



**HIT Policy Committee
Advanced Health Models & Meaningful Use Workgroup
Final Transcript
March 20, 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 afternoon 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

I'm here.

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

Hi, Joe.

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

Hi.

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

Amy Zimmerman? Art Davidson?

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

Here.

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

Hi, Art. Charlene Underwood?

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

Here.

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

Hi, Charlene. Cheryl Damberg? Devin Mann? Frederick Isasi? Ginny Meadows?

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

Here.

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

Hi, Ginny. Jessica Kahn? John Pilotte? Lisa Marsch?

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Yes, hello.

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

Hi, Lisa. Lisa Patton?

Lisa Patton, PhD – Branch Chief, Quality, Evaluation and Performance, Center for Behavioral Health Statistics and Quality – Substance Abuse Mental Health Services Administration

Hi there.

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

Mark Savage? Hi, Lisa. Mark Savage?

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

Here.

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

Hi, Mark.

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

Hi.

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

Marty Rice? Marty Fattig?

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

Here.

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

Hi, Marty. Mike Zaroukian?

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

Here.

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

Hi, Mike. Neal Patterson?

Neal Patterson, MBA – Chairman of the Board & Chief Executive Officer & President – Cerner Corporation

Here.

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

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

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

Yes.

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

Hi, Alex and 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. 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

Okay with that...

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

Kevin Larsen is here.

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

Hi, Kevin. With that am I turning it to you Paul or am I turning it to Alex, or Joe?

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

Why don't we go...I can start out I guess.

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

Okay.

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

So, I think the first thing we're going to...so we have a number of things to do here. One, we're going to review the common definition just to get us started, two, we're going to look at...so, Alex and ONC staff have spent a lot of time consolidating both some of the use cases and the vision, you know, sort of a way to describe the half a dozen categories in a sense into vision statements. So, we'll go over those and then spend the second half of the conversation working through three example use cases that fall under category one vision so that we get the feel of how to fill out this matrix and then we're going to fill out the matrix for the rest of the use cases on our own before the next call. How does that feel to folks in terms of process?

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

It sounds good.

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

Fine.

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

Yes.

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

Okay, so the first thing is we had some definitional questions come up in some of the comments and we're going to review a few of these, as soon as I get off this exit, we're going to review a few of these in this group just because they're important things for us all to agree on, one is a common thing that comes up which is patient versus individual, versus consumer, versus person and maybe if we could divide these into two categories one is the individual person/consumer and the other is patient, which is a...I mean one of the ways I think of it as a role that an individual has during certain parts of their life and first let me see if that's a general, people generally agree with that kind of two bucket and then we can work on the words or do you think there is a different way to cast these terms?

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

Paul, this is Mark Savage, it makes sense to me, I'm understanding that patient would be a subset of person, so when you say two buckets it's not that they're mutually exclusive.

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

One is just a subset of the other.

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

Correct and part of the reason is so that we don't concentrate only on an individual as only a sick person and only in the medical model that's a distinction that I think is important but I just want to see if we're missing something by looking at it that way?

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

I totally agree, thank you.

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

Yeah, this is Terry, that's perfect.

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

So, this is Mike...

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

...

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

This is Mike I'll just throw in one curve ball, a patient doesn't have to be sick, a patient can have a relationship with a provider and get healthcare services whether they're sick or not, so preventative care services would still be a patient/provider relationship from my perspective.

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

Well, let me answer back and say, don't you think a person can have a relationship with a provider?

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

Yes, but I wouldn't see that in the relationship of their being a patient. I have lots of relationships with people and I'm a provider but in the provider relationship if I'm caring for them they're a patient of mine.

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

Okay.

Lisa Patton, PhD – Branch Chief, Quality, Evaluation and Performance, Center for Behavioral Health Statistics and Quality – Substance Abuse Mental Health Services Administration

And this is...

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

This is Joe...

Lisa Patton, PhD – Branch Chief, Quality, Evaluation and Performance, Center for Behavioral Health Statistics and Quality – Substance Abuse Mental Health Services Administration

Sorry, this is Lisa Patton, I was just going to say, you know, from a behavioral health perspective if we use the term consumer instead of person, and I get the distinction, but then we might be able to cover a little more ground in that arena as well and that would...that would convey the broad relationship that a behavioral health consumer might have across the healthcare spectrum, because we wouldn't use the term "patient" in most instances.

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

So, let me see if I've got...

W

So, Lisa...

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

Go ahead? So, it sounds like the majority opinion does...is okay with splitting it between the two and let me see if other people want to speak on Mike's point? Okay, so let's for right now...there are two concepts and I think most people thought that patient was a sub...was a role that a person/individual/consumer can have at certain periods of time notwithstanding Mike's point.

Now the other question then is, is there a single way that we could describe these individuals, person, individual or consumer just for consistency point or do people think we don't need to be consistent from one paragraph to another?

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

This is Lisa Marsch, I think consistency would be helpful just for clarity sake, but I know the term consumer is used quite a bit in the behavioral health space, I've always found it to be a funny term because, I mean, what are they consuming and it just sounds like there is sort of a recipient of something that they're consuming.

I think it doesn't really embrace the active role that we want individuals to play in their own healthcare and, you know, something that just captures, you know, a person or an individual and then they could have different roles in terms of how they were interacting with the health system. But it strikes me that that's what we're trying to embrace with this.

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

And this is Norma, I agree with that person or individual I think is the best term to use.

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

Okay. So, two votes against consumer and now maybe we can adjudicate between person and individual or it doesn't matter?

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

Right, for me it doesn't matter.

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

And this is Charlene, I actually did some edits for consistency purposes and I tended to use individual, you know, just because it was really clear and easy to write in terms of the context of what we were writing, but again, I'm not sure it makes a difference as long as we choose one but I vote on individual.

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

Okay.

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

And so this is Mike, just for clarification then, if we're talking about an individual we're generally talking about a person who may or may not be in the context of a health condition for which they are seeking treatment but for which their interaction around these use cases will be access to their own data?

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

Yes that will help.

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

Okay, thank you.

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

Yeah.

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

One perspective I might add on the person versus individual, so I think one useful distinction is an individual can be a distinction compared to populations but when we talk about centrality I think it feels warmer to call it person-centric versus individual-centric.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Sounds fine to me.

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

I guess what I'm saying is...it doesn't matter but there are times when one is more useful than the other.

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

Agree.

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

Okay so it sounds...

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

Can I go back to, I think it was Mike's point about individuals and access just to check something?

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

Sure.

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

Which is I think there would be times where the use case might refer to individuals do this or individuals do that and it might be...it would embrace both their role as a patient and their role not being a patient and I just wanted to make sure that this was indeed what you were describing or whether you were actually trying to create...whether you intended to divide them into two separate categories?

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

If you're asking me I think an individual can be in any state.

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

Yeah.

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

I agree, I just wanted...I think especially since we're just trying to keep it to one or two sentence use cases it's much more helpful than to have to say something we mean patients and individuals. So, it sounds like that this was the intent that's good to me.

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

Any further discussion on these? Okay, so the summary is we're looking at a person or individual and playing down the word consumer and then that a patient is a particular state of a person or individual, great.

Next common definition we had some e-mail exchange on is caregiver and maybe what I'm going to do is I'm going to turn this over to Alex or Joe to discuss it while I transit to my office so I'll just give my two cents on that, which is I think the common vernacular when we say caregiver both common vernacular as well as overwhelming predominance of who is a caregiver are the informal caregiver or family caregiver and so it would be...to me if we try to call them a different name we would have trouble being clear with folks. So, that might be a preference that I might suggest is that when we use the word caregiver we're basically referring to the informal or the unpaid caregiver.

And that we come up with some name or reference for the paid caregiver and one way of doing that is just to consider the paid caregiver as just another member of the professional health team compared to the patient and the person and caregiver. So, I'll turn it over to...Joe do you want to just moderate?

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

Yeah, sure and I know before we were hoping on I know Terry you had some concerns kind of around sort of the construct that they were using here too around what are the right dimensions of characterizing these two kind of groups and were we actually approaching it with the right frame. I don't know if you want to jump in here to talk a little bit about your concern?

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

Yeah, sure, my biggest concern is that we don't know of all the role groups that are going to evolve over the next couple of years. So, I think it's going to be very hard to categorize or make a definition that includes them given how fluid things are.

And so perhaps a different way to approach how we put these guys in a taxonomy is basically, well, I'll backup one more, given the importance of sort of security and provenance, and fines, and trust in the exchange of this information when we're talking about health information exchange maybe characterize people based on where they sit in with the tools of health information exchange around them meaning we've got a group of people who are sort of access it through EHRs which are really a fairly mature access point, there is a lot of policy and regulation around EHRs and the security of data what's left is everybody else is who is not attached to an EHR but who are trying to figure out how to connect them to this trove of information and protect it and I refer to that as the wild west. I think it still is a wild west.

So, anyway one way of just saying, a way to slice it is just how protected is their access to health information and how secure and routinized is it at this point.

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

Terry, so if I ask you to project that forward for me 5, 6, 7 years is that sort of taxonomy durable through that next frame?

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

Is it durable? No, I think...well what will happen is everyone will fall into the protected bubble over time.

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, there will be one bubble after that. But in terms of health information exchange, which is what we're talking about is having one bubble, is that okay, do you need more than one? We're not talking about roles, we're talking about exchange of information.

