested, I think it's useful both for the...what the use case drives as well as the consideration to understand that perspective. So, Mike's proposal was to make it a licensed provider and then we certainly can talk about unlicensed involved parties in another use case.

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

Or even...yeah, so this is Mike again, just to be really clear there is a difference between people who are authorized to make diagnoses and write orders and we call those providers. A nurse is a licensed health professional but is not per se a provider unless she also has mid-level credentials.

So, I just want to be clear that we're...that as we communicate this out and try to get benefit from it I think what I heard in this was to make sure that a provider level person can do this but so can everybody else, every other stakeholder, every other kind of person who is involved in it, so the wording to me was actually okay as long as it's understood in that context. But the minute we change provider to mean something else I start to be concerned.

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

So, I think, Paul the caregiver is a broader word that would encompass all of those isn't it?

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

But I think we're not trying to encompass them. I think the point is we can have a separate use case that talks about other sets of users and the reason I use that term is so that family...person and family, let me call it patient and family is a fairly distinct set, the other involved people on the team is another distinct set, but I think the distinction that Mike is making about the...I don't know what term to use anymore, but the provider is useful in the way it will be used in defining the HIT.

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

The only other thing I would throw out then is that the subject of the current use case is population health measurement and I'm wondering if...what's now written in is a revision, you know, is an independent use case but I don't know how connected it is to population health measurement as the current subject of the use case.

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

Well, I...this is Amy, so, this is where I was saying...I mean, if you look down there are some other population health measurements. The challenge with the way it's written here is it is population health measurement but it speaks about at the end being accessible to providers and other stakeholders. So, it was a...this is what I was trying to say before, I think we have to break this down to say, you know, at those couple of different levels because one of the things that we haven't captured, but I figured we capture it in, you know, 50 or 51 or something, is more of the public health use of the data in aggregate, which I think is intended in several of these, but again, there is so much packed into that one that it's hard to tell who authored it what exactly was the focus more making it accessible to providers and, you know, stakeholders as an aggregate data or both because they refer to individual and aggregate level indirectly.

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

So, let me...

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

...

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, this is Mike, and I'm just going to throw in one other gap because looking through this entire thing there's lots or several things on population health measurement but nothing on population health management. So, for me the issue stops short of what a provider, for example, would actually need it to be able to do measure and be able to manage.

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

All right, so somehow we're going to have to manage our time here.

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

The way we're going now will take us days not hours.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Paul could I...this is Norma, since I brought this unwieldy thing up, could I just make a suggestion that we continue on with the definitions we put in but reserve the right for those of us who think there is not use case that covers what we think...

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

That's...

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Nobody will get mad at us if we come up with 55 or 56 the number, and say, well, it's not quite covered and we think it would be helpful to have one that looks like this.

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

I...

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

I'm willing to go right ahead with what we have and not use any more time.

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

Yeah, so that's exactly what I was going to propose, Norma, so thank you.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Okay.

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

So, I think for this particular use case, as I forgot who pointed out, because the last clause is providers and all else maybe what we do is we try to restrict this but somebody write down in the parking lot we need to make sure there are other use cases that cover the other folks of people involved in the health of an individual.

So, this particular one is the Mike Zaroukian kind of license to diagnose and treat version and what we may do...let's say there is one for patient and family and there is one for other stakeholders, we may combine it into one but have multiple components is the way we may end up handling it, but right now we'll define it for three clusters diagnosing and treating providers, patient and family, and all other members of the healthcare team as our parking lot note. Is that fair?

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

Paul, this is...yeah, so, Paul, this is Mike, I think that's fair but let me also do one other quick thing before move on. So, I thought I understood this quite well, at least from the provider perspective, I wouldn't have worded it this way, but I guess the question for the group is, are we able to sort of take what we see to be the concept in this and propose just a different wording...

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

That is spot on for the use case?

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

And if so, do we want to sort of take that off line and give it a try?

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

We...

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

I could certainly do it from the provider level somebody could do it from another perspective.

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

We definitely want to do it off line.

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

Yes, yes.

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

And I'll accept your volunteer effort for the...

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

Okay.

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

Provider point.

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

I'll mark it up, okay, thanks.

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

Thank you.

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

Yeah, hi, and this is Terry...

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

Paul?

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

I was just wondering if it wouldn't be helpful to have a taxonomy of service providers...

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

Yes.

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

Provider, caregivers just so we can plug it in, you know, so when we say everybody else here's who is on the list.

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

Right, good point. Mike do you want to take a stab at that too?

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

Sure, I'll put...

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

I'll put it in as a comment in the edge of the spreadsheet version I send back.

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

Okay, great.

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

Paul, this is Mark, I had a question going back to the observation about how broad some of these use cases are and in the interoperability roadmap it talks about using them to identify technical standards to enable interoperability and since...I'm wondering if in some way if you prioritize three very narrow use cases have you...is that actually too narrow because after all we're talking about interoperability and we're trying to actually identify standards that work across a broad range. Anyway, it's a question or a comment I'm not sure which, but it seems relevant to how broadly we want these use cases to be worded.

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

Well, right now we have not...we have divided up the use case statements into let's say three statements that have three different stakeholder groups. So, I don't think we've sacrificed the breadth of it. It just makes it easier to translate into the technical requirement.

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

I don't think we've sacrificed it either it's more, well, just...it's more sometimes I thought some of these things were too narrow because we were going to be identifying standards for a small subset when we're actually trying to design something that works for the nation. So, I've thrown it out there let's just...let's move on.

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

Okay, let's try this impact scoring then, so this is a score of zero to three in terms of this use case is germane to which components of the triple aim, improving health, improving healthcare or making it more affordable? So, the need for population health measurement and access to the primary data from the multiple sources is how important on a scale of zero to three for health.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

This is Cheryl, I would vote that it's a three on all of them.

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

Yeah, okay.

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

Three being the highest, right?

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

Yeah, three being the highest.

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

Yes.

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

Do I hear a second, yes.

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

I'll second that.

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

I third that.

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

And I'll...

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

Okay. So, why don't we go ahead and put three, three, three and we've done one thing then. All right, shift left please. Shift left please. Okay, the next one quality measures are based on complete patient data across multiple sources.

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

In some...this is Amy, in some ways this is...I mean, again this is where I'm trying to read all the community population health ones and see how to break them down because in essence the one above we talk about getting all the data on a patient...

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 then you want to build your quality measures...

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

Off of all your patient's information or your population's information depending whether you're doing it at the patient...

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

Right.

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

Population practice level. So...

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

Right.

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

It's sort of like a sub to the one above or it relies, it's dependent on the ability to have all the information on an individual and then is this...so is this use case to be able to calculate eQuality, you know, calculate quality measures based on, you know, integrated data...

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Aggregate data.

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

Well, integrated, I wouldn't say aggregated because it's not...

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah...

