



**HIT Policy Committee  
Advanced Health Models & Meaningful Use Workgroup  
Final Transcript  
March 27, 2015**

**Presentation**

**Operator**

All lines bridged with the public.

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

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

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

Here.

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

Hi, Paul. Joe Kimura?

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

Here.

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

Hi, Joe. Alex...I'm sorry, 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.

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

Hi.

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

Cheryl Damberg?

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

Yes, here.

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

Hi, Cheryl.

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

We have lots of Cheryl's, I need that, I need that.

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

Devin Mann?

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

Here.

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

Hi, Devin.

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

Hi.

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

Frederick Isasi? Ginny Meadows?

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

I'm here.

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

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

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

Here. Hi.

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

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. Marty Fattig? Mike Zaroukian?

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

Good morning.

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

Hi, Mike. Neal Patterson? Norma Lang?

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

Good morning.

**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?

**Stephan Fihn, MD, MPH, FACP – Director, Office of Analytics and Business Intelligence – Department of Veterans Affairs**

Here.

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

Hi, Stephan. Sumit Nagpal? Terry O'Malley?

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

Here.

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

Hi, Terry. And Terri Postma? And 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, I'm here.

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

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? Okay, with that I'll turn it over to Paul and Joe.

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

Thank you, Michelle and thank you everyone for joining our call. You probably...just as a little head's up you probably know that we have a lot of work between now and I don't know May/June to do because there are three things in front of us and maybe Michelle knows of more, one is what we're going to do today which is to work on the roadmap response to Appendix H.

The second one is our hearing that's actually in May, which is not too far away and we really need to lock that down in the next even couple of weeks.

And the third is something called Meaningful Use, the latter half of our name is Meaningful Use Workgroup, so we're going to talk a little bit about how we try to organize ourselves to deal with that.

All of these things are due in the April/May timeframe. So, this group...we're probably going to have schedule some more calls, I really do appreciate the group's participation and the work is going to intensify and then I think we're going to give you the summer off, is the right, Michelle?

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

Well, it will be a lot lower key.

**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 heard a "no."

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

I just wanted to...I've got to have some kind of light at the end of tunnel so that's as good as it gets folks. But, you know, that means...right now we're being handed review work on things that are...that just means the government, and in particular ONC and CMS, has been very active in this space. I think this is really a moment in time, I've sort of called it a once in a generation opportunity, to see this much opportunity for change.

So, change is happening and the opportunity it so help shape it in a much better direction than we've had and align not just the payment but align the incentives and the motivation, and the goals we have for health in the country along better lines. So, I think it's a marvelous opportunity. So, thank you for participating in that.

So, just to look at what we're going to cover today. We're going to checkpoint where we are, we'll review how we got here and then also I want to pause and say, really thanks to Alex Baker, you know, some of us say, well, gosh it was pretty hard to get all these number...fill in this entire table, well and then Alex had to make sense of it so I think...and I think he did a great job of trying to make some sense out of what we've submitted. So, one I appreciate people, you know, filling in the matrix and two, Alex for turning it around so quickly and getting it in a way that I think we can deal with what we've entered. So, thank you.

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

No problem.

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

Thanks. So, now, then we'll look at the input we've provided and sort of try to digest that and see in particular how this process has worked out. So, remember our goal really is how might HHS take input from the public and the agencies and come up with a way to prioritize their work. So, you cannot do everything all at once so is there a way to help prioritize what you do earlier versus later and what are the goals to work towards?

So, that's the output of our process and so we'll spend some time reviewing where we've been, you know, what criteria we set out then we'll go through the matrix, then we'll see how it looks like, get our feedback on the process we've gone through.

We have to pretty much conclude this section of it, one, because we have to present it, but two because we just have a bit of other work to do. Any questions on that agenda? Joe do you want to add anything there?

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

It sounds right, Paul.

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

All right, let's get into it. Next slide, please. So, this is where we are, we've been through developing the process, developing the criteria now we're going to talk about the results of our work and then sort of review that and see if we've got a good process to recommend. We'll present that in a little over a week at the Policy Committee meeting on April 7<sup>th</sup>. Next, please.