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

And this is a role-based taxonomy.

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

So, this is Mike...

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

This is Mark can...

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

Go ahead, go ahead.

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

I just wanted to check on something, so if you're defining around connection to an EHR and you have individuals and family caregivers having access to their information in an EHR through a portal is that...how does that fit within the definition you're proposing or the way you're looking at it?

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

Well, good...it shows you how much thought went into this proposed definition. I think that in a sense by accessing it through an EHR they're really coming under most of the policies and procedures that govern that EHR and once I have permission from the individual to access information and the family member has no further limitations on what they do with the information but they've gotten it from the EHR under the provenance of the individual, I think that, you know, what they do with it after that is a different thing.

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

Yeah.

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

I'm sort of thinking that they can be looking at something, it's not that they download it, necessarily download a piece of information they can be sort of looking through a telescope at the information that's in the EHR through the provider's portal. Anyway I'm not sure 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

Even in current usage I'm not sure that this is a distinction that will...that may sew more confusion than it takes away.

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

Yeah.

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

So, this is Mike, could I weigh in just a little?

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

Absolutely.

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

So, from my perspective it has to do with what you can see and what you can do and how do other people know what your role is and at what level they should interpret the data? So, part of the reason we use caregivers is, it maybe regional here, but we tend to call people at home caretakers and people who are in the healthcare system as caregivers so that's at least some of the genesis of it.

But I think the biggest part that we want to know is, is this person a provider or not, can they write orders, can they make diagnoses, etcetera, etcetera and so if something is added to a problem list by them it might mean something different than something added by someone else. Is it patient derived data or family derived data that we're incorporating, ingesting, exchanging or whatever.

So, my main theme behind trying to get these terms right is not so much what word we use as long as it can be defined and made clear but rather how we'll be able to tell number one, who should be able to see what based on the use case or based on their role and whether they'd see more than their own individual data and then how they would be able to do something with it in terms of manipulation, incorporation into a new record or modification of it back as part of the exchange. So, as we think about these terms that's the part I just wanted to make sure we were covering.

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

So, this is Joe, as I think about that for the purposes of using the terms in the use cases it seems like what we're trying to do is just make that distinction about people who currently do have that access, as Terry talks about, and that people who don't in the sense that as we're pitching forward how the interoperability goes forward those lines will get blurred purposefully as we're trying to make that kind of pathway but the distinction helps illustrate the use cases and so I know Paul is talking about sort of the professionalism, sort of the mechanism, people who are getting paid versus not.

We just had sort of a distinction around sort of the action around the data. Obviously they're not completely overlapping at this point.

But is it really just that we're trying to make the distinction? Because those lines will get blurred and where I think we're trying to blur some of them as we go forward...is that how people are seeing it?

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

Well, this is Mike, I think there is a risk of that but part of what I wanted to try to be able to do is as a provider I'd like to have as much clarity around things like sources of data of knowing when I'm talking with a patient in this interoperability scenario or exchange setting that we have here's who and what roles will be able do what with or without your having opted in or opted out and how they'll be able to use it at a population level and individual level or whatever.

And so as we think about the term individual if the individual always means the same person whether they're sick or healthy that's a very clear statement to me and I think we probably can use that or person, whatever we use.

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

Yes.

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

If we use something that's a health professional we might agree that we could lump everybody into it but my intuition tells me that I'd want different types of health professionals having potentially different...either different access and use permissions or the ability to at least be able to tell who they are and what their roles are with regard to how they may have populated or manipulated data.

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

This is Norma, I think that last statement is something that we should agree to and move on because I'm very troubled particularly speaking, you know, as a nurse who is pretty much invisible in this and sometimes thrown into extend it, sometimes thrown into something else and it's very clear that there advance practitioners who fall clearly with the providers there is no need to put them in a separate category that's down a little bit later, but there is also the registered professional nurses, 3 million of them, as a matter of fact, who probably deal more with this data and this information system than anybody else and are really invisible and probably the most troubled profession right now even though the physicians get more noise, we need to deal with that.

These people take care of people all over, across the continuum and yet we say they shouldn't...they're just somehow users of the system and not necessarily people who input a great deal of the information or data and then have to be able to pull it out and that is totally, in my opinion, invisible in our use cases and in these definitions and so you'll hear me push back and push back until we somehow figure out how we are going to deal with that at least in one or so use cases. Thanks.

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

Yeah, so Norma, this is Mike, I just want to endorse what you're saying. I also agree nurse practitioners are providers they don't need to be distinguished and that nurses have special roles and I would like to know when nurses have been involved in the system in one way or another whether it's through the data they've entered or how they're going to be using it in an exchange, so thank you for that.

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

Well, let's...can we try to figure out a way to deal with that though?

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

Yes.

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

So, thank you for agreeing to that, if we could just not lose sight of that. Thanks.

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

Joe this is Mark can I throw out a data point?

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

In the consumer partnership for eHealth we do have some caregiving organizations so I'll just throw out two points, one is that they do not like lay caregiver, I know that nobody on the phone has been saying that but it was on the slide so I'm just reflecting that back they do not like that term.

And what we came up with, not that it's the only way to do it, but what we did come up with was distinguishing between "paid caregivers and family and other personal caregivers." I don't know if that is how...whether that solves everybody's concerns but I just throw it out there as one look at this question.

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

Yeah, so this is...

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

So, if I...

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

This is Mike if I could jump in on that. So, it gets a little murky in the paid area, because part of what I think we want to think about is this a healthcare professional or is this somebody who is trained in the health sciences or is this somebody getting paid for care who is not and I think that might matter with regard to the interoperability pieces and how we grant access.

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

Yeah, this is Ginny, I would agree with that Mike, because I know specifically I've been having a lot of experience with this whole caregiver role recently with my family and we actually are employing sitters, professional sitters, with my mother right now who are paid caregivers but I wouldn't want to give them access to my mother's information completely. So, I think that there are a lot of different use cases where that might be a little problematic.

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

So, this is Paul...where do you think we are, have we...it sounds like there are at least two buckets is that correct?

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

There is though from Norma's point I feel like if we could do something like we just did with individuals and patients around sort of a clustering capability that we can cascade up that includes sort of all individuals, right, and then gradually moves our way up into who has traditionally been given all of the access, i.e., the physicians that have a lot of this as sort of one area not implying a hierarchy but sort of implying is there a structure of a construct we can use to sort of articulate all those different sort of groups that fit together and I'm struggling...we're talking about paying, we're talking about security access to data, we're talking about licensure and what they do all those different dimensions are here. I'm not sure if I heard a unanimous one yet.

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

So, let me just try to interject a little bit, so the purpose of today's call is not to get down to all these granular details. There are some things that we can do by e-mail. I think there sounds like there are at least two buckets and probably the predominant one is what I think people would commonly refer to as caregivers and what we mean are informal and family caregivers.

And then there is another bucket that doesn't have a name yet, the description is paid caregiver and then I heard that there are two kinds of accesses and we'll have to sort those out so that they get the right, what you called security access.

But is that an accurate statement of where we are right now and then we perhaps can continue the discussion on what to call these folks on e-mail?

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

I want to say yes but I feel like we still had some ambiguity on that one.

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

So, yeah, and Paul this is Mike, I think the part that I would just add is it sounds like we've gotten to the paid caregiver, if you will, the person who is not...and that one of the things we've determined is there are probably different types of those that we can sort out separately, but one is a "healthcare professional" one is maybe somebody who is involved in care and gets paid for it but is not somebody who for example would have gotten a license or credentials in a recognized healthcare field.

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

Let me interject another, the paid is...that is such a...you know, I think of all the community health centers where professionals go in and work they don't necessarily get paid but they sure do all the things according to their license. I'm not so sure I want to separate out on paid and non-paid.

I think people are licensed and certified, and credentialed as health professionals and if they are they should be in their category.

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

Yeah, I would agree with that.

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

This is Terry, yeah I agree with that too. I think it's not so much a role-based it's almost, you know, what's around you to guarantee the security of the data that you have access to.

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

Yes.

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

And it's almost if you're a paid caregiver in the home through a home health agency in a sense it's the home health agency that's vouching for whatever information they share with you based on their own internal policy. If you're a nurse in a hospital you have access to the information under all of the policies and procedures information access in that institution.

It's almost when you get down to the patient and family level it's literally the patient and family who are sharing the information and they have control over who gets to see it, but when you contract with someone else to provide the services you're almost contracting with them to manage the data security as well.

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

Yeah, so this is Mike, I hear what you're saying, I think if you look at our metaphor though in the health organization where I work it's really all about roles, it's the what is your training, what are your credentials, what role do you intend to play, what security points do I put with those roles and how do I identity proof you and give you authorization?

So, those are the kinds of things I would need to know to be able to do that. We could defer that to an organization and somehow have them do that, but without guidance I'm quite concerned that they wouldn't have a framework to do it in and then they would either default to what they do today or they wouldn't have enough rules to provide enough security and appropriate roles.

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

Right.

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

So, let me try to reshape the discussion again in the sense of what do we need to cover in this exercise and our role in terms of submitting use cases for the interoperability.

So, I think we've said there is a role and you should have access to the information appropriate to that role and it's separate. So, a nurse may decide to or a doctor, or anybody decide to moonlight and provider caregiving services in that role they wouldn't necessarily need to have access to a medical record, I think Ginny mentioned that and I certainly can second that, but I don't think that's our...that we need to adjudicate that in this call or even in this group. Is that fair?