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

I mean when you do the quality measures, well you are doing it across patients, but...and it doesn't define whether we're talking quality measures here at what level, at a provider level, at a practice level, at a, you know, I guess at all levels depending on how you want to use it. So, it's sort of a sub in my mind.

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

So, I think in the end the use cases are going to be more helpful if they're more orthogonal than subs, so I don't know how...none of us know how this was written, the way we could interpret this...see it says quality measures are based on, so I think one way to interpret it that wouldn't be a sub is that we have quality measures that we develop, that we endorse quality measures that are based on more than the data you find in, let me say, an EHR.

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

Ah, okay.

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

Okay, so that's...so the point...the emphasis here is we have quality measures that can go beyond. Now you don't want to just blanket you want to go beyond just as you need to and no further. How do people feel about that?

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

So, this is Mike, I definitely endorse that and I think part of what we might end up with is a use case and then say "for all things." So, my example would be the immunization issue which might be through a state registry but whether the person gets it at Walgreen's or they get it at the public health department, or they get it at school, or they get it at the community center, or they got it at somebody with an EHR...

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

All of those sources are available to those of us who need to report quality for that immunization.

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

Right that would be one example.

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

Yes and then expand it to everything else for which quality measures matter and see if that's too big a goal.

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

Okay, so whoever's typing it's not contingent on five.

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

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation
But...this is Charlene, it's still a little unclear because it still says the providers have the access...I mean, what Mike just described was access to data across...

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

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation
Any source, any place, anywhere kind of thing. So...

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health
Right so I'm hearing, this is Joe too, so I'm hearing this aspect around sort of data captured integration consistently as opposed to what I thought you were going towards Paul was talking about new measures that are based on novel completely out of the box, right, either patient reported, some kind of other datasets that aren't even included right now and that's what we're encouraging as opposed to making sure that we're calculating measures comprehensively and consistently.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services
So, I would argue then that's two different use cases and we should include both.

Ginny Meadows, RN – Executive Director – Program Office – McKesson
Well, this is Ginny and I think I was thinking that the quality measures are to really be derived and defined by patient centric longitudinal data that would depend upon the previous use case having the data from multiple resources, correct?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation
So, I think...okay, one...I don't think we're trying to make quality measures harder we're just trying to make them more true to their intent.

Ginny Meadows, RN – Executive Director – Program Office – McKesson
Right.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation
So for example if we want to know how the functional recovery of someone after a joint replacement let's not ask the doctor let's ask the patient so that's what I mean by let's go to the right source, the true source that you really need to get data from not the surrogates that we've been contained in here before. So in other words we've had to use claims data for things just because we didn't have EHRs. Now we have EHRs let's go to the clinical source. If we want patient reported...if we want outcomes let's ask the patient not derive it from claims nor even the EHR. Do you see what I'm saying?

So, wherever the...whatever you're trying to measure let's go to the true source and not be so tethered by the world that we've come from. That I think is the use case and that has a number of, you know, implications obviously on technology and the measure definition, etcetera. I think that's what this is...

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

So, Paul, this is Mike, I think that's possibly the case and it's certainly one good example of where there is a better or best source of truth for how you're going to do a quality measure. The example I was trying to use was pretty agnostic to the...whether there is a best source of truth but rather there are multiple good sources of truth but if we're going to hold providers accountable to...for example something like an immunization, as we build our clinically integrated network here in the Michigan area the single most important priority is gather all of the possible sources from which performance against that quality measure would matter and give everyone credit if it's been done and not have anybody reorder it or re-administer it again because they didn't have access to the information and they want to get their quality score up.

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

Okay, so...

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

I mean, this is Amy, I read it more...I read it more that way too, that the quality measure really needs to be based on some ability to aggregate a patient's information that goes into that quality measure...

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

So, that if you don't have it and it was done elsewhere you can count it.

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

Okay, so now remember our purpose here today is not to define the thing it's basically to characterize the use case as a stimulus for getting to the answers. So, I think you can read this in both ways and right, for our purpose today I think both are okay.

Well, we're...so I think what was written above minus the contingent about number five is to...let's see reflects need for data, it's not calculating it's really the need to define measures in ways that are not tethered to specific data sources and I think that gives us the ability to use both definitions but moves us off the dime where we are now. Is that fair?

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

Paul, this is Michelle, I just want to point out that Sumit has his hand raised.

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

Okay, good. So, first let me ask is that a fair statement for sort of the two different interpretations here? All right, Sumit? You might be on mute. All right Sumit if you have a comment go ahead and let us know.

So, with the notion that the focus on use case number 10 is on the quality measure side how it's defined either to capture a more appropriate source or to capture alternative sources which I think are the things, the ideas that have been expressed then what would the impact be for the triple aim?

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

Hi, this is Terry, I think it's another three across the board.

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

I hope we get another one that doesn't have three across the board.

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

Right, right. People...

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

I'll challenge that for a little bit, do you think cost weighs in as much there?

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

I've just been on-call...this is Mike I've just been on-call for a week the number of times I would have...

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

Yes.

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

Done or ordered things that I didn't do because I brute forced my way through several different sources is huge.

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

Yeah, that I see more, but is that related to the quality measure or to the integrated data?

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

I think it does, because in part especially if I'm looking at the patient and then I'm saying, so what are my gaps in care, how confident am I or am I not that that's a gap and am I going to close it through redundant test or treatment.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah.

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

Yeah, I guess I'm just seeing this more as the actual ability to produce, generate and review quality measures and I mean, I'm not saying it doesn't have an impact on cost, I just hear what you're saying the more direct on cost is the fact that you have all the data and I think there is a relationship to cost if you know what one's quality measurement is and then there is improvement towards providing, you know, higher quality against those measures sometimes that cost more in the short-term and less in the long-term too. So, I just put that out there. When we're thinking of cost is it more in the relationship of all of the data or the actual ability to have the quality measures.

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

I see Amy's point and let's try to also make sure that we don't have all three in everything.

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

Well, that too, but...

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

But, I mean, I'm trying to look at them critically in each area.

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

Other people want to weigh in on this question?

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

So, this is Mike, number one I want to endorse what she said I think it's a good important thoughtful point, it also sort of gave me this sense that not only is it a valid point but it sort of underscores why something else like population health management tools may actually be the best landing spot for where the cost is high, so it's that prerequisite or interdependency part that makes me see it as high but I get to your point it may be purely speaking that's not so much on cost but as it relates to population management it may be more significant.

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

What would your proposed score be Amy for cost?

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

I might have put it at a two as opposed to a three. I mean, I think it has impact, again, I'm also trying to just not...we could easily sit here and do threes across the board and it's not going to help us, so relative to the other things we're going to be looking at and how directly it's related to cost to me this is a little...but I can go either way I'm not hard and fast. I just wanted to raise that counter point.

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

And I'd even lower it one more just to help make the differentiation. So, it's the...having different quality measures doesn't change the cost. I think what Mike's going to is having interoperability which I'm sure we'll have other use cases for is what's going to make life better and that of course contributes to care mostly.