So, what we've done is...what we're trying to do is get a prioritization process by getting the right goals and getting the right attributes to assess use cases is one way of helping to drive work in the public and private sector. Let's see, I think, next please, and next please, and next.

Okay, so use case it's not the end all be all but it's a way of teasing out in a story so people can relate to a story and sort of say, oh, that is something we need to do, that's very necessary to achieve the goals of high quality care or of lower cost of a learning health system. They're just tangible things to work on.

So, they have a goal, they have the data that's needed to accomplish that goal and they have participants and a workflow to get there. And could you flip the order next time when we present, Alex, I think it's easier to tell that way. Thanks. Next, please.

And ideally we want to map out these use cases into things that really describe something that's of high value to having a healthier nation and understand the readiness or the cost, or the effort to get there. It's wonderful if you can be in the upper right where it's low hanging fruit, high value, good readiness and if it's still high value and we have gaps well it's nice to know those sooner rather than later and to actually start working on those so they can become more ready. Next slide, please.

So, what we said is we staged the process into a two-step process, one it's really a waste of time to even score things let alone work on them if they don't have a high impact. So we consider this the "must pass" and how does it meet the triple aim. Next, please.

Then we had a number of attributes to consider one could be the programmatic attributes and that's already in a sense a prioritized set of health outcomes for the nation that the Secretary or the various departmental agencies have decided are important for America's health. So, let's take a look at how it fits with those programs. Next slide, please.

Then we have to understand, well how quickly can we get there, when should we put it in the nation's work plan in a sense? So, we came up with some criteria on business and cultural environment. There is technical. There is the cost/benefit and there is the policy environment any of these can be impediments or create gaps that need to be overcome and we considered those. Next slide, please.

Then we wanted to make sure that everybody is stakeholder in health and we want to make sure we do cover the different perspectives, they may not be each equal, for example, the person's priority comes...and I notice we have consumer/patient and we actually voted for a person/individual, but it's the person that we're really trying to serve above all and people who interact with them, particularly on the care side, are the providers so these are two that maybe a higher weight in terms of we've got to make sure we've covered their perspectives. And next slide, please. The output is...

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

Paul, this is Charlene Underwood.

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

Sure?

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

On the last slide when we were reviewing it when we got to provider impact we actually thought through this and thought should we put software developer in here. So, it's just a consideration because, you know, at some time you want to kind of know what the current state is so I don't know if technical captured it, but...well, actually it was in the other criteria, I'm sorry, the cost criteria. So, when we get to that.

**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**

Thanks.

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

No, I think...that's fair and I think we did try to have it in there, but speak up if you don't think we covered it well enough.

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

Yes, okay, sorry.

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

Okay, this is on the beneficiary side.

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

This is Norma.

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

Yes?

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

I also have a concern.

**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**

On that last slide, we have provider but we don't have health professionals and we did differentiate those.

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

That's a good point, let's see.

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

Yeah, my apologies, we'll make sure to scrub this so that this is up-to-date with all the new language we talked about, this is still the previous slide we were using, that's our issue.

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

Okay, because they aren't consistent so you'll make them consistent?

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

Yeah, before this goes to the committee we'll make sure that our terminology we discussed last time is all the way through this is just the slides that we had from last time.

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

Okay, thank you.

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

Thank you. Next slide, please. Okay, so the output is a structured and repeatable process that can be used to prioritize use cases, again use cases are just exemplars they're not completely comprehensive, for the department to use as it thinks about programs and activities it needs to undertake or it needs to work with the private sector to undertake.

And that we have gone through one prioritization exercise taking the 56 or whatever it was use cases that came in through the public comment period and the federal agencies in Appendix H and we got a result and how does that look and does it have face validity and was it fairly understandable as we went through it. So that is sort of what we're going to try to assess today.

Okay, let's switch over to the Excel spreadsheet then. It's going to be difficult you all had this ahead of time.

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

Yeah.

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

It's going to be difficult to look at on the screen but that's where I think the color coding that Alex did will be very helpful to us. So, a lot of you are probably going to look at a combination of your own screen with the Excel spreadsheet as well as what's on the screen display.

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

And just a reminder to folks, it will be much easier if you hit that...the four arrow button that makes...