It sounds like we've agreed on two buckets the predominant formal and family caregiver, and then whatever we want to call the term paid caregivers who have a role and they'll get access according to their role.

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

I think we still have to go with health professional. I don't like the paid...

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

Okay.

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

I'm against that.

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

I support health professional too.

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

I support that too, this is Ginny.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Yes, me too, this is Lisa.

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

So, in other words a member of the health professional team?

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

Yes.

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

Yes.

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

Okay and then there will be some role defined so a person there for custodial care would not necessarily, by that role, need to have access to the medical information on this individual, right?

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

Correct.

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

Okay. Okay, so I think...

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College
But...

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

We've got people on the health professional team and people on the informal and family caregiving team.

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

That gets closer for me, yes.

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

Okay.

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

Yeah, that's good.

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

Okay.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Just a quick question about that, this is Lisa Marsch, so in light of what we just discussed I think we would want to edit them going to the vision statement, the first one we've got, which is around information flow across all these different participants but it sounds like we're not saying that, you know, there are no information gaps that there are some limits on who is seeing data...

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

Right.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

That's based on the families and the patient preference.

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

That's correct.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Yeah, okay.

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

That's correct...

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College
Okay, great.

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

So, we're getting these definitions so that we can get to that.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College
Got it, thank you.

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

The final one and this is not to adjudicate the terms again in this call because I think that's something we can do by e-mail, but there are a number of folks who would prefer another term for "mid-level providers" and what we mean there are physician assistants, nurse practitioners and is there any disagreement there or any proposal on what to call this group of providers?

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

They are either providers or they aren't providers.

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

Okay.

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

They're not mid-level, low-level, high-level.

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

Okay.

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

So, either they're providers and should be just listed right along with the physicians whoever because that's what they get to do.

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

Right.

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

And they are NPs or APRNs, or whoever has that, or they're in the health professional bucket.

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

Okay.

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

But they're not extenders, they're not mid-level those terms do not have use really out in the field, they're picked up, but they are not in the legislation, they're not in other places and so I think it would be best for us as we're looking forward to go they're either in the provider bucket or the health professional if that's the way we're going. They don't need all these other terms. So, NPs should be up there with the providers and...

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

Okay, so...

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

Yeah, this is Cheryl it seemed to me that this health professional category sort of encompasses this.

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

No it doesn't because the providers have different...in the way we're using it the providers have different responsibilities and they have the same things that the physicians and the...what's that whole listing of people we have...so that's where they...that's where those people who are credentialed belong.

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

Right, so this is Mike, I had inserted that term and I just want to make sure it's clear why. So, my reason in doing it was to make sure that we didn't exclude mid-levels from other providers, physicians. So, physicians and other people who are providers such as PAs, nurse practitioners, APRNs so that works for me too.

The fact that some of the public may have questions about that would allow us to clarify we mean all providers so that would be fine.

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

Okay, so is there a second for a motion...

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

Just a second...

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

Someone raised...

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

This is Charlene, is provider then the super set in health professionals a category under that?

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

No.

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

Because to me when I generalize health professionals the broad one even if you're an aide your credentialed to do certain tasks and if you're a physician you're credentialed to do a lot more, you know, and NPs are credentialed to do...so across the board conceptually they're all health professionals but just different levels of tasks that they can do.

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

Yeah, I'm glad you asked that question because I was totally confused by that.

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

So, this is Mike, I would say the answer is, yes, and part of the reason we separate them in our context is that there are a different set of tools that could be used by providers that shouldn't be used, at least without an authorizing provider, by people who are not providers and while nurses for example can do a ton of things especially with authorization, medical assistants may have less capability and should be more constrained and even in an exchange that would be the case. And Meaningful Use calls some of that out as an example and yet we also have even the issue of credentialed medical assistance starting to blur those lines. So, I just wanted to make sure that was out there.

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

Okay, so what's the answer to the question, is a provider a sub...is everybody a subset of health professional or is health professional a separate class from...category from provider?

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

Usually provider is a subset of health professional.

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

Yeah, I mean, that was the question I was asking a minute ago, it felt to me like healthcare professional encompasses all these different people that we've been talking about.

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

Right, okay.

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

That could also include PharmD, it could include...

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

Sure, yes.

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

Behavioral, PhDs, everyone right?

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

Yes.

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

Yes, who are trained and credentialed, yes.

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

Yes.

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

Okay and then to Norma's point then we can stop doing the extended or mid-level provider, someone who is licensed to for example give orders are providers.

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

Yes.

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

Okay, great.

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

Wow.

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

Okay, let's move on, but no this is very helpful and we're going to end up...you'll see this conversation will end up referring back to what we just decided. Okay, next slide, please.

So now, so this is just a reminder of a use case that it needs to have participants and workflow, data that gets exchanged and have an outcome, I would probably reorder it, but so there is something you need to do amongst participants that are interacting around a specific data. Okay, next slide, please. This is a reminder, go on, this looks like the wrong deck. I don't...

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

Paul, do you want to go to the Word document now?

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

Yes, please.

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

Okay, so our next task is to look at the “Vision Statement” that’s basically a consolidation of the use...a grouping of the use cases and then reworded to try to encompass the specific use cases that drove its meaning. And there are, I believe, five of these vision statements so that’s how we ended up getting five, it’s basically five groups.

So, what we’re going to do right now is look at the statement that ONC has prepared as a draft for the consolidated group description and as long as we get those right then we’ll start working it into the use cases.

So, the first one is probably the one that is most encompassing of the interoperability motivations and that is that any relevant provider, healthcare professional that the people who are related to giving care for an individual have access to appropriate information electronically so that they can make informed decisions that’s sort of it in a nutshell, but you see the words up there.

And there is an alternative text which is shown on the screen below. So, what do people think about some of the words? We’re not going to make micro-decisions here, micro-edits here but is this...do these words capture the vision for this particular concept?

I think a key one for the alternative text looks like we’re describing a health team and we’re making it explicit that goes beyond the traditional health team as just being those who are paid and professional to include both the individual and the family caregivers.

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

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

This is maybe where your person would fit in but the gap in that one is if you look below it also includes, in this grouping, payers and people who are, you know, assessing, you know, that organizationally are managing quality, so it’s a little bit of a gap in terms of the vision. So, I don’t know if the first one does that any better.

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

So, thank you for raising that Charlene, so there is another vision that includes specifically that. Another way to look at this, but I think people would object to some of the terminology, is to consider these are the primary users and what you described quality, payer, research are “secondary users” and people get into debate on those terms but that’s...this vision one is for the primary users, the folks that are working on individual care or health.

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

Paul, this is Mark.

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

Yes?

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

One difference I see between the two is that the alternative text refers to supporting informed clinical decision making and I think the first one embraces a broader range of uses.

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

Okay.

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

I also wanted to check, I read both of them as being equally broad with respect to family and personal caregivers. I think I heard you say that it was a little more limited in the first one, so I saw them as being equally broad in that respect. I think it is important that the vision statement include family and personal caregivers.

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

Sorry, the point I was trying to make Mark was that in defining health team to include that was in a sense redefining health team.

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

Ah, okay, got it.

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

Then it might just be the professional team.

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

Perfect, okay.

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

I'm sorry that's what was meant.

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

Very good, got it, thank you.

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

Paul, this is Cheryl, two points about the first statement not the alternative text. So, there is language in the alternative text that I like that maybe could get embedded in this statement is the cross organizational element which I wasn't sure, you know, stood out as much as it could. I think that has been a real challenge.

And then I'm assuming that, you know, this access to comprehensive information, the implication there is it's real-time, right?

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, I don't know if we want to emphasize that because in some of these data systems there are lags and the idea is to use it as clinical decision making but it means that this information has to be real-time.

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

Good point. So, we can add in addition to, we say appropriate, real-time access to, so on and so forth. So, it's a good point. That shows that it is being used on the spot at the point of decision making or at the point of care.

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

Right.

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

Paul, this is Art, I agree with these comments I just want to go back to I think informed decision making might be a better way to describe it since in a home they don't consider that the clinic.

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

Right. Okay, so I think we're starting to migrate over towards the alternative text and let me ask one question on people's feeling on what...I forgot now who asked it, is the notion of the alternative text tries to redefine health team. Do people find that...it was Mark, do people find that to be of use to incorporate that in our vision statement?

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

This is Terry, yes.

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

Okay.

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

This is Art, I agree.

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

Okay, so Alex why don't we put that in real-time in the alternative text have appropriate, real-time access, yeah, so appropriate, real-time access and then I think that maybe...so check it over and see if that's got this vision covered.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Well, I had one question about it, this is Lisa Marsch, so when we use the word "appropriate" and "appropriately accessing" how does the patient's choice about data sharing factor into this, right? So, we're talking about information flowing in lots of different directions appropriately but, you know, where does sort of the patient voice come in, in terms of what they want to share with whom and how does that impact sharing of data? Do we want to get into that?

I know that our sister community that Deven McGraw head's up focuses a lot on that and thinking about privacy considerations and also just patient control over their own data.

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

So, Lisa that's a good question and that's what was built into that word. So, appropriate meant...

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

The word appropriate?

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

Yeah.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

All right.