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

Yeah.

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

This is Joe, I kind of hear that in the aspect of sort of the way the quality measures are improved it reduces the uncertainty which then can drive sort of...drives out unnecessary retesting and other things which could improve healthcare and cost but it's kind of an accounting methodology improvement.

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

I mean, this is Amy again, I may counter my own point here but the other way to look at it is the, you know, quality measurement is, you know, the more it gets tied to payment it will effect cost from that perspective of more of a value-based payment if you have to show improvement or change in quality measures in order to get paid a certain way that will influence the cost, although I'm not exactly sure, ideally downward...that's another way to look at it, I don't know if I've just de-validated my own argument with that, but I mean, it all depends on our angle here.

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

So, that's one level of indirection, but...

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

Yeah, so this is Mike, I mean, just to be really explicit about it, my goal is to have my providers be able to see their quality measure scores drilled down to the people who have gaps in care and close those gaps of care. So, the quality measure part actually will, as an internal dashboard tool, allow them to see and if they have high faith that they have complete sources that have been used to populate that those will be true gaps in care, where they don't they'll either leave them as gaps in care, which they really are, or they'll have a duplicate care process which will add to cost.

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

Right.

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

So, you know, on some of these tests, these personality, communication, work style tests where you're supposed to put your first inclination and to magnify your differences so that you can have differences I wonder if we can try to go more with what's the first thought here and try to get as direct as possible rather than get levels of indirection. I don't know whether I'm clear on that. It's not going to help us if everything...we think, oh, it's apple pie, everything's every apple pie then we won't have a way of prioritizing.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

This is Cheryl, I would sort of say cost is important but maybe give it a two.

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

Okay, so by median we have two, how about three, three, two then we'll stay with that for a first go around. Okay, if you could shift left please so we can see...

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

And Paul, if I may, this is Mike again, so part of the reason I suggested that we do such a deep dive like we are in how to sort of wrestle with what things are is so that when we do go off line and try to do our...

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

Homework thoughtfully and get numbers back we may simply be able to aggregate those numbers and see that after learning that people were able to give numbers that we can then very quickly summarize.

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

Right. Okay, next use case that the community systems electronically track and report shared risk pooled data.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

What does it mean...

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

I don't know.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Shared pool, is that the patient's that the group shares financial risk for?

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

Yes, but I don't know what data measures they're looking for. All right, so is there an indicator we can put in our notes or something like we don't understand, so if later on we find out that we can...we now understand something that could be there we can edit this but right now let's not spend a whole of time with something we can't figure out.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah, I mean, to me this feels like somebody is looking at like an ACO application.

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

Yeah, exactly right.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Right and then we'll need to question too, again as we go through, is this is a use case or a functional requirement too.

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

Right. Okay, next one, I think this looks like number five thank goodness. Do you agree?

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

It's one of the areas where there was large overlap but not complete overlap because 51 talks about smoking cessation so it seems to be some examples of five.

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

Fifty one?

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

Well, 50, 51 and 5 are all very similar.

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

Yes.

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

One is, you know, one is sort of in general, 50 is talking about environment health...it's going a little bit, you know, broader and then...

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

Yeah.

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

Fifty-one is specific to smoking.

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

This is Mark, I'm sorry I misspoke, I was looking at 51.

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

So, I think that Mike you want to take a stab...you know you were going to do a little bit of editing of number five how about if you just try to watch out for number 50 and 51 I think 51 is too specific, but you can certainly get the point from it.

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

Sure, I'll be happy to take a stab at either consolidating...

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

Or harmonizing...

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

Or whatever, sure.

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

Thank you. Number four, I think it's pretty...it's so general it's not necessarily helpful.

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

Yeah, I mean, this is Amy, I would question as to whether here it's trying to get at...you know it's got patient assessment data to facilitate coordination of care I wonder if this is like a transitions of care type or if it's more at a higher level than that. Because it's got federal, state provider and consumer use of. The patient assessment data is sort of vague there in terms of what, you know, what the author was intending there.

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

I suspect there are going to be better statements of this case. What do you think about parking lot it until we find the better one?

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

I agree.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

I agree.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

And this one too, again, it strikes me on this one again as you look at the other domains of care, again patient assessment, the functional status is an important component...

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

Right.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Especially in long-term post-acute. So, I don't know if it's driving at that one under coordination care, but again this deal where like under five it's pretty general but this is one of the subsets of data that we're going to have to figure out how to standardize and share under that scenario.

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

Right.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yes.

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

So, actually you're right it can be under our consumer or consumer caregiver category for number five.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

So...

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

And hi, this is Terry O'Malley usually that refers to standardized federally mandated assessments like MDS or waivers.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Yeah.

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

And so it has a specific meaning and like care tools and everything else so that may actually...they may actually be saying let's be able to exchange what we're already mandated to collect so that's available to everyone.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah, because I think where I'm getting tripped up, this is Cheryl, it sort of feels like all these statements are kind of blurring together and it's all about sharing data either for the provider to better manage the care or get some sense of where patients are vis-a-vi their outcomes. And I wonder to what extent we have redundancies here.

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

A lot. So, you know, what maybe Cheryl let's take your suggestion and if ONC you could start...so the use case really sharing of data and we can start enumerating both the data like in what Terry was saying there is some standardized requirements...

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Right.

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

Like OASIS and start listing these things not that we're going to get all that specific but we're going to start understanding how to put together a comprehensive use case that says, hey, there's a bunch of things that need to be collected in standard form let's make that easy to do and easy to share.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah, I think that that's right because again, like I said in my site visits, I'm hearing different kind of data needs for different business applications if you will.

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

Right.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

And I think the clearer we can be on these use applications probably the better because I suspect that some of this data is coming from different sources and the way you think about integrating it would, you know, vary.

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

Well, this is Amy, and the other thing is I think the reason some of...now that I think about it, the reason some of the specifics and the population health management have been called out whether its birth, death, occupational hazard or smoking is because maybe there are no standards yet for exchanging the data that's collected in that arena.

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

Okay.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

That's a good point, yeah.

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

Okay, with this as a placeholder, that is dealing with these mandated or these mandated standardized data and datasets what's the triple aim impact for this? I'll put out a placeholder maybe three, three, two or...

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

I think...

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

Or one, three, two.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Population health it's less about, you know, quality measurement and cost.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Yeah.

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

Yeah, this is Terry, if its limited to the mandated assessment data than it's actually going to have relatively little impact with a relatively small population.

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

Right.

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

You know so I'd almost...it's almost kind of one, one, one here or 1.1.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Yeah, but...

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

Or one, two, one.

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

Yeah, one, two, one, yeah. I'm sorry?

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Terry, yeah, Terry, this is Charlene, on one of the things like functional...if it includes functional assessment...that's I think I'd challenge it just a bit. It seems like there is a very high correlation of functional status to cost of care in that the in long-term post-acute...