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

Four arrows, because it's still...in your window it's small, so is there any way you can make it larger in the window on the screen?

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

It is...

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

Okay, I got it.

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

Full screen here, yeah, it's just...so it comes out of all the other webinar stuff...

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

Okay.

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

On your screen.

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

So, what I'll do...so if you wouldn't mind just scrolling, so just scrolling over to the right and if you zoom back out it's pretty interesting that...and partly it's by design, right, because we tried to find already from the 56, you know, a dozen use cases that were going to be high priority and already, you know, in our mind we're not divorced from the things that the country is focusing on such as the National Quality Strategy.

So, I don't think it's unusual that this would be fairly green and there is yellow there too, but that, you know, we pick some pretty good examples because there is a lot of experience that the folks on the call have. So, it's nice that there is lot of green in there and let's try to see if we can sort through some of these to find things that are going to be more impactful sooner the more low hanging fruit as possible. Okay, so first...

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

Paul?

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

Yeah?

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

This is Mark, just with a sort of an overarching question, we did go through and identify 15 use cases which from one perspective could seem to be the important initial selection of where to focus, we're now winnowing down further and further, and further and if you could speak a little to why we want to get more and more narrow or where is the point where it's too wide and we've got too many important use cases on the table, just trying to understand?

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

Yeah, it's just the principle focus. So, even HHS has to focus. So every organization has to focus otherwise you get diffuse potentially conflicting and more silo'd approaches.

I mean, I'm just offering my own personal view on this. We were given a guideline but not a strict one to arrive at a number three and I don't think the number was so important as that you just can't deal with 56 and you can't even really deal with, I don't think, 20.

So, organizations that really...high performing organizations tend to focus on here's the true north and it's a lot easier to mobilize the entire organization much more as a cohesive unit towards that goal. So, I think that's one perspective and I don't know whether ONC has another or other people on the call.

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

Thank you, Paul, this is Sam, thank you for your remarks and we will...we hear a lot of the tension and a number of concerns, again, I think the deliverable is the process and we'll focus on the repeatable process and then these use cases will help to delineate how the process can be applied and can be used. But we wouldn't be representing that this was, you know, the concrete final list of priority use cases per se when we present to the Policy Committee.

We, in many ways, kind of continue to narrow down this number so that we could apply the process and as you can see even with these fewer number of use cases we have a pretty hefty spreadsheet here that we've been testing this process with. So, thank you so much for those comments and we'll be sure to distinguish process and use case numbers as we delineate this to the larger group. Alex, did you have comments?

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

Yeah, I guess, you know, when we're doing this I guess we're thinking ahead to how we're going to create material that will end up in the new version of the roadmap that is revised based on all the comments from the Workgroups and from the public that comes in and, you know, I think we're envisioning an Appendix H which would talk more thoughtfully about how we should be prioritizing use cases in the future and what we think the most important concerns are to bring up as opposed to...and that would sort of be the, you know, the main message that we want to get across in that appendix not so much any specific use case, these are more here to illustrate the strengths and weaknesses of a process and what's really important in thinking about when we evaluate.

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

Paul, this is Art, I had a question about this, so for May when we we're going to be together is our focus still on the process or are we hoping that this will have been achieved and we'll then be looking more at use cases. Is our deliverable purely the process?

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

So, I wouldn't say "purely" I mean we went through this work to say, here's how the process we created...here's the result of a plan in the process we created to the 56 use cases in Appendix H.

I think what Sam is saying is, and we haven't really anointed, well these are the ones we recommend the department focus on. They can make their own decisions but here's the result of applying a process that we've come up with to the Appendix H use cases. And by the way...

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

So are...

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

Go ahead.

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

So, I mean, I think it's good the way that we're now looking at this screen and I mean, I look at it and indeed there are many green here as you described.

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

Yes.

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

But there is one column that's yellow.

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

Yes.

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

So, that to me would suggest maybe there is an opportunity to add a use case there.

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

I don't know whether it's add or...

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

Or focus on.

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

Or focus, yes, right.

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

Yeah, yeah.

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

And remind me, ONC, aren't we done at the end of the April presentation?