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

Appropriate meant to have a need to know and the consent to do so.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Okay and that will be reflected in the language?

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

Right.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

A definition somewhere.

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

Yeah.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College
Okay, great.

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

Yeah.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College
Okay.

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

Paul, its Mark.

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

Yes?

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

The one thing that's in the first statement that would need...I think should be brought down as well is care coordination.

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

Good point.

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

So that clinical decisions and care coordination.

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

Good point, why don't you go ahead and bring that down Alex, please.

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

I agree.

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

After informed clinical decision making...

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

Right.

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

Just adding it at the end.

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

This is Terry, just a minor change, care coordination versus coordination of care. Care coordination sounds a lot like a role to me and coordination of care seems like a process.

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

I think it's a noun versus...so the informed clinical decision making is a noun and that's why I think that's just a parallel.

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

And then this is Charlene, do you want to use patient or person in this case in the bottom, or individual?

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

Person, person, thank you.

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

Person, all right.

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

Yeah, good catch. Do you see where that is...no, no, no it was in the cross organizational person specific.

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

It looks like we can use both and it would be fine.

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

I think this is one of those cases where individual makes more...person makes sense in some cases and individual makes sense in others. All right, so how does this text look to folks?

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

I think it looks...

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

Good.

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

This is Art, I think it looks much improved but again I still am concerned that the patient and their family accessing data for things to do in their home is not a clinical decision.

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

Where does it say clinical...

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

It says...

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

Oh, got it, sorry...

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

Informed decision...

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

Sorry, apologize, could we take that out then please?

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

So, this is Mike...

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

And I'm a little bit...

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

The question is, how do we define the boundaries of decision making is it...

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

I'm a little concerned about the limited view of the word clinical. Do you think clinical care only occurs in clinics? That would be far from my understanding. This is Norma.

I believe we give clinical care at home that's when we are really taking care of those aspects of care. Would you...I mean, so I'm a little bit perplexed there with that use of the word clinical. I have a broader view that clinical care are clinical type decisions that go on all over...

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

Yes.

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

Wherever the patient happens or the individual happens to be.

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

There are many activities that they might do which would not necessarily be considered clinical, exercise.

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

See, I guess I don't have that narrow definition of clinical, sorry, Art.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Yeah, this is...

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

This is Joe, is it about more informed healthcare decision making?

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

Or health?

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

Health decision making I would agree with that.

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

So, this is Mike I'll just weigh in on my concern now, is there is no care for the patient except care coordination.

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

Well, that's...

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

No...

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

That's what I believe is clinical care, but...

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

So, do I.

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

So, I thought there was a parallel one this was not the one where we're talking about providers, this is about the families more is what I heard Paul say earlier, a different vision will appear yet for what clinicians and providers make.

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

No actually this is it.

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

Yeah, this is the providers, they're like the first three.

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

This is everybody participating on the health team...

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

Yeah.

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

Which includes providers and the individual and their family caregivers.

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

The other one is sort of accountability and contracting and payers...

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

That are...

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

Right.

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

Okay, then I thought it was going to be different. I would now say then health and clinical decision making.

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

All right let me go back to...

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

So, I...

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

This is Mike I would stay either with clinical or go with healthcare decision making. This is about delivering care. Patients can make their health decisions, but, I mean it feels like if you got the whole team involved it will be healthcare or clinical.

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

Yeah, I would vote for clinical.

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

I'll vote for clinical as well.

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

I vote for clinical.

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

Okay.

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

I'll say clinical.

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

Let's go back to clinical and we're going to interpret clinical more broadly as Norma was describing and also the actors in clinical decision making are not restricted to providers including care coordination as a matter of fact. All right, are we there? That's good.

Okay, we're going to come back to the exemplar use cases, let's go onto vision statement 2 please.

Okay, so now this is extending the sources of data to other data gathering technologies is how we've used it here and making sure that this gets incorporated and can be used by all of the players we described above who are involved in an individual's health and you see three different texts to describe that concept.

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

This is Charlene, I'll kind of put in there I kind of rewrote this so that I could parallel the vision statements and they all kind of were on the same...started with who the actors were and then moved to the action statement, so less about so much content, but just put the parallelism among the different vision statements. So, that was...that's just a writer thing.

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

Is that number three?

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

The statement above under the vision statement which I can't see on the phone, it may be, oh, I can see it now.

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

So, are you describing the...

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

Yeah, it's number three.

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

It's number three. I just kind of...

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

Now that sounds good, yes.

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

Reframed this, yes.

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, that across all of them it would be in that context.

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

Yes. Other comments or preferences?

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

I struggled a bit with the first statement the part of the text that says, to support the individual as a full member of the extended care team. It didn't feel to me like this is exactly what this is about, it's more about information exchange between, you know, the patient and provider to help the individual, you know, in his or her efforts to meet their health goals, you know, which comes through effective engagement and self-management. So, I wasn't sure whether we need that part of the text in there as a full member of the extended care team.

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

Which version are you talking about 1, 2 or 3?

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

The first one.

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

Do you think number 3 which is more concise covers... which doesn't include that phrase...

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

I think I prefer the way the third one is worded...

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

All right.

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

Because I think it conveys, you know, what I think we're trying to say here is that the individual can access, interpret and exchange information it's members of their care team, you know, to help support, you know, their effective engagement and self-management.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

This is Lisa, I would agree with that and, you know, on this one too I'm a little hung up on the meaning of the word appropriate because I think the first of these three sentences suggests there is this seamless information going back and forth between patient technologies and provider's technologies and we know that a lot of self-management tools that patients use are very valuable even if they don't ever interface with the clinician and we also know a lot of healthcare systems and providers don't necessarily want all of the data from these patient-centered technologies.

So, I think that they'll need some language to show that there is flexibility, that there is value even when there is not, you know, 100% flow back and forth with these types of technologies would be important to reflect here.

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

Good point.

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

Paul it's Mark...

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

I think it's included in three.

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

Oh, I'm sorry.

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

Right?

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

What's that?

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

I think that concept is included in number three.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Yeah, I prefer three.

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

Yes, okay. Mark?

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

Yeah, for me a big distinction with three is that it's about individuals and uses whereas the first two are about data and exchange. So, I like the active role of individuals in it.

The other comment though that I have is that the use cases, the individual use cases gravitate around patient generated health data and that concept is not really captured in number three. I had proposed some language yesterday that tried to build both of those points in, it can be done, but I'm just observing that in the third example here it doesn't have that focus if we want it to have that focus.

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

I see what you're saying. I think that's part of the intent because that's reflected in some of the submissions. Other people agree with us figuring out how to incorporate that, essentially it's the patient generated data...

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

Yeah, this is...

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

In 2 or 3?

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

Yes, this is Joe, it does feel like it is a little bit three verbs access, interpret and exchange. Exchange may be the only verb that addresses that, so, yeah, whereas the bidirectional is a little bit more wording up above.

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

Or you could say capture in this case too, yeah, I kind of meant by exchange it would instantly capture, you know, something...

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

Okay.

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

And this is Mike I would say the second one more clearly indicates that they're using a technology that they may have possession of to exchange data whereas the third one doesn't make it as clear that they would be able to do so.

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

My other concern is that we're talking about their health status with members of their care team. I'm wondering if there is a little bit of an implication that makes it sound as if they are not part of their care team, which of course they are, so I just want to be careful of that.

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

Okay, so if we did a good job with vision 1 of redefining what the health team is then maybe we have that piece covered, but I think the biggest part is we've not explicitly talked about patient generated data and the new sources that can be contributed to this whole shared health team decision making process and that's something we want to include.

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

This is Terry, don't we also want to include not only from the patient but also the patient, the individual person receiving information from the rest of the health team so that a bidirectional piece needs to be snuck in there somewhere.

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

Whether it's before exchange or maybe just, yeah, bidirectional changes.

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

Yeah, yeah, okay.

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

This is Norma, wouldn't we...I'm a little troubled with the use "extended care team" I'm not quite sure...wouldn't we go back and use the terms that we worked so hard to define the first half an hour...

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

Right.

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

Of this call? So, it would be a member of...and however we use that, I don't know that we define care team.

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

Right.

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

So, maybe we have to throw that into the definitions as well and put care teams under...be clearer under the participants that we know who those care team members are.

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

Good point.

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

But, I guess I object to the word “extended” because I’m not sure what that means.

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

And I might have...

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

Care team might define it.

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

And I might object to the word “care.” So, in vision one we took great pains to define health team...

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

To make sure it included the person and informal caregiver. We’ll go back and define those and would people object if we reuse that phrase, you know, health team?

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

That would be good.

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

So, Paul, this is Mike, I'm wondering also if this underscores the need for another role. We often think within our EHRs we define who the members of the care team are from the health profession side. From the patient's side to be able to say that their massage therapist who we may not know anything about is part of their care team would probably be another useful part of the equation. I don't know if we need to capture it here or somewhere else but I'd put it in the parking lot for some piece of defining the care team and the role the patient has in defining it.

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

Okay. We should include that in our definition and that actually is consistent with the patient representative and the view, download and transmit, the person gets to decide who it goes to. Okay. Okay so...

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

Go ahead?

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

Yeah, summarize because I'm a little, this is Charlene, I'm a little...

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

Yeah, I was going to summarize.

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

I thought we didn't want extended care team we decided...

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

No we don't.