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

Yes.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

You know people in assisted living and nursing homes. So, that was why I was a little confused where having...again, it doesn't apply across the whole population but clearly an understanding in functional status in the elderly population is pretty important.

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

Yes, I couldn't agree more the problem is we don't have a standardized functional assessment tool that goes across all sites of care.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Right, you're right, so...

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

So, that's a great aspirational goal. I'm all for it.

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

Terry...

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Yeah, but I guess we would capture that later when we talk about how heavy the lift is. The lift would be pretty heavy, right? So, it would get ranked later, but in terms of value I would think we need to rank it...I wouldn't put a three, three, three, but I think it should be ranked a little higher.

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

Okay, I'm convinced by your argument.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation
Okay.

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

So, what's the latest proposed scoring?

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

So if he was doing one...why don't we do two, two, two then on this one? Because as the population...as we get a better handle on it it's going to be important.

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

How do people feel about two, two, two?

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

This is Mark with a quick question. Is the population...if it's narrowed like Terry was saying, is the population the one that's most using chronic care?

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Well, all the numbers show that.

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

Yeah.

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

So, maybe the cost is three since that's where...

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Okay.

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

The distribution is and the other stay at two, two.

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

Yeah, that's a good point, because this is the group that uses half of all the healthcare resources, the ones that are functionally impaired. So, yeah, it's a big cost impact I'll go with that.

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

Okay, I hear two, two, three going.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Going.

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

All right let's go with that, remember this is not etched in concrete. Okay, next one, individuals integrate data...it's basically mobile Apps, it's basically mobile Apps.

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

Mobile Apps with a purpose.

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

Mobile Apps with a purpose.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Isn't this trying to track outcomes? You know like all these intermediate outcomes, people's functioning?

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

Well, the way I read it, it was also about involving individuals in...

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Care management.

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

Yes, but...

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

For health, yeah.

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

And sort of bending the curve more towards health from healthcare.

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

Yes. I think its mobile Apps for patient engagement really.

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

So, impact?

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

I would probably...this is Amy, I'd probably give health a three, care lower, probably a two and then cost maybe a two or maybe care a one and then cost a two.

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

Three, one, two.

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

This is Mark, I'd probably go with three, two, two. I think the engagement piece is going to get them into care just as much as it is about health.

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

Okay, anybody else? So, is it three, one, two or three, two, two?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

I probably could go with three, two, two. I mean, I see these as being most useful in helping people with chronic healthcare problems to better manage.

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

Okay, three, two, two is trending.

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

Okay, sounds good.

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

All right.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

So...

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

Three, two, two. All right, next one. Patients and providers have access to genomic testing and allows the personalization of care and therapy. So, it's basically a personalized medicine.

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

Probably a different, Mark, this is probably a different perspective on the cost question, right?

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation
Yeah.

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

So, the...because this is expensive stuff right now.

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

This is Joe, I also kind of read this as an extension on, again, even though community health portion of this, additional data that people are trying to get access to and then its use whether an individual care personalization versus global population care. Although I guess this is focused on individual care here.

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

Okay do we want...ready for a draft impact.

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

This is Terry, one of the challenges is that neither of these data sources are terribly robust.

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

Right.

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

We don't have a list of patient goals and we don't have a whole lot of genomics going on.

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

Right.

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

But we will. So, the question is kind of guessing into the future, what if...

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

Yeah.

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

So...what do you think. I mean, this is potentially hugely powerful in allowing people to direct their own care based on their genome, unbelievable. How do you think about that?

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

And this is Mike, I guess, my question or concern would be how much are we likely to be drawing from genomics testing facilities that are doing a broad sweep and trusting them enough to get them into a system to drive decisions versus using them to do additional testing with more approved types of approaches that then end up simply being sort of a laboratory test result if you will that is part of their care going forward. So, for me it's a little hard to know when or where we'd be getting genomics testing data independent of what we would be doing through our standard laboratory testing procedures.

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

So, hopefully, this will show up in our matrix somehow in terms of the timing if it...for short-term priorities probably wouldn't rate this very high, but right now we're just focused on impact.

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

Yeah, you know, what's interesting to me in the way this is worded, this is Amy, is that it talks about access to the testing which is completely different than access to the results integrated with other clinical information to make decisions.

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

No it does say...

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

And I can't tell whether...

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

It says access to testing and data.

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

Yes, no, I know that's what I'm saying, I mean, I'm sort of putting aside the access to the actual testing and more to the access of the results of the testing and I don't know if this is referring to like when individuals go off to like, you know, do their own genetic testing outside of it being ordered for some reason through a provider and then them being able to give it to their provider or put it into their own personal health record with their other clinical data to make sense of it. You know what I'm saying?

I don't think I was clear. All right, I was trying to understand whether the concept here is like let's say I go off and I do some...you know, what is it 32andMe or something like that.

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

You know I do stuff on my own right.

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

But my doctors don't even know that I'm doing it, but I want to get a whole bunch of genomic testing done. Is this sort of then saying that my providers and myself can then take that integrate it with my clinical data, have some algorithms and get something, you know, that helps me then decide how I want to change my lifestyle or other care that I may need or monitor.

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

Yeah.

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

I mean, is that...I read that as the intent here. I agree it's sort of low priority in terms of rating it against the triple aim, it's a must more long-term lower priority, but...

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

So, this is Joe, so, to react to that, I see the two parts of it. So, I think the genomic testing part of it or the genomic information, if I can call it that, but the other side of it around really incorporating patient goals and personalization I think is an important concept that I think we want to push to the forefront, at least I would advocate pushing it more to the forefront.

The genomics portion to me is sort of the nouveau data stream or testing that's currently there but it could be proteonomics, it could be anything that you can plug in there. So, I'm wondering if there is a role of sort of breaking out the personalization portion of that versus the genomics information.

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

This is Mark; that resonates with me since once you get past genomics it's talking about combing it with everything...with the other clinical information that would be part of that anyway.

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

Let me see if we can make any progress on the impact.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

So, are we supposed to be...how far out are we supposed to be forecasting this? Because, I guess, I sense that in the long run this could have huge impact but in the near-term it's still, you know, to be determined.

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

So, right now we don't have a time horizon. In theory this is where you try to look for both the low hanging fruit but also not waste your time on things that aren't going to produce a whole lot of value. So, this could have a huge impact, you know, threes and then we...it gets modified, it gets placed in the right time horizon so it's not in the one to three years and it may not even be...it's not in the three to five for example and then the question is, is it in the 5 to 10, I'm just making that up, but that's...so you would say it's important but it's either not feasible or it's too costly, or you have other ways of judging whether...and I think Cheryl you weren't here the last time when we talked...the analogy was to study section, NIH study section, and you have a technical review but then you have the programmatic review part of it. So, right now we're just doing the technical. So, if it...it can be of high impact but if it's infeasible or too costly, or too far that will come up later in theory.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Okay.

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

This is Amy, do we...is there any data out there now on sort of the use of genomics data and how it affects people's care and self-management in health?