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

We are, we also, I believe, if we look at the work plan, we had initial discussions for readiness perhaps connecting with our standards colleagues to get additional information.

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

Okay. So, we're pretty much done and we're going to get re-validation about the readiness from the standards colleagues. The reason I'm thinking about that is I don't know that...we're going to be spending all our time on the other two work streams after April 7<sup>th</sup> I would guess.

**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 would probably wait until the new version of the roadmap is out before we picked up again.

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

Okay. Any other questions on this overview? Okay, so let's go down and...well maybe stay at this level and see what people's observations are in addition to...fortunately there is a lot of green, and then a few things stick out like what Art mentioned in the community section it's not covered as well by the use cases or you could say, we want to make sure that this last one in row number 12 is included things like that those are examples of conclusions you could draw from this overview.

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

Do we want to pan out a little bit so we see the entire grid and all the colors? Yeah.

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

So, Paul, this is Mike, I'm not sure if this is responsive to your request, but I thought it was really helpful to do that pan out where you see the various colors and sort of try to intensify on the things that look the most green across and from a provider perspective before I even relooked at what the content was I marked what turned out to be four different exemplar use cases, zoomed back in to see what they turned out to be...

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

Yeah, yeah.

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

And found them to be very centered on, and okay, but very centered on what does a provider who is either sending or receiving need to have in order to be an effective participant in the care of patients and to communicate that with others. So, I thought that was an interesting blinded, if you will, way of trying to do that and then come back in and said that really resonated well with what we need.

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

And I'll just make a commentary on that and the driver here...so we don't need to work on things that already either are working well or headed in that direction and so what you mentioned I think is a sore spot for almost every stakeholder, which is I can't seem to get information that I need from wherever it is you could be a person, you could be a provider, you could be an insurer, you could be a researcher, so having a use case that drives that sore point, that gap is what it's there for. So, in a sense that seems like that's an example of face validity. Other comments?

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

This is Mark, taking these use cases apart into all these different cells I think does provide some good information, some ability to compare and contrast but I'm not sure how this spreadsheet helps us synthesize it back. The colors, yes, do help quite a bit but you can have some hard...some use cases where there is some hard work to be done and yet it's the most important next step.

And I don't know if this is a comment that you're inviting now Paul or if it's something you want...the kind of comment you want me to save for the end as sort of a process assessment, but anyway that's sort of an overarching thought that occurs to me is that I'm looking at all this granularity but it's not quite so helpful on figuring out to pick a use case to me.

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

So, let me ask a little further, when you say, how to pick...so we're not trying to pick one but if you look at...so you might say something could be really hard, well let's pick one of the few reds we have in the operational readiness and that happens to be under the cost and that's in row six and it's a talking about having...gathering data from everybody who has data on me into a single record so I can use it for care or research, or payment. So, that's something that could be very hard.

And the way I would look at this is to say, okay, well there is a lot of green on the left side not the most saturated in the impact side but, so the question you'd ask yourself is would you do that in the next couple of years and one possible interpretation is to say, no I'd push it off a little because it's not the biggest green impact and it seems to be associated with a lot of cost. So, I'm just giving you like...so is that a helpful way of using this?

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

Well, I think as a...since we don't have much data like this to work with it's helpful in a lot of respects but if you, for me, if you start with a question what do we need to do if by 2017 or the end of 2017 we're going to accomplish that 3-year agenda for the interoperability roadmap. Then something that might be difficult might still be the thing we really need to focus on.

The use cases in Appendix H, as I understood it, were largely to help drive the development of standards, policies and implementation specifications. So, it may be that those hard places are really where we want standards folks to be working in order to get where we need to get even if it's difficult or not I'm just...I think the question that you start with, what are you trying to do helps drive the answer and there are a lot of different possible answers in this chart.

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

Comments?

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

So, this is Joe, Paul can I...

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

Yeah.

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

So, I'm wondering at that point then, so I know that the next step, right, was to think about the prioritizations and to go, potentially, so in our workflow of what the deliverables were during this process, is it safe to say or not safe to say, but is it better to sort of then stop at this level rather than attempting to condense further to say that this the level of use cases we can get down to with this kind of granularity to help the Policy Committee then take this to then layer on top of it the strategic sort of objectives to start to figure it out knowing what, as Paul did, saying that it's a red but it's so important we need to actually be able to push it forward. If we start to collapse it further than this would we start to lose all of that richness?