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

Okay, so let me summarize, we're going to focus on text number three, we're going to use the term health team that we will have defined and we will include the two notions one is include patient generated data and the other is the bidirectional exchange so that data goes in or information goes in and patients/people can get access to that. So, we'll have to reword this, but we can reword that and circulate that for edits...

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

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation
And through e-mail.

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

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation
Is that a go folks?

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

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

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

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

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College
Yes, fine.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation
Okay, let’s go to number three please. Okay, this concept is...it’s trying to make sure that we cross the spectrum, we did...we already introduced the idea of cross organizational, but this is really dealing with care coordination and care transitions or at least that’s the way we’ve said it in the past, we might have better words to use now. So, you can take a look at these three texts.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation
This is Charlene, I did the same thing, I kind of put the person of course the wrong word, in the beginning of the text, number three.

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

So, this is Mike, I'll just weigh in on the issue of automatic exchange and what we mean by that. The providers would have a concern about receiving data they're not asking for. I don't know that we mean it that way, in fact I'm pretty sure we don't, but the notion that it can, under certain rules, be received or sent according to preferences. On the receiving end you'd like to have some choice about whether to accept it into your record or not.

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

Okay, other comments or somebody want to start with picking...start working on one as a draft and...

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

This is Terry, I like...I'll cast a vote for three.

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

Okay.

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

It just doesn't have Mike's concept in it, so I don't know.

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

So, actually, this is Mike, I'm actually less concerned about three because the right...from my perspective the right principle is there...

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

Yeah.

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

That providers would resonant with and it doesn't sound overly prescriptive with regard to how much must be exchanged or...

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

Okay.

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

What one has to do with it once received.

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

It would be health team members though, right, health team?

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

Right.

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

Yeah, using the same term.

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

Okay, how are we doing here?

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

It looks good.

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

Great.

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

Paul, this is Mike, do we want to say anything about the ingestability of such information?

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

That will come...I mean, that's...

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

Later?

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

Isn't that implicit?

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

It is to me, but, okay, that's fine as long as that can be assumed.

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

Yeah, we're not just...never mind...okay, let's move onto four. This is great folks. Okay, here now we're getting to "secondary uses" and we're trying to have all this data gathering to be put to use for the learning health system whether that is...and these are all consumers of aggregate data like public health, research, quality measurement and accreditation.

So, this is the ability, implicit here is to link data and then cause a de-identified set to be made available for those secondary uses. So, here are three texts. Does someone want to start us off?

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Is this...this is Lisa, two and three focus quite a bit on researchers as the recipients of this data or at least two heavily does and I wonder if that is the only audience that we're thinking about here because if we're thinking about like quality improvement for example it maybe the healthcare system itself that's looking at this.

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

Paul, this is Mike, this is what Bill Turney and others might call the big "R" and the little "r" the little "r" being the quality improvement type local types of research, so we might be able to clarify it through the definitions.

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

Yeah.

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

But, that's a great point, yeah.

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

Well, I don't think it's bad to just call it out, I mean, we can call it quality improvement for research...quality improvement, research and public health in number two.

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

I'm guessing Charlene wrote number two because it talks about the research.

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

I wrote number two, you got it.

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

So, she's been doing well so far.

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

...something.

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

Then what is wrong with number one, starting out with the de-identified clinical and claims or administrative data and others are linked and matched for use by all these folks research, public health and quality measurement. I kind of like that one. What's wrong with that one?

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

It doesn't have the actors up front from Charlene's point-of-view but we could...

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

But it...

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

Yeah, I mean, it's not bad. I just made them consistent so that was all.

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

Number one does give additional breadth that we haven't talked about like other uncommon things like social determinants where it's not commonly or almost never included in our datasets but we'd like it to be.

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

Yes that's why I like that one, this is Norma.

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

And Paul, this is Mike again, I think for the actor's perspective would we want to then think about researchers and for example performance improvement or quality improvement specialists, those kinds of actors?

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

Yeah, so that's implied in there right? And it's not just quality measurement really the goal is quality improvement.

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

Right.

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

Yeah, improvement.

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

Yeah.

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

Right, but I would say that if we leave it at researchers it wouldn't be so implied to me it would be very clear that we intend this kind of use for people who are part of the performance improvement and quality improvement teams.

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

Well, actually we've transitioned to statement one.

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

Yeah, we're back to statement one.

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

We're back to statement one.

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

So, what does...

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

...appropriate users other than the methods are appropriate or appropriately...so appropriate users and then go on for the uses of de-identified data.

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

...

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

So what does robust...so what does robust identity mean? What does that mean?

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

I suppose what was meant was that compared to what we have, which is not robust.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Exactly.

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

Probably just robust integrity, right? Or just integrity to use.

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

Yeah...I kind of got it like, you know, de-identified, but it was like I wasn't sure exactly what it kind of meant when reading that that's all.

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

Well, couldn't it just be robust of identity management? I guess it's giving special call out to this whole identity management problem.

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

Yeah.

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

And it's one of these things where it's come up over and over again both in discussions here as well as in other organizations asking for it and we've sort of stumbled upon this whole patient ID issue.

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

But I liked it where I just was...it linked and matched from multiple sources that was clear but it was like I get it, they need that link across the settings.

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

To know it's the same person, but I like management better than integrity because it's clearer. And I think I'd put in a line data that was linked and matched, but...

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

I don't want to divert, this is Norma, but since you brought that up, is somebody...is this part of dealing with this identifier, single identifier for participants, is that on the table or is that off the table these days? I mean, it's brought up almost every place I have a discussion.

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

I know, I know, this is our way of sort of reminding ourselves that it's still...the issue is still around.

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

But we aren't making any kind of recommendation on it or anything, right?

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

Right none of these are recommendations anyway they're just use cases, we're just calling out.

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

Well, okay.

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

If we're going to have aggregate...

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

You need it, right?

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

Then somehow you've got to match these things, yeah.

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, Alex can you say robust identity management instead of integrity in that first statement?

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

I think that's fine, this is Joe. Another thought though around sort of quality measurement, I know that in Massachusetts too there is a lot of sort of value transparency around cost of care, etcetera. I'm thinking the state is another constituency with their APCD and how they're trying to aggregate information. Do we need to limit it to quality improvement or can we say something broader like value management or is that too opaque?

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

I think it's a little opaque. What do people think? I mean, I think quality improvement is the more standard term and recognizable.

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

Or the other one is performance improvement that's broad.

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

Right, right.

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

And this is Mike, I think there can be both, but I agree quality improvement is a good term.

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

Okay, can we move to quality improvement Alex, please? So, we're getting a little short on time here before we get to the next phase. Yeah, that's it. So, how do people like number one?

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

This is Mark; that would be my preference.

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

I like it, this is Joe.

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

I like that.

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

Yeah, I'm fine with one. I just...I know when I read it when we were reviewing and commenting on these I wasn't exactly sure what robust identity integrity referred to.

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

Use management health.

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

So, what is robust identity management? So, is this like we're matching probabilistically, I just...

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

Yeah.

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

The terminology was really opaque to me.

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

We could say...

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

Hey, actually what do...what do people think about...

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

...matching.

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

Just leaving it, because it says match from multiple sources, what if we just deleted that phrase with robust identity management.

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

Yes.

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

I'm not sure it adds anything.

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

I'd agree.

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

So, this...for Mike, I would say this is key to having any of this work. If we don't have identity managed well so there is a high degree of reliability and confidence that we have patients matched correctly than it can't be very useful that's why I thought I saw it in there.

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

That was the motivation but you wouldn't match from multiple sources, doesn't say recklessly match from multiple sources.

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

Yeah, I mean, I hear you on that comment because the information whether it's for, you know, providers, health professionals or researchers isn't good if you can't reliably match, you know, on the same individual and I guess I was, you know, not clear on how that occurs in what I'm going to call this de-identified environment.

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

And I think to Paul's point I would just say, if this was a no brainer you wouldn't need the term, but because this is a real challenge today, until we can solve that problem I don't know that we can achieve that vision statement.

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

Okay, I'm going to ask for a vote. So, it now stands with it in there, are people okay with this?

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

Yes.

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

Yes.

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

Yes.

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

Yes.

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

Fine.

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

Yes.

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

Thank you. Move onto statement five, which I think is the last one, right, Alex?

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

One more, six.

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

Oh, no there are six, okay. So let me make...there were some comments on this and let me just ask for a vote. So, there were comments about whether this is an interoperability or this is an EHR function. Do we really have to talk about telehealth given that we have vision one, which is indifferent to how it gets there and where it comes from?

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

I think you’re right, this is Mark, I think you’re right, Paul it probably got picked up this way because of the reference to eVisits and telemedicine in the one use case that’s here.

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

Yes.

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

Yeah, this is Ginny, I would agree.

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

Okay. Okay, let’s move onto six then. All right, this is the tie in with public health.

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

So, this is Mike, can I actually go back for a second to the previous one? If one provider has one system and another provider has another system and they want to interact in a telehealth way across patients don’t they need interoperability to do that?

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

They do but it’s covered in one.

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

Okay, so if you think it's subsumed by that I guess I'm fine then.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

What is meant by require...this is Lisa, what is meant by required reporting? I feel like that might be a little vague in the language on six.

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

Oh, I think it's a little redundant actually. Yeah, I mean, I don't know that we need...