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

Very, very limited, it's like the BRCA gene...

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

It does effect an individual's decision making on certain procedures even and who knows how it effects their thinking about their health and the care.

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

It effects decisions at the provider level.

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

I mean, I would assume in the long-term it could be threes across the board, but I would say it's out there.

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

Okay, so I'll let people react to that?

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

This is Mike, I agree, great potential, little near-term impact.

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

Okay.

Ginny Meadows, RN – Executive Director – Program Office – McKesson

Yeah, this is Ginny, I agree with that.

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

Okay, it's trending, let's go. Okay, next one. I think this could be better stated so I wonder if we can move on and find a better home for this, if you scroll left I can give you the number. So, can you scroll left? I just can't see the number, the row number to even give you the...

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

For the patients routinely engage?

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

He probably has only part of it...move this to the top.

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

Okay, I can do it, okay, fine, sorry.

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

Fourteen it looks like.

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

Then, yes, so fourteen, can we just put a placeholder, I mean, just a...we'll come back to this if we can't find a better home.

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

Paul, this is Mark, we found several that were sort of around electronic communication.

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

And I think I had the same observation about all of them, they were fairly narrow and that...

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

Something that was slightly broader encompassed all of them would be much more useful.

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

So, once we get to another one like these maybe Mark you even may want to help edit something into...something more useful as a use case.

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

Okay, so the next, okay, yes, thank you.

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

If you can scroll down...is it me that's scrolling? Okay, there we go. Okay, so the next one is participation in clinical trials. This might be one where...it was either Ginny or Cheryl saying, you know, some of these are not...so how does this fit in with the HIT implications?

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

So, this is Amy and I'm wondering if this is under the concept of sort of you either...your information can be sent to a clinical trial bank matched and then come back and say this is what your...this is relevant to your needs or you could send data...you know like I could...I've heard of concepts where, you know, could you electronically send data and have it matched to different clinical trials to find out either what you're eligible for or what might be possible, what might fit your situation.

I'm assuming that's what this is...I mean routinely offered participation doesn't really make sense but more of that...I see it as more of a matching of your...and I see that's where the HIT would fit in more of a matching of your clinical situation against a database of clinical trials or databases of clinical trials. And then coming back and saying, these are the ones that, you know, you might want to think about or consider, or pursue.

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

So, more active facilitation rather than routinely offered.

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

Yes.

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

Targeted facilitation.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Like an eClinical trial inquiry or something like that you know.

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

I mean, I don't know if that's what they meant, but to me that's more logical than what's written.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Yes, I agree.

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

I mean, that I could see as a use case actually.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Yes.

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

And to Amy's point about HIT that doesn't happen if you're just dealing with paper records. HIT really is an enabler of that.

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

And a magnitude that just doesn't...can't happen.

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

Okay. So, you want to offer an impact score?

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

Yeah, this is Terry, it's almost like Amazon, you know, people who bought books like this also liked these trials. This is potentially really revolutionary and would really drive clinical trials.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

This is Norma, I believe this one is really intended to be limited to clinical trials and not other kinds of research? That was a question.

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

Well, let's just read it as it is, it says, limited clinical trials and what would we...how would we score that?

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

I mean, I'm going to take a stab here because I'll just put something out and people can talk to I'm not shy about that as you can tell. I would probably give health a one because it's more...it's not health in the big population, mega-health, I would probably give care as maybe a three and cost...

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Reducing cost.

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

Cost, I don't know, because I'm trying to figure out what the impact of clinical trials are on cost. I mean, in the long-term if they produce results that provide treatments that can drive up or drive down cost depending, but, I would...

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

Well, would you call it a two.

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

Yeah, maybe.

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

So, one, three, two.

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

So, maybe one, three, two, I don't know.

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

Yes.

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

I'm taking a stab for people to react to with some logic behind what I'm thinking.

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

So, this is Art and I don't know that it's a three if you look at the definition of care, improve the health of the US population by supporting proven interventions, so clinical trials are trying to prove interventions are helpful, but I don't know that it is.

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

Ah, that's true.

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

So, one, two, two? I'll throw one, two, one out there.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

And more...

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

This is Mark, I'd probably with one, two, one.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah.

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

Okay, one, two, one. All right. If we don't differentiate we'll never get anywhere. Okay, next one is receiving alerts or reminders for preventive screening care and medication in a manner consistent with...I mean, I think this is sort of done, it's already...

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Is this a requirement? Like is this interoperability requirement, it's like this seems like a functional requirement.

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

Yeah, it feels like it's already Meaningful Use even.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Right.

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

Any objections to taking a pass on this one?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

No objections.

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

No.

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

Okay. Next one, patients have the ability to access their holistic longitudinal record when and where needed. I think it's a bit broad.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

So, this parallels number five or whatever it was earlier.

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

Yeah.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

From the consumer perspective, right?

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

Right.

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

Right.

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

So, I think we've got this covered.

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

Yes.

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

Paul, on the breadth I think that's actually for patient access that's the important thing here is not having 10 different patient portals into different sources, but the longitudinal and holistic is finding a way to combine it all together.

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

Yeah.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

...yeah, I agree.

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

Okay, maybe that's...

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Don't providers want that too though. I mean, is that different?

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

I'm sorry, I didn't hear the question?

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Don't providers or whatever we decided, providers want that too? They certainly don't want disparate data.

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

Right but the question is from an interoperability, I mean, they both want it it's just the ability on how you would get it.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Right.

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

So, you know, if an HIE was able to do this across all patient portals or across all, you know, EHRs and then have a patient portal, you know, in the meantime we're still requiring doctors to have patient portals, I mean, that's a policy issue not an interoperability issue but how patients would be able to access the information from multiple different EHR systems in one is kind of the question.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah and it's what's being talked about here is kind of the raw underlying health record or is this some kind of that information is pulled from like the primary care physician and the specialist's EHR into like the patient type of EHR where information is...like if you have high blood pressure, your blood pressure is tracked longitudinally or, you know, if you've got thyroid problems or whatever it is.

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

Well, maybe this...

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

Well like...

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

Go ahead.

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

No, I was going to say, I think it's a combination, I mean, you know, personally I think it goes back to whoever and I'm sorry, I don't know who made the comment before about, you know, not wanting 10 portals off of 10 different EHRs if you're seeing 10 different doctors.

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

That was Mark, sorry.

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

So, maybe this actually is the way we're reading into it, it's really the prototype for interoperability for all the stakeholders. So, if we sort of rewrote this like we were rewriting number five to just say, everybody would like to have a comprehensive longitudinal health record, all of the stakeholders we mentioned in five and that be sort of our prototype. It's almost the motherhood or the mother interoperability use case.

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

So, if you wanted to...if you wanted to have it slightly less than that Paul you could keep it at patients since that's an issue near and dear to my heart.

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

It does seem, you know, if we...I mean we'd solve all of these actually would come out of being able to do that.

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

Right.

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

I mean, the question is the different paths and ways in which to do it and, you know, how they get implemented.