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

Comments?

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

This is Lisa Marsch, that point actually resonates with me quite a bit, you know, just in general I thought...I really appreciated how thoughtfully prepared these matrixes were and I really liked how the vision statements and the use cases have evolved to this point. I think there is a lot of really rich content here and I'd worry a bit also about collapsing down further and losing some of that richness, but, so that's one issue.

Another just question I have around this chart we're looking at now. We're looking at, you know, these aggregate scores now collapsed across all the scoring of the committee and looking at color coding associated with that and I'm just curious if there...we're just looking at, I guess its means here and I'm wondering did we have some cases where we had real discrepancies and opinion across committee on any of these? That's not shown here because we're not seeing variability around the summary scores and I know the range on these scales is small so maybe that's hard to identify, but I wonder about the variability around these things and how much discrepancy and opinion we saw.

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

That's a really good question. One way...the numbers we have are small but one way you could help incorporate that perhaps there could be diagonals, you know, these lines that give texture and so if the variability is high amongst the raters than it basically says the level of confidence in the ones that have these diagonal, you know, lines through it are not as high and that can help you as well. But that's an important observation.

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

Yeah, I mean, how much...this is Cheryl Damberg, to that point, you know, like the modified Delphi rating process when you generate the scores at the end it gives you a shift that tells you how much variation there is in the ratings and so it may suggest sort of a different, you know, rating scale or a way of, you know, going after these ratings not so much the criteria themselves but the underlying math. So, and if folks are unfamiliar with that I could send a document around that explains that.

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

That's a good...

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

Paul, I had another comment, because I realized this thing is quite wide and sometimes hard to digest and I'm wondering, it feels to me that the columns far to the right and column W through what is it A...

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

We're getting a little bit of feedback if people could remember to mute their lines if they aren't speaking. Thank you.

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

Are almost sort of a subset of what's in column F, G and H because, you know, when we talk about impact it's sort of impact for whom.

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

Yeah, yeah.

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

And I don't know if there is some way almost like when you click on some of these surveys and then the give you like a drop down...

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

Yeah.

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

Where you would see sort of this overall rating that you see in F, G and H and then you could see a drop down to say, okay, so, you know, if I'm looking at row 6, column G, you know, the highest rating went for, you know, individuals, consumers, patients, right, so that's one way maybe to simplify this or kind of produce it further without losing the content.

And then I guess I was wondering, related to columns I, J, K, L, M and N these are the National Quality Strategy areas and how much does the rating...how much do we have to rate those things up front versus we just need to classify whatever is on the vision statement and the exemplar use cases into those categories?

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

Good point. I guess what you could think about is what this does, if for each use case see how crosscutting it is. Does that make sense?

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

I think I'm going to need a little more explanation.

**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**

...heading.

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

Your example is could we classify the use cases in one or more of these categories under NQS.

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

Right.

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

Another way to look at is could you for each row, each use case does this help you see how cross cutting that use case is.

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

Right but if you took, let me just play this out a little bit, so if you took what's in, I guess it's under vision statement B, use case 1.

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

Okay.

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

All members of a person's health team have appropriate real-time access. So, we see that 1.1, you know, gets green for safer, care coordination, prevention and affordability so that's the crosscutting part, right?

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

Right.

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

So, couldn't we have a column at the end that just signals, you know, this touches on four of the six National Quality Strategies...

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

Right, right.

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

Or, you know, so it collapses that anyway...

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

I see you analytical mind working. So, what I would say though is it would not point out, as the way this is displayed, Art's point about seeing how a community actually has the least amount of coverage except for one specifically dedicated to community in a sense.

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

Right but you could tally the numbers, you know, you could sort of after the fact create a summary of it. I'm not saying that somebody wouldn't potentially categorize these things...

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

Right.

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

And provide some summary of it, but I think if people are trying to look and see sort of all the information that's here that might be one way of reducing it and, you know, there could be some, you know, summary of here's how many touch on a safer care system or patient engagement and so we can see like everything is under safety.