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

This is Mark, oh go ahead, sorry.

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

No that's fine.

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

So, I'm aware of some situations where state statutes require reporting to public health. I didn't write it, that may be what was meant, but it seems like you could take out the word "required" and just say "to facilitate reporting."

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Reporting of what?

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

Information to public health, the way I read it was information to public health agencies.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Okay.

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

Yes.

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

So, I...

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

To me it is clinical diagnosis incidents...

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

Yes. So, this is Charlene, so I kind of...the reason I rewrote part of the second one was it felt like the first one, although it is bidirectional, missed the use of public health data for real-time care so I tried to add that in, you know, it's kind of...it's like you could do it...it says more how rather than what you're doing. So, that was kind of why I rewrote it so they can report routinely, you know, it's required by law, as well as use that data ultimately to support them in providing care. That is what I thought the vision was. So, that's kind of why I wrote it that way, the thought got lost, I didn't see it in the first one.

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

Other comments on either one?

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

This is Mark, I liked, from the first one the sort of...the more bidirectional nature of it that public health agencies were delivering information to clinical providers too, which I think is maybe a little forward looking at this point but I hope ends up being the case. So, I like that but it's not a big deal.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

I think that two also implies bidirectionality right, though, even though the word isn't used, I think that was the intent.

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

Yes. I mean, maybe you put bidirectional in the second to make it more...

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Yeah, maybe just add it.

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

And maybe put it there.

Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College

Yeah.

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

This is Norma, can somebody help me understand public health data and population health data? We use public health here.

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

I think it's...I'm going to put words in somebody's mouth, but population health is done by all stakeholders and public health has much more of a...it's government because government serves the public good and so like the CDC and state public health departments it's really referring to that use.

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

So, I understand...

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

Maybe the public health is a subset of population health even.

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

It is, it is.

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

I don't think anywhere in this document, in these use cases have we spoken to population health? Maybe that goes under that...I don't know...it wouldn't be de-identified would it?

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

Yeah, it would be wouldn't it?

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

Would it be? Maybe that's a place to sort of put that.

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

I would...this is Joe, so I would say that we would consider...I would have read population health as sort of a function that the health team is doing...

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

Using registries, etcetera to do outreach, etcetera for specific patient populations, to me that's another sort of standard workflow that a lot of delivery systems just are doing.

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

Right and this is Terry, the public health is really specifically reported diseases, reporting TB, actually transmitted diseases, child abuse. This is sort of the reporting that is demanded by statute.

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

Okay, got it.

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

And so to deal with the bidirectional comment could we put providers report and receive public health data.

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

Yes.

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

That sounds good.

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

Okay, do we have it with number two?

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

Looks good.

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

Yes.

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

Okay. All right, very good, thank you folks. Okay now we’re going to go up to the next, our final assignment, but we do need to finish this because it impacts our homework assignment, is to go up to vision one and we’ve sort of combined again, combined the seven use cases that were submitted into these three, towards the right of that top row, and one we break it out into healthcare providers, the individuals and the payers as three different use cases because they do have different needs and privileges and access, etcetera.

So, if you look at those three use cases as exemplar use cases a use case is just a driver for thinking about all the things that are needed in order to make that use case come true. It doesn’t have to be comprehensive that’s why we used the word “exemplar” there. These are things that when you exercise these three things as an example you’re pretty much having to deal with a lot of the HIT functionality that would have to be there in order to serve the vision.

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

Do we think that number one is limited to provider? Getting back to our healthcare professionals.

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

This is Mike, I’ll just say a healthcare professional would be perfect for that it could be delegated to any member of the team or take leadership there.

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

Okay.

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

Yes, agreed.

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

All right, if you don't mind change that to a healthcare professional.

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

And do you still want patient in there...

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

Individual?

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

Individual.

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

An individual, right. And it's "and" of course. Okay.

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

This is Ginny, would we want to say the data would only come back from EHRs or should we make that more inclusive of other HIT?

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

We'd be looking for our data from our HIE as well.

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

Right.

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

For other HIEs that are not part of our network.

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

And lab systems and...

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

Right, so what do you call this noun? You know what, in fact queries is a little bit biasing.

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

Yes.

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

Shouldn't someone access it but I don't...query seems to...you're right it asks you about query and you have to go find it, access means it comes to you.

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

Yeah.

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

So, if we could change that.

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

Yes.

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

To access. Accesses, yeah. You know and I see...there are lots of things. So, we may not want to get...we'll have to massage some of these words but I don't know that there is a one consolidated dataset in the sky that kind of thing. So, in order...sort of the vision is really healthcare professional accesses comprehensive longitudinal person specific information to care for an individual, any way it's the parallel of that.

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

So, I guess just the one thing here in these exemplar use cases that we're trying to get a little bit more, you know, beyond the vision which is sort of the overall thing we would like to see happen across many different actors trying to pick out some specific stories about how that happens and understand whether those are, you know, what the standards are supporting them and what the readiness factors are in adoption and so on.

I just want to be sure that we're making that separation between what we were talking about with the vision statements and now what we're trying to do to pick out some sub-exemplars that just illustrate a couple of different sides of the story for the prioritization process.

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

That's a good point. We'll see as we do the exercise it's hard to work only in generalities.

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

So, this is Joe, it seems like number one and number two, number one, the exemplars around are traditional use of healthcare professional making an informed clinical decision with all the information. So we could use a specific example for that around that or care coordination.

And then two is from the individual's perspective, probably something that a little less "traditional" and decision making and something that is more specific toward individual...I'd sort of opt for something...an example around health.

I'm a little stuck on three and how three fits with all members of the person's health team. It seems like three is a little bit different based on how we just described the vision.

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

Did it go down to the de-identified? Do you think that's where this exemplar belongs?

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

I'm torn.

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

I think...

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

Sorry go ahead.

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

Yeah, this is Terry, do you think you need a team function, an example of, you know, is this the health team interaction use case? Because you've got the healthcare provider, the individual and perhaps the next progression of use cases would be the team functioning as a team and what does that do.

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

Yeah that would be helpful. I mean...

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

Yeah, I kind of like that.

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

Care in primary and specialty or different settings of care. Could I make another comment on number one?

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

Sure.

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

It feels to me like there are two aspects to what's embedded in that sentence so there is like the pull function, which is the query and then the push function which is receives data back, right?

So, we're trying to convey that somehow or other providers can reach into other systems to pull data and that some systems will push data back into their system. Is that right?

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

I actually think this receive is because of the query, the formal word “query.” Alex you may be able to help us...why would you want to query if you don't want to receive back?

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

Yeah, I think we were just trying to be a little more specific in the different steps of the interaction but we could, you know, just do one piece of this if people felt that was the most granular or helpful way to pose an example for the prioritization process.

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

Well, I think...

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

Yeah, because I know when I've been out talking to some provider organizations, you know, there are certain things that, you know, automatically come into their EHR and populate, you know, from other sources whether that's pharmacy or whatever versus they have to go out and query it. And I just wanted to be clear if that's what we meant here.

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

And this is Mike, this gets back to my earlier comment where you'd like to have things through interoperability pushed to the front door of your system but have the ability to quality check it for accuracy before you ingest it into your system.

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

Yes.

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

And to me this is not that use case, this one, as written, is all about going...being able to go out shopping for data if we want to also talk about it pushing data in we would need to change it.

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

Right, so I think, the receives data back is unnecessary, I think it's under access.

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, what was the point on...

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

So, this is Mike, I'd be careful again, because if I can access the data but I can't receive it back into my system that would be a concern and I read that phrase as saying I can then actually get it back into my system.

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

Oh, import, so you're talking about import?

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

I guess so, yes.

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

Yeah. So, when you say access you're thinking of if you have a web access to something that's not good enough you want to import it back.

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

Correct. I can do that today, I can see things and I can't do anything unless I...

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

Can copy/paste them.

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

Got it. Okay. So, it's a little bit like VDT.

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

Exactly.

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

All right. So, access and import elements? That's up where you have access, could that be access and import?

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

That would work for me.

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

Okay. So, I'm not clear about what's the team use case? It's just saying, people other than the professional? Terry, I think you were mentioning it.

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

Yeah, so this is Joe, I guess I would think of it if there was illustration where you have multiple care professionals across multiple organizations accessing the same information kind of happening at the same time to make a decision for a patient. That's something that's really hard to do right now.

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

Yeah and this is Terry, it might be also longitudinal coordination of care.

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, across multiple teams.

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

How is that...so what's that add to number one?

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

I'm sorry, I didn't...

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

I agree what...you should be able to multi-process it or, you know...

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

You're not really defining it if you're locking the database out...probably in the weeds...

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

Yeah.

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

Yeah, this is Mike, I don't...I'm struggling to see how one doesn't cover this too.

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

Okay. So, let's not...until we find a better reason for calling out a different one maybe we don't want to add that. And then somebody asked about the payer, why is that there, do we have an answer for that? Oh, and the counter suggestion was to put it down into other, secondary uses in the de-identified vision.

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

Yeah, I think I asked the question mostly because we said the payer wasn't part of our all members of a person's health team...

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

As defined in the vision.

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

Right. Okay. All right, let's try...so the important part of this part of our call is to see can we use the matrix, can we eat our own dog food? Can we use the matrix to test these two scenarios we have here? Now what do we do? We go to the matrix view?

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

Yes, just a second let me...