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

Right.

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

This is Terry, if you look to the next item which is about patients...it says unidirectional is 18 and 19 is essentially bidirectional, is this, you know, what we’re...it seems to me that 18 is incomplete and that it’s only unidirectional and 19 adds the return loop.

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

This is Mark; nineteen doesn’t speak to whether it gets placed back into a longitudinal health record that then goes back to multiple providers.

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

Yeah, providing amendments, yeah, I mean that’s...

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

But it could be piece by piece, provider by provider, it doesn’t say.

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

Right so was the previous comment to pair the two together to say it’s a patient’s ability to access their holistic longitudinal healthcare record and then to be able to audit who sees it. I mean, it depends, I mean if you’re thinking about it from more of like an HIE now perspective it’s very different than thinking about having to go do it, you know, from various EHRs.

And even the amendment and corrections part, I mean, I know we’re doing the interoperability part but there are legal ramifications about whether an intermediary would be able to do that on behalf of a primary source or not and where that change has to get made and then flow back out so that gets kind of complicated.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Right.

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

So, I think it’s complicated enough that it may deserve breaking those two things out.

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

I agree.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

I agree.

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

So, if we...

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

I agree.

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

Okay, that sounds good, so if we sort of tighten up the...if we do to 18 what we were doing to 5, in other words everybody wants a comprehensive longitudinal health record and break it into the components than that could help with number 18 and it's sort of the mother use case.

Then 19 has all kinds of challenges, implications to that giving other people right access really into the record, into this legal document. So, how about impact for 18 I guess it's three across just because it's sort of our mother use case?

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

Paul, are you proposing to broaden patients to everybody?

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

Well to identify the components like we did in number five. So, there are the patients and caregivers, there is the provider group and there are other members of the health team.

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

So, when we do...your question on impact are we doing it part by part or just sort of combining them all and thinking of it overall?

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

I think we can combine because I there are actually going to be duplicate.

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

So, three, three, three sounds right to me.

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

Other options?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

I would agree.

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

Okay. Okay, then number 19 it is a use case because it's going to stimulate the considerations, all the things we've been mentioning, but the interoperability piece, so aside from...we had this same thing of course with any one EHR, but the interoperability piece someone was mentioning, well if you correct one or amend one what does it do to all the others that's the big question. And what's the impact of this?

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

I wonder if we should look at 20 and think about...I mean both of them have to do with patient generated, well the second part of 19 has to do with patient generated data, actually...I mean, in both cases it's patient generated except in 19 the first part of it is patient's auditing their medical records and when that's written auditing does it mean auditing who has looked at it or does it mean auditing what's in there and reviewing it?

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

I think they mean audit what's in there.

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

Okay, so...and then they want to be able to provide amendments, correct and add additional data. So, and 20 is all about patient generated data, adding patient generated data, right?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah, I read 20 as being much more like patient assessments sort of the tail end of what 19 is on health outcomes. Where I was originally reading 19 as, you know, if you got your flu shot at the pharmacy you could add that in as a patient or, you know, if you had your mammogram done or, you know, things that physicians seem to miss.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

I see number 20 as being very device oriented. I'd like to see 19 standalone I think it's probably one of the most important things.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Right.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

It's very, very hard, speaking as a patient and patient's family, it's very, very hard to access and to get corrections in even when you can see it. So, I'd like that one to stay with a high impact because probably the most accurate, especially in some of the data is what the patient and family see.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

And this is Charlene, on the other side of it too from some of our customer's view the accuracy is one of the challenges now.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Yes.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

And having patients having a role to help reconcile is a big deal.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Yes.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation
It's important.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah, no I agree it's really important and I guess the question for me on 19 is does this sort of cover not only kind of patient self-reported, you know, functioning outcomes but it's also kind of correcting like errors of omission, you know, and services provided. So, it's very kind of broad than what's covered here.

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

Yeah, I mean, I interpret it to mean...I mean providing amendments and correction means whether something is wrong or an amendment to say...and then the supplying missing data I would take as any kind of missing data. So, I would take that as pretty broad.

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

So, let's go to impact, so I think we're...

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

So, Paul, this one challenge on this one, I struggle between where these are requirements versus where they're interoperability use cases a little. I mean, I think this is really important but...

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

Yeah, no that's a good point. So, I think the way we've described it and for this exercise we should add to this and talk about the interoperability part.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

So, let me argue on behalf of the patients that's very important because interoperability is terms that mean the same thing to people now you've got to bring the patients and families into this. So, understanding what the data really means and having the data useful to patients and sort of like lay people is a real issue in interoperability.

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

It's sort of...it's a core use case in the three year, that three year 2015 to 2017 example that goes across the top of all the tables...

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Yes.

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

Of being able to find, send, receive, use.

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

Yeah, this is Terry, doesn't that...doesn't the impact go three across the board?

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Yes.

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

Yeah it would.

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

So, if we just modify the words...

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Yeah.

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

To pick...from an interoperability perspective...

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Right.

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

So that we...Charlene's point we do cover this in current MU.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Right.

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

It's going to be challenging.

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

But Paul fortunately it is raised there but there was some discussion about developing the policies and so forth to do it. It may still be...I think there is some interoperability work to come.

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

Yeah, there definitely is interoperability work and it's not like it's not challenging even in a single EHR.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Right.

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

Okay with 20 I think our consensus is that this is really focused, as the words say actually, around personal devices so it's a bit more specific and the interoperability challenge here actually caused us to not even include it in our recommendations for Stage 3 because of the lack of standards. How do people...

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

So, now we have APIs all over the place right?

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

Well, that's the problem we have APIs all over the place some are hidden, some are public but they're all different. So, the impact of that, if this came to pass, what would that be?

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

This is Mike, it would be high for my patients and me.

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

I would agree, this is Art.

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

How about if I decrement the cost?

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

Three, three, two.

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

I don’t think the cost would be high though.

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

I mean, I think it’s used on a lot of chronic conditions if it’s able to bring chronic conditions under control I would say then it would be a three on cost as well as the others.

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

Yeah, I’d vote for that, Terry.

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

Okay, all right.

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

Paul, were you trying to say that the cost was not as great a gain here?

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

...cost.

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

I mean, you keep people out of the hospital if you can watch what’s going on with their sugar and their weight.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Right.

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

So, my question...I’m not going to disagree with that, but my question is which one of these wouldn’t fulfill the triple aim?

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

Yeah.

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

Yes, right.

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

We're not going to get anywhere. So, this is why ONC gave us this task because it ain't easy.

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

No it isn't.

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

This is Terry, isn't this just another wrinkle on the patient generated data?

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

It is but this use case exercises a different pathway in terms of what do you have to focus on.

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

And this is Mike, I'm just going go out there in my impassioned speech area where basically this is the single most significant area where I can connect with patients and even co-workers around various Apps, various things that help us support and cheerlead each other with regard to exercise, weight, activities, events, social all sorts of things that have the promise of making a difference and consumers are really engaged in it if they have an engaged provider or team member to help. So, I would think it's very high from that perspective notwithstanding the fact we probably have too many threes.