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

You certainly could, so have essentially summary scores, summary statistics to help give you the information. On the other hand...

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

Yes, I think partly what I'm struggling with in terms of the ratings under that is so, you know, I can see in row 12, column J, you know, there is a pink cell under that particular use case is not sort of focusing on patient engagement, but I'm not exactly sure what the ratings mean in this kind of set of cells as much as, you know, which one did they speak to and, you know, what's the coverage I guess. So, if we think we're missing things under patient engagement does that mean either there are no use cases that anybody can think up or we need to start thinking about some?

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

I'm thinking about...there are a couple of comments, I think Mike would have been one...there are a couple of commenters on the group that said maybe this is about the right level of consolidation. I think you might be proposing even a more analytical way of sort of getting to the conclusions but this matrix actually might help more people see the interaction of what's going on even though they would be in the summary statistic they might be hidden from a, you know, visual perception point-of-view.

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

So, Paul, this is Mike, I would endorse that. I think there is a value to this group in the way it's displayed. I think the sort of zoom in/zoom out part to see the terrain and then see what's in the detail of that terrain can be helpful.

I think the point of whether to consolidate it for other audiences as a rollup kind of a statistic might be some of what will also be helpful. So, I wouldn't want to discount the value of that for people who just want to see at the more macro level...

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

Right.

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

And that's fine. I think for our purposes this is really helpful, at least to me, both to Art's point about seeing there is only one use case that, you know, may fit a particular category...

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

Yeah.

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

But as I zoomed in and zoomed out it really did help me focus on what turned out to be four different categories.

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

Hey, Paul, this is Devin, I also feel like the granularity is about right here and although my first impression was actually to ask for a more kind of reduced dataset with maybe, you know, some sort of overarching rating for these different things the more I've listened to it actually I would be concerned in seeing that because really to get it reduced more I feel like you'll be adding a certain amount of subjectivity of kind of which of these buckets is most important to you, because you'd have to weigh the different things in some way.

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

Right, right.

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

And I don't think we want to do that, because honestly, I'm just thinking of the HITPC committee itself, you know, I can picture the different folks already caring about different buckets more and...

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

Right, right.

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

The conversation that needs to happen...

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

Right, right.

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

And kind of covering that in any way is just kind of biasing the data.

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

So, I'm hearing a rising sentiment that this is about as...the current display actually has a number of...it stimulates the right conversation and people can answer their questions, find themselves and understand the bigger picture ironically with this more granular view and that, as Mike said, you can zoom in and zoom out and sort of check the face validity and draw your conclusion and what it is really saying, it's really saying how important, not surprisingly since this has been a stage in the roadmap, how important this whole interoperability of getting all the information is whether you're in the front lines or the primary recipient, the individual or the researcher this is an important thing.

And we may have identified a nice set, there is, I don't know, 10 here, that if you flesh them all out and it's a countable number you would hit a lot of the high points that we've identified either through our priority, the triple aim, or through our strategies, the NQS, and then we'd just sort of space out the timing. Is that the sentiment of other people who have not talked?

**Stephan Fihn, MD, MPH, FACP – Director, Office of Analytics and Business Intelligence – Department of Veterans Affairs**

Yeah, this is Steve Fihn, you know, and I apologize I've been traveling for the last 10 days and didn't...I was delinquent, but, you know, looking at this so fresh not having done it, you know, I would say it's a really nice way to slice and dice this and I'll guiltily confess my lack of participation but congratulate the group on what I think is really helpful and I think these use cases are spot on.

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

That's actually a helpful fresh perspective Steve so thanks for fessing up and also for giving us that perspective. Other comments?

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

This is Charlene, the only other column that we were challenged or I was challenged a little bit with in terms of responding to was column O because as you look at column O it's almost a use case, you know, now we might want to, because of the conversation we had, keep it in there because maybe that's the goal and that's what we've focused on and we can look at which use case gets there the fastest and that might bubble them up to the top if it meets the rest of the criteria, so I'm okay with that but it tends to be...no wonder the other ones are lower because when you match, you know, the use case...when you think about it, when you match the use cases down the left-hand column with...you know they're specific to get to that with that particular column O, you know, by definition you're going to get yellow in some of those other columns.