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

So, while he's doing that Paul, could I raise one other question about payers potentially being part of the care team? So, let's assume we lived in a great world where payers could look at this stuff and help us with the authorization for tests and treatments and they used the interoperability part to be able to just say yes instead of delaying or denying care that's appropriate and requiring other work by other members of the care team. Just throwing the idea out that maybe they could under some circumstances be part of the care team.

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

Yeah.

Charlene Underwood, MBA – Senior Expert, Government & Policy for Health IT – Cerner Corporation
Yeah and/or the payer needs to be a part of your ACO, right, you own the health plan, that's the more narrower case because they are under your auspices, right, so that might also be a category.

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

Right, so Charlene you're on to me, that's exactly what we'd be talking about here as health organizations increasingly also become payers they're going to be closer and closer to that care team.

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

Now, okay, so should...

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

Okay.

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

I'm almost thinking...in the traditional sense the payer basically acts as the middle person between the individual and the people providing service. I think you're almost thinking about a role of...a population manager, am I correct first of all?

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

That or a care manager where they pull the data...

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

They pull the...clinical data, right.

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

So, those are not roles...those are roles on a clinical side...so I'm not saying that's not happening but I wonder if there is a different word for them rather than payers, because you don't think of care managers as payers, as people who adjudicate payment.

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

Yeah, so this is Mike, I'd just say again, I hear you and I resonant with what you're saying, I'm just wondering if that line is already starting to get blurry enough that those who are managing the cost of care and who are underwriting the costs and approving treatments are increasingly becoming part of that care team.

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

So, something to think about, yeah.

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

And this is Charlene, I was actually talking with someone yesterday where they actually have a product where they do exactly that under a value-based contract they have contractual ability to pull clinical data, now that's not from an HIE, but you could see where...from a clinical system and they pull that clinical data into, you know, the payer system for whatever they do, I don't know what they do.

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

Okay, let's start thinking about...let's start looking at what are the issues that are going to come to us as we try to fill out this matrix for the whole set of a dozen use cases. So, let's start working through and see how...you know what questions arise. So, use case...

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

I want to ask something about cost and payment. Is there ever a time when we get some feedback...all the data goes one direction just like, you know, we've asked the public health people to also give us feedback, you know, cost and payment are so elusive in terms of now that we're coming up with cost value equations and we raised this question way back when we were looking at principles, but who handles or who has the cost data and the payment data? And who has access to that?

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

That's a great question. So, wherever that payer use case is let's put the word bidirectional in that one too.

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

I'd like to do that as...

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

I mean, as a patient and as a consumer. Let me tell you I would love to do that even more so than getting my results back for my tests, because it is just really hard out there to deal not only with one payer but several. So, I would really like that in there even if somebody raises their eyebrows.

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

Okay, could you write that on a piece of paper Alex and then let's move on with the matrix.

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

Thank you.

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

Thanks. I don't know about you but I have a purple screen in front of me.

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

Yes.

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

Okay, all right, so let's try use case number one the healthcare professional accesses and imports data from across the continuum. We already did the impact now how would we answer...how would we score 0 + 1 + 2 for National Quality Strategies? Does that seem fairly straightforward? Zero has no impact, +1 has a minor impact or you know a smaller impact and 2+ is a large impact. Would we be able to rate the safety impact of this, the patient engagement impact, the care coordination is that fairly straightforward people think?

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

Yes.

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

Okay.

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

You have the heavy lift, you have the heavy lift of it so is that...

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

Not yet.

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

Okay, all right.

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

No this is just how does it...

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

I just can't read it.

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

Yeah, I know. The next category is, scroll to the right, please.

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

Sorry, and folks you should...it helps if you make your...do full screen I know it's little when you have all the webinar stuff around it, but there is that little button with the four arrows and that will make it bigger.

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

Thank you. And scroll to the right, please. Now how does it...how does it fit with the interoperability roadmap goals, the short, medium and longer term? Now when I said "fit" maybe that was...I don't know whether that's the right word. So, how would we rate these? Oh, okay, there you go, you've got a popup cheat sheet. So, the short-term goal is to send and receive stuff, right? The mid-term goal is to expand...okay I guess it's almost like Stage 1, 2, 3, Stage 1 is to get it to move around, Stage 2 is to use it to do something like improve health and lower cost and Stage 3 is what?

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

Sorry.

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

Yeah, I know, achieve...the learning health system.

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

Learning health system.

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

Yeah, I think...so Stage 2 is expanding to a broader set of users, so the first one is the send, find and receive with providers...

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

Right.

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

And then the second is expanding to a broader set of...

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

So, a question here to ourselves, why wouldn't all...why wouldn't this be 2+ in all of them and maybe that's okay, so I'm just opening it up for discussion.

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

Yeah, this is such as basic use case.

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

And foundational, it seems like it's...at least for everything that we've talked about so far, it's going to be high.

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

Okay and presumably we've got...these use cases got submitted because of this so maybe that just says it was relevant. Okay as we think about...

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

And...

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

Go ahead?

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

And Paul it's also in the top 15, right?

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

That's right, so maybe...

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

All of these are in the top 15.

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

It's working as designed, so, yeah, maybe that's a lesson learned. And the DSR goals 30 and 50%. Okay, well we're learning something. Why...by design we've tried to pick the most important, most impactful and most needed, okay. Okay, maybe the wheat is going to be separated from the chaff by this third category...

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

Yeah.

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

Operational readiness. Okay. Business and cultural environment for number one.

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

So, the business, this is Mike, the business case for receiving it sounds strong, the business case for sharing it might run into the competition issues.

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

Agree.

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

So, I think the scale here is 1-3, three being the most...the low hanging fruit if we remember that one, I forgot, which way is 1 and which way is 3?

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

Yeah, let's have 3 be the most preferred.

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

Okay, so 3 is...okay, so if everything was 3 across the top it would be low hanging fruit. So, here you would say that it's a 1, 2 or 3?

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

Paul, can I ask a question, sorry?

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

Go ahead.

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

I hope I didn't miss it. What's the timeframe on this? So, for example the roadmap talks about send, use, receive, etcetera 2015 to 2017. So, if we're talking about right now you might come to one conclusion, if you're talking about 3 year agenda of the roadmap you might have a different assessment about operational readiness.

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

Okay, there is...so one answer is it's in the first group 2015 to 2017 because that would give you what could you do today. What do people think?

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

I think that makes sense, this is Joe, I think it makes sense because I think you're going to have to continually do this re-assessment and this isn't a one-time review, right?

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

This is Mark, that makes sense to me, but my other take away from that is that it's not assessing it right now we have to do a little bit of projection as well over the next...to 2015, 2016, 2017.

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

Yes, let's say if...since the federal government is reusing this the rulemaking process takes at least a year. If we said it was ready...I don't think we have to worry about it being implemented in 2015...all right, so far we're saying...we're answering this for the short-term, the 2015-2017. So, how would you answer business and cultural environment for number one?

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

Can we try...

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 say it's fairly low just because of the competition issue number one on end and the workflow usability on the other end, but that's from the provider view from other stakeholders it might be higher.

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

And this is Mark I would...

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

Well, that's the purpose of us having multiple columns.

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

This is Mark, from the patient and family perspective I'd say the use case is high.

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

That means it's ready?

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

That's what we saw in our patient survey that we just released.

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

Can you scroll a little bit to the right Alex please? So, the choices we have...the different stakeholders we have, we have business, technical, stakeholders we're going to ask ourselves which stakeholders and policy environment. So, you're right, we may have to break some of these stakeholders out?

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

So, I think what the operational readiness, the idea was do these factors support immediate adoption. So, you know, there is one question about this, are there standards ready for this now so the technical environment...

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

Right.

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

But then these other things are things about the environment supporting people doing this, adopting this use case in the short-term or are they a hindrance to it as opposed to who is it benefitting. So, trying to...

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

No, no I think the point is, let's Mike says the business, cultural environment is low readiness because of the competition so that might be a one. The standards might exist, let's say...I'm just throwing these things out to say, number two and then now the stakeholder impact...so Mark is saying if the three, you know, that individuals are ready for it and Mike might say, well the providers I'm not sure are ready for it, I made that up, so how would you get both the three and the one in there? There is not much cost to the consumer...

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 individual, there is a whole lot of cost to the provider. It seems like we need that information, right?

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

So, how much of this Paul is sort of if the entire Workgroup is voting and the general consensus comes out with all the individual scores given the composition of our Workgroup?

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 you're saying the individual...

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

No, Paul...

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

Takes their perspective?

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

Yeah.

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

The voting...

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

Each individual of the Workgroup takes their perspective and the composition of the Workgroup sort of gives the higher level recommendation.

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

I see.

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

No, no.

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

So, Paul, this is Mike, the other thing I would just say though is if this is in part also a tool to help others it can be really helpful to know that either on an incentive regulatory or other process what is it going to take for this functionality to actually succeed because if, for example, providers or organizations pay but other people benefit and they have a large workload to reconcile the data that's being exchanged and therefore the overall quality value proposition they see is low will we succeed even if it's of high value to patients.

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

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

So, those things just need to be factored in.

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

And Paul remember when you did that NQF stuff didn't you call out workflow impact as a separate category when you looked at measures?

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

Right but that workflow impact was from the perspective of the user which was the provider.

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

Right so...

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

Here we...