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

Are you done with your cheerleading now Mike?

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

Yes Sir.

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

Okay, so we'll put in threes and we've got to be careful what you ask for.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

So, I'm going to...wouldn't the previous one sort of get at a similar idea in terms of, you know, using mobile devices to capture information on people? I feel like we've already covered this to some extent. So, again, as we go back and revisit these whether there is some ability to collapse. I thought we had dealt with one that had...

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

Yeah, it's highlighted, number seven.

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

Yeah, this is Mike though, but that's really sending stuff from the record to the mobile App and I was quiet on that before because to me that's actually a lower impact than the other way around.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Getting it from the consumer, yeah.

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

Yeah, patients can see their record now whether it's a mobile App or not and many of them have mobile Apps for their portal but getting stuff from their life into the record very helpful.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Okay, thank you for the clarification.

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

So, this is Amy, and I just have a question, this is more to the physicians on the call, how overwhelmed does all of this information become if you're constantly getting uploaded, you know, three, four blood sugars a day, blood pressures twice a day, you know, I mean, does it...from an EHR and intake and review point-of-view, to me the issue here and I'm not debating that this isn't very important, but to me the interoperability would be to somehow have something that allows like middle aggregation and meaningful understanding of the data so that it's not swamping EHRs with this information every day...

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Yeah.

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

You know 52 weeks out of the year, four times a day kind of stuff.

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

Yeah, this is Joe, so my assumption is that this has to be...that's embedded into this, it's not just a raw dump of information that there is some capability co-developed with this that helps fit that information into the clinical workflow. So, I was just kind of assuming that this would also be built on top of this.

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

So, I guess my question is, do we assume that or define that in here and say it's sort of important or is it a different use case. I mean, it does say into longitudinal health records, but we haven't really defined what we mean here with the longitudinal health record, does that mean each individual provider's EHR, does that mean any HIE that keeps the longitudinal health record for, you know, across individuals, does it mean federated pulling when you want it. I mean there is a lot of variation into what that could mean.

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

Right, so this is Mike, I'll just go from my experience, the part where this works well is the notion where you can do aggregate summary range type of data you're not looking at or having to review or sign off on individual results or reports but you have tools within your Health IT that allows you to, for example, look at the last month worth of sugars if you choose, see what the average is per time of day and range. So, that would be the example or average blood pressure and ranges not discretely each individual value.

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

Yeah, this is Terry, and you tie that to decision support tools that give you reports by exception. So, if they're out of their parameters then you get a ping rather than the whole...

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

So did you...when you read this did you read it that way or did you read it more concretely specific data points? I guess I'm asking, do we need to do any more definition or are there any other use cases that fall out of this to make it clear? Or did you understand it to be what you were saying? Since I don't work with the devices I don't know.

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

And this is Mike, I would just say it's sort of implied if you will in the "how will people use the data once they get it" and that I would turn to my EHR technology or whatever to help me parse, for most patients it would be aggregate with the ability to drill down. On occasion I might ask specifically for a patient in a certain context for a certain period of time to see it more granularly.

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

Yeah, so I think this is getting too granular, it's getting more granular than we need to in this exercise. Is it okay if we move on?

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

Yes, sorry.

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

Okay, so use case number 21...

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

Paul, this is Sam, I'm sorry to interrupt, Alex and I were just noting the time and realizing we probably wouldn't get through the entire list, so I just wanted to check in with you and Joe regarding if we wanted to kind of continue and move on to 21 or discuss kind of...and clearly we can continue down the list, but also wanted to make sure we had plenty of time to discuss between now and when the full group meets again on Friday the process.

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

That's a good point. Let's skip down and see if we can see some things. Let's go the provider category please. And see if...just try a couple of these. So, right now we're on use case six tracking all orders. So is it...okay, so from a process point-of-view the things that we've been doing are one we've been sort of revising the use case and considering different interpretations and then we've done the impact and we...critically haven't been able to distinguish one importance from another. Do we think that we can continue this exercise?

Now one of the challenges is we're all going to have somewhat different interpretations of the use case so maybe the rule is that we try to go with what's written instead of what you would like it to be. I mean, you can note it during the discussion what you would like to do to make it...to improve upon it. But do we think we can do this as an independent exercise for discussion at the call later this week?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

So, Paul, you're suggesting that we each go off and rate these and then you...

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

Right.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

And then you look at the data and see...

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

Right.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

If there a consensus on our scoring?

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

And then, you know what, here's a modification to that and see if you agree, and we tried to...we used this in Meaningful Use Workgroup, and we only...we each get 15 use cases...

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Right.

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

And you basically come back, you do whatever scoring you want to do but you come back with 15 use cases that are ranked, so you get to rank 15 as top 15 for you and then we will...and if you submit that before the call we'll aggregate that and then show the overlap of top 15s.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

So, we would look across the entire list and come up with the top 15...

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

Correct, correct.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Versus you would assign say two people to review 15...

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

Correct.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

And see how much alignment there is between those ratings.

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

Correct.

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

So, Paul, is that with...for those 15 is that also filling in the three columns for healthcare and cost?

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

Correct. So, you would use those and that's how you would start doing your own figuring out of what your top 15 are and then that would be part of what's submitted. So, that just gives us a little bit more self-checking and remember our tentative goal is to come up with three top priority use cases for our recommendation, so 15 is giving you quite a bit of latitude.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Right.

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

But you'll quickly see how you've got to be a little bit more discriminating in your scoring system, however you choose that. If you find a better way to score it than the triple aim then share that too on the call, but, so the goal here, you've got these 53 or whatever it is, we've taken a start, we've been only modestly successful and come up with a way to, on your own, figure out what the top 15 are and explain your process, if it was the impact score that's fine because you've found a better way to be honest, if there is a better way that you found then share it, but everybody comes in with the top 15 and please share that...when's the call, the 27th is it?

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

Friday.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Friday.

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

Friday, okay, then by midnight wherever you are on Thursday have that done...well, I mean, we can be a little bit more fair, so by 8:00 a.m. Eastern Standard Time on Friday it needs to be sent in, when is our call? It is on...oh, it's by 7:00 a.m. my time. So, yeah, close of business wherever you are on Thursday it's got to be in and ONC would you be able to aggregate that then? So, what you're looking for is the overlap of top 15s.

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

It would probably...I'm just looking at Alex, it would probably be best if we would get the submissions by close to close of business Thursday, say 4:00 p.m. Eastern Standard Time.

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

Okay.

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

I just also want to clarify one thing, so, I know that, you know, early on in the Workgroup assignment process they talked about that coming up with three, but just want to remind folks that we moved away from that as our charge.

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

Alex...

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

Yeah, we need to come up with a process and then we're illustrating it by putting some of these raw use cases through the process.