So, because it says, you know, what is...

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

I see, yeah, I actually didn't know that...I didn't recognize what it said.

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

Yeah, because it kind of is a use case...

**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**

It says, what, to help providers and individuals...

**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**

Send and receive a common set of clinical data which is clearly the goal...

**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**

You know coming out of the roadmap, but then on the other hand if you look at 1.1, 1.2...

**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**

They're the same thing, so of course you're going to rank those high because...

**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**

They're the same thing, right?

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

So, let me ask whether others...I sort of looked at it when I did the ranking as the 2015 to 2017, you know, short, medium and longer term I didn't actually read that...

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

Okay, I read the text.

**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**

I read the text.

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

How did other people...how did they do their ranking?

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

This is Mark, I read the text.

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

Yeah, I read the text.

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

I did it my timing.

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

Yeah, I did it by text.

**W**

I did it by text also.

**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**

Yes, text.

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

So that’s an interesting point that it’s a tautology if you’re reading the text. Okay, well how do people think we should...what would be more helpful the short, medium and long-term or by specific...and Charlene’s comment is correct if you do it by text then it’s essentially another use case.

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

This is Mark, for me that wasn’t a problem because we have a roadmap that has laid that out there as the 3-year agenda. So, it didn’t trouble me that there was overlap there because there was a distinct imperative just like the National Quality Strategy, I mean, those are things that are laid out as policy so I sort of saw it the same way.

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

Okay, so from a delivery of process we would keep it to the text. Okay and we’ll just have this tautology in 1.1. Okay, other comments? I think we were getting fairly good consensus around, this was a process we could get through it, we think we’ve picked out some nice exemplars of each of the category’s importance, programmatic need and readiness, and that when you look at it, as you stand back and look at it you can start understanding from various perspectives how this stacks up both as a set and as each individual.

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

Hi, this is Terry O’Malley, just usability, I found it actually remarkably easy to use, tiring, but easy. You know I think there is enough clarity there to focus the answer. So, my overall vote is, as a process I think this is really extraordinary. So, kudos to everyone who built it and everyone who displayed it’s really nice.

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

I agree, I agree, this is Lisa.

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

Paul, this is Art, I think I agree with...even though I think I read the 2015 to 2017 timeframe and thought more about ONC's general goals as Mark was saying, saw this imperative, I think the wording as Charlene points out is probably not...it's going to be confusing to subsequent readers. So, on that column O I wonder if there is a way for use to reword that header moving forward.

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

Other suggestions? Anybody have a suggestion for how to word it? Or should we...it looks like...

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

I don't know if you want to get rid of it. I mean, because it was the idea that these last several columns were about time.

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

Yeah. I wonder...it looks like there is a bit of mixed metaphor, column P is about the 50% by 2018. I wonder if column O should be the 30% by 2016 that would actually add another dimension rather than, like Charlene pointed out, a repeat and it is something that's come out, I believe did it come out after the announcement or did the roadmap come out before January 26<sup>th</sup>?

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

A couple days after.

**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**

That would actually hone...I like that to some extent because it would hone the focus a little bit...

**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**

Toward an outcome.

**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 know it would make us really think about that. Will this really help us get to that by you know...

**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**

This is Joe though, so, but 30-50%, I'm trying to figure out how it would answer if I'm this use case discerning that, it seems like that's pretty narrow of a range. I realize those are the goals but to sort of say that the use case...I feel like...I struggled a little bit with that.

**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'll just add, you know, in the initial version of this we did have both of the goals in there and I think because of that concern and wanting to sort of not have people get tripped up in trying to split hairs that were hard to do on this we took that out, but, you know, totally open to adding back in if people do think that having the 2016 touch point is helpful also.

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

So, I'm hearing both arguments, let me see if I can put it up for sort of a straw consensus. So, right now the goal here was for column O is really to match up with the roadmap, the milestone of 2017 and then P just shifted, it does shift it to a different kind of a goal which is the 50% 2018 and so you're seeing two dimensions to rate these use cases against, it's not necessarily bad that there are two dimensions. So, what do people think about keeping it as is for...you've heard, you know, both sides of the argument. What do you think of keeping it as is?