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

I think you have precedent for calling it out, carving it out that's all I'm saying.

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

So, logistically what would we do? Would we do...have everybody vote their represented group or do we identify both the person who bears the cost and the person who benefits...well, for the person who benefits everybody would say three.

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

Yeah.

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

So, how do we...it seems like readiness is...

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

So...

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

Yeah, that's right, readiness is probably...readiness is from the people who have to do something in the column to the right that was the beneficiaries, right? If you scroll over to the right a little bit Alex. This is where we said who was going to benefit.

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

Right, impact, yeah.

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

So, I think, you know, the point came down to like in Stage 2 there were all these use processes people had to do which you could choose one or two so I think that's...it would be nice to carve out that these are new processes that they could be started to be narrowed, I mean, because I can't see four...there could be two or...there would be value to that.

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

Let me throw out a strawman, how about if Mark's answer really appears, the three for consumer, actually we're going to have to relabel that, the three for consumer would be three and the answer for readiness...readiness, who has to be ready the people who have to put in work or cost that would be the people who have to be sharing data, making data available so that might be in Mike's world one. How does that feel to people in terms of where to give the information about this use case, where to put that in our matrix?

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

So, Paul, I'm a little bit confused by the column header here, it says cost/benefit...

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

Right.

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

But then off to the right you have benefits, right, so...

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

How about if this were cost...

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

Yeah.

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

It's really a stakeholder, stakeholder effort, how about that? Because a lot of the times it is mainly it's the workflow, it's the burden on the...whoever has to provide the service.

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

This is Terry, maybe in the benefit column you could go to minus benefit as well so from -3 to +3 and then you could really help somebody and really hurt somebody else.

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

Yeah or impact positive/negative, yeah.

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

Okay, I think you're changing it but let's see if that's a good change...you're changing what this category is meant to address, but let's see what people think about that?

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

I kind of like sort of broader system perspective across all six views.

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

So, Paul you could, this is Mark, you could just replicate that set of six, you could copy that set of six columns and use it for another purpose as well not just beneficiaries.

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

And this is Mike, to the extent that we decide we would separate out stakeholder impact or burden, if you will, the more we can say that and still reflect what could be a positive or a negative to them the more that the stakeholders, again, especially providers, would be able to say, they actually thought about this, they reflected on it and they described what they thought...

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 would be.

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

Well, how about that labeling category four as cost/benefit and it does go from negative three to positive three? Or we could do it effort/benefit, whatever it is because you could see how it might be burdensome to one stakeholder and very beneficial to another. Now how would you rate the fact that providers have to put the data in but they get benefit out of it as well, how would you rate that? So, that's why you would duplicate it?

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

Well, I would actually...this is Mark, I would...there is a part of me that worries about how this could start moving towards dividing things up instead of consensus. But while it may capture granularity of fact it's a tool meant to achieve a greater purpose and I'm not sure how well dividing it up like that serves that greater purpose.

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

So, this is Mike, let me see if I can help with that part. So, the part that I hear providers concerned about a lot is the who pays and who benefits, the issue of us seeing clearly and transparently, and staring at the who pays and who benefits and then using that to decide what we would be advocating for or prioritizing would be significantly emphatic to the burden that any stakeholder that we might identify would be experiencing and help us temper that and be more realistic about what's reasonable to expect in one set of changes.

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

So, if the provider felt it was a negative three cost but a positive three benefit that's just a reflection of fact and that is a way to go back to providers and say, look I know that you're spending a lot of time doing this but we're going to reward you handsomely in pay and...

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

Right or a minus 2 but a plus 3...

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

It's a net benefit for them and we can still achieve consensus even if we're granular about that we will just be doing it with our eyes wide open and a clear sense of what the impacts are. I don't think it inhibits our ability to be consensus capable but it would allow us to do it in full sight of the impacts.

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

Other thoughts about having the minus three to plus three?

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

But you only get one rating in the category, right?

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

Well, actually I think the latest proposal was actually to duplicate this set of columns and have one labeled effort or cost, effort/cost, and the other labeled beneficiary so that you could have this minus two cost and plus three benefit scenario appear.

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

And this is Mike, and I would just say, I'd be tempted to duplicate the type of stakeholder to be able to say for providers it's this but for patients it's that and let that stand as granular but also let it stand as informing me of how I came to my decision about whether overall I think it's something worth advocating. And that may get too complex for folks and they may not need or want to do that and that's okay, but it's something I'm going to consider at least trying.

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

All, right so let me get people's feelings on that. So, the proposal is to be able to rate the cost/effort by stakeholder and the benefits by stakeholder?

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

So, this is Mark, I sort of have the same thought I had before except now it's doubled.

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

Okay, I'll interpret that as a step backward. So, other folks?

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

Can you scroll back to the left? I can't see the other columns. Thanks.

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

This is Joe, I guess my general sense is that sort of if it's in the collection of facts how we interpret everything in making the recommendation is the next step. So, I guess I am a little bit biased towards saying that it's a good way to capture enough granularity around our raw assessment, how we put it all together is really then next step.

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

This is Alex, I wonder if it would help to just...if you wanted to quickly kind of mark out what it would look like if you gave two ratings in both the beneficiary categories as opposed to using the one readiness category to mark negative effort impact?

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

So, in other words to eliminate that stakeholder effort column and then just use our cost/benefits sets? Is that what you said?

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

Well, just seeing if using the beneficiary column to both rate impact and/or negative impact and positive impact for each of those twice, if we get a lot more information out of that as opposed to using the stakeholder effort column, which was how much is it going to cost the main user of this use case to do it.

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

Yeah, I think that's what I was trying to say. Eliminate this column and then keep the cost and benefit, the two separate columns per stakeholder.

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

Yeah, just if you all want to give that a quick swing in the couple of minutes we have left to see if that's applicable for this use case.

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

You mean try it?

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

Yeah, I also had a question of, is there any way to collapse the stuff to the left, what's the header, readiness or something like that? And that in making our ratings we know that it constitutes those four columns and just give an overall rating. Because, I'm sort of worried we're parsing this too much.

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

I think these are...so Cheryl, I think...actually when we had our hearing it was helpful for people to not just say, well it's not happening or it's too hard, but to find out that actually was the business interest that we're interfering with the motivation to share...

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

Compared to column two the technical...are standards ready and can systems make bits flow and then people worry about the policy for private...

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

Yeah, I mean, I guess what I'm a little worried about is I'm more interested in the narrative you just gave me and I guess I feel like I can make an overall rating in this category and then provide some narrative off to the right to explain that, you know, kind of technically we're ready but, you know, the policy environment is working against it or something like that. So, this is why I gave it a two. But, because don't we need the narrative or not?

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

This was trying to codify the narrative actually.

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

Okay.

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

So, when we looked for out low hanging fruit let's say, man there are all these impediments of getting clinical data to be shared amongst all the various sites because they don't even know who they are and then you look further down and you say, oh, but giving people access to their own data we can do that, there are standards, there is no business...do you see what I'm saying? You could start looking for those low hanging fruits.

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

Okay.

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

That was the theory anyway.

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

Okay, well, I'm willing to go along.

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

We can also leave space for additional comments if you want...

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

To be clear about...

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

That's right you can have it both ways. In the negative one...I'm sorry I had to move us along in the whole agenda. Do people think that you can fill out this matrix as it will be edited with the use cases that you're going to see? Recognizing really that the left side, the impact and the NQS fit by definition, as someone pointed out, we selected the ones that were going to be really good in those areas. So, we're really going to start looking at the readiness and the cost/benefit things to figure out where the lowest hanging fruit is.

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

This is Mike, I think it's worth a try, I think we're close enough to give it a shot.

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

Others feel they can too?

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

Yes.

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

Yes.

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

Great, because it's due next week. So, we're going to try to see if...we'll clean up this matrix and if people would fill them in as best you can considering this discussion we had, which, thank you was really helpful, then we'll see how the scores pan out and see if it helps us like the prioritization method really helped us wean the 50 down to 15.

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

Hey, Paul, this is Charlene, and while we were on the call, Stage 3 came in, we've been reading.

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

All 700 pages of it. The both rules combined.

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

Oh, happy reading everybody.

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

Ouch.

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

All righty, any final comments before we open it up?

Public Comment

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

Lonnie, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

Yes, I may, 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. Thank you.

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

So, thank you everyone for participating and looking at this and for your helpful comments. It was really helpful at least for me.

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

You will be sending out directions for our homework is that what I heard?

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

We will.

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

Did folks want to...we reviewed a few of the exemplar use cases, did folks...we can try to align them with some of the definitions we came up with but for the other visions did folks anticipate wanting to provide input on those exemplar use cases still?

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

I think you guys fix them at this point, this is Charlene.

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

Okay.

M

Yes...

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

I second.

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

Take the lead from the comments you heard from us...

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

Yes.

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

And just try to...

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

That's what we intend to do.

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

Yeah, great, thank you and thanks for a great job and especially Alex for consolidating all the work that we...the input we had before and getting us to this draft was really helpful, thank you.

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

Absolutely.

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

And the folks who...

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

And Paul there is not public comment by the way.

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

Great. Well, thank you, thanks very much and talk to you next week and happy reading.

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

Thank you.

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

Have a great weekend.

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

Take care.

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

Thank you.

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

Thanks, everyone.

W
Bye.

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

Bye.

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

Bye.