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

Correct.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

So, Paul, this is Cheryl, I guess one thing that would help me in coming up with my top 15 would be another criterion above and beyond sort of the triple aim and that is are we looking at the nearer term, because some of this stuff feels to me like if we could nail this, like this would be a big step forward in terms of use of information through EHRs and HIE, and if we could do that in the next five years, you know, that's a significant leapfrog forward versus I'm kind of looking out, you know, 10 years, because that part feels like I would probably down weight those things a bit.

So, I'm trying to figure out is our charge, as a group, to be really forward thinking or kind of in the next, you know, three to five, seven years?

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

So, the roadmap allows us to go beyond the three to five years, in fact, there is 15-17, 18-20, and 21-24. And that was going to show up if we had a pared down set we were going to be doing those kinds of scoring for each one of these, for each of our high priority ones. So, for this exercise you're allowed to put another column and say, here's what I thought about is like the premier within five years and then you came up with an ability to rank, prioritize these and you're successful or not and that's how you present. Oh, you know what I found was most helpful was "x."

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Okay, yeah, because I'm feeling like a need another filter there...

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

Yes.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

To really winnow this list down.

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

Well, we have 20 from which you can choose.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

All right.

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

So, that's the good news and the bad news, but you...so the exercise is still good, we've gone through some shared experience but we now need to be a little bit more innovative I think...

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah, yeah, yeah.

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

Between now and the Friday call let's try to come up with things and if you find something that's helpful, as I say, it's only winnowing it by...it's cutting it into 1/3. We have to be at least that good I think.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah, so will the spreadsheet as it currently stands on the screen be sent out to us?

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

Yes, in fact it was.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

But not the new one.

Multiple voices

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

Yeah, we'll send out the changed version.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Okay, cool.

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

Yeah.

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

This is Terry, should we go back and just out of our 15 pick them from the whole range of use cases rather than go by what we've done in the first 20 some odd?

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

You're totally free to do anything Terry.

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

We can do anything, okay, fine.

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

If you find a way to get down to 15 that's painless then...

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

Okay.

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

We're all ears.

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

Yeah, I think it's going to be throw it down the stairs and see what makes it to the bottom, okay.

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

All right, well, yeah, it's got to be reproducible.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation
So...

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

So, spec out the number of stairs, what's the incline, etcetera, okay, go ahead.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

So, Paul, this is Charlene, so where there is like overlap or like say nine and thirty are the same or something like...

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

Right.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Or so close, do you want us then to take the steps to combine them if we think that's important or how do you want...like how do you want to handle that? So, there is certainly, as we went through we were converging some of them.

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

Right.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

So, do you want us just to suggest that and say, look I choose nine, thirty and twenty as my number one but they're the same thing?

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

How about this so that we don't motivate gaming, we keep them as is, once we find out our top 15 or if they overlap with the top 10 then we can make some modifications.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Okay.

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

But, otherwise I can envision rather bloated 15s.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Okay, all right.

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

So, this is Amy, and I have another question, is there any merit, and I actually ask this as I ask...I mean, I'm asking this because I really don't know, to thinking, okay, if we're going to do, you've picked 15, five short-term, five medium-term and five long-term so that we sort of try to cover all angles so to speak, because I'm sort of going back with, you know, I'm going to...my tendency would be to do the things that I think are most important immediately but it doesn't give any prioritization to those that are further out.

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

Okay, let's pose that to the group. There are two ways to handle this, one is to loosen it up to 25 and just say you only get that list and another is to go 10, 10, 10 and, well that's too much I guess.

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

Even five, five and five.

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

Okay, so do people want to do the phased or want to get one list?

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

This is Joe, I guess I was thinking if we're...I was going to try to do this with a frame of just everything in the 10-year horizon, the value is the value whenever we get to it, some we realize earlier versus later and assuming that the sequencing comes at another step in the process. So, I would advocate for just 15 all together with a view of 10 years out.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

I like that.

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

Okay. Okay, so you've just got to choose wisely as they say.

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

Oh, God.

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

All right, so how...are we agreed then we're each going to take 15 almost written as is, you can make...you can make your revisions after you've deciding on the overlapping priorities, but right now it's pretty much as written. They'll come in by 4:00 o'clock Eastern Standard Time on Thursday. ONC will produce a list of the greatest overlap and we'll go from there and I'm sure we'll have plenty of discussion there. And the outcome of the Friday discussion is the...whatever it is, 10-15, that we go onto score them in the rest of the matrix.

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

So, Paul, I'm maybe confused, does this envision then that we don't just take 15 that we are actually looking at all of them and sharing our top 15?

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

No.

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

Okay, so we just...

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

We're sharing...oh, you look at all of them but you come up with your top 15 that you're submitting.

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

And then our overlap is what we're going to drill down even further on.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

And would you like some just short comments on sort of our rationale for why we think it's important?

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

Sure.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Because I sort of feel like since we're not having this discussion...

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

Right.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

It would be helpful for people to see...

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

Right.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

What others were thinking.

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 Paul, this is Mike, within the 15 do you want us to rank them if we feel we can?

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

If you can Mike.

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

Okay.

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

The thing is you're probably going to find that your mind will change after the discussion.

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

Yeah.

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

And so Paul, one more question, if we...you know, we're bound to this...I mean the 50 some odd that are there are plenty and probably cover most areas.

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

I'm assuming then that we're not adding something new if we see a glaring gap?

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

I think we'll do that, keep track of that, but I think...

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

We'll do that at the next stage.

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

Okay, thank you.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Yeah, because there is a...this is Charlene, for instance the one on the UDI use case is kind of missing on this one I think, the universal...you know, transferring that data.

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

So, there will be a time after this that we might add some additional use cases is that right Paul?

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

Correct, yeah.

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

Yeah.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation

Okay.

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

So, all right, what's going through my...okay, yeah, does that sound fair and clear?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Very clear.

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

Do we have a choice between clear and fair?

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

And Terry, you know, after next call we might then spec the stairs.

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

Excellent.

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

We'll throw it down the stairs. Okay. Good I think we have a plan, it's a good exercise and we'll see where we can get with that. Are we ready to open up to public comment? All right can we go ahead and do that Michelle?

Public Comment

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

Operator, 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

Alex when you send out this revised version can you format the printing so that we can print it and read it maybe just showing up through the impact columns? That just helps us Excel challenged folks get a printout we can use.

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

We can reduce the other columns.

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

Yeah.

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

And I just want to be clear the agreement is that we will be disseminating it as it stands?

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

I think, let's take advantage of the work we did.

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

Okay.

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

And then we'll vote, we'll vote using those revised versions.

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

It seems like we have no public comment at this time.

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

All right, thank you Michelle. Well, thanks everybody for participating and working on this process and thanks for agreeing to the next step.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Thanks, Paul.

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

Thanks, Paul.

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

Have a good day.

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

Thank you Paul.

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

Thank you.

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

Thanks, Joe.

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

Thanks, everyone.

W

Bye.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Thank you.