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

This is Mike...

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

This is Mark...

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

I'm okay with it as is.

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

Yeah, I didn't have a problem with it.

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

Okay.

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

And Mark, I would keep it as is. I would also add that there is I think implicit in the way the roadmap did it there were some other columns involved as well. So, deciding that what's in column P couldn't be accomplished in column O in the 2015 to 2017 so there is some overlap with readiness that kind of thing, which I don't think matters because I think it's just good as it is.

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

Yes, this is Terry, I'm okay with it.

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

A way to clarify might be just to put...just like you have in column F, P you have a date, maybe you just put by the date you know. I know it says the date on the top, so maybe you make the column, you know, I don't know what the roadmap says...

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

There it is.

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

But maybe at least you put in column O you just say by the date and that gets...that helps us frame and think about it, you know, that's all and then you get consistency.

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

So, this is Mike that's your row height issue, yeah, it's in the cell it's just not visible unless you expand the cell.

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

Right.

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

Okay.

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

Okay, I messed that up sorry.

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

So, I hear that this is okay as...I hear a sentiment and I think it's and I'm going to single out Alex again and the group really, so the group came up with these sets of attributes and winnowed down through our voting procedure, the 56 to the whatever it is 10, and then we tested out the process and we're looking at the results and particularly the way Alex showed these results I think it's pretty much spot on as I think Terry said, I mean, it's really quite helpful from a number of perspectives and I think...

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

So, Paul, this is Mike, if I could just add one more thing, I agree, I think it's really great, I think the one thing that might help...it would have helped me a little, I think I know the definition of what each color in the cell means...

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

Yeah.

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

But for others less familiar with it...

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

Yeah.

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

Might be great to say that, you know, the deep green is really strong and light green less strong but positive yellow is something else and so on.

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

Yes we can certainly do that but it was fairly easy to figure out because it was pretty consistently applied.

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

Correct.

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

So, Paul, this is Art, I agree, I think this is really a nice way of presenting it. There was an earlier discussion about somehow describing variability.

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

Right.

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

Is that something that we're not going to try to do or would consider?

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

Let's open it up. I think the biggest problem we're going to have is numbers whether it's in the department or what we did, it turns out there were eight respondents, is that, you know, it will be hard to make the variability make good sense.

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

But you had talked about something like a diagonal...

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

Right.

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

Yeah, might help convey that.

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

Cheryl, Ginny...

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

And this is Mike, the other thing I would add is just, again, depending on your audience for our purposes how much would we create that information in order to decide if our task is to decide, for example, from the number we have down to three or four how much would we need those data in order to help us with that versus having the average score?

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

And this is Lisa, I'm the one who raised this comment and, you know, I'm just thinking where there are scenarios for example where, you know, half, this is just hypothetical, but half the committee rating something a zero the other half rated a two...

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

Right, right.

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

Which would suggest really discrepant opinions and all we see is the number in the middle.

**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**

And so, I'm just wondering about range, the sense of range when things are weighted, but the scale is so small that it might be...and then N is so small, of respondents, that it might be difficult to make much sense out of the variability anyway.

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

Well, so that, this is Cheryl, so that begs a question of, you know, if ONC is going to try to replicate this process moving forward, you know, like in a Delphi process you have to have a minimum number of raters so that you ensure that you get or can represent that spread, right? So, if you only have three people, you know, review things that may not be sufficient and a typical Delphi process has somewhere between 9 and 13 panelists who rate and they rate in multiple rounds.

And the way the scores are summarized they do take into account that variation so that it allows you to prioritize because you would say, here's a use case that was highly rated and the ratings were not divergent.

So, like if you put it on a scale of 1-9 everybody is up in the 7, 8, 9 range with, you know, kind of no divergence and so that's sort of a clear cut case, and you would do that for each of the criteria if you will and ultimately what you're looking for is something that scores high on, you know, your various criteria. So, if you have two criteria, three criteria you would want something that falls into that 7 to 9 range across say those three criteria.

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

And it strikes me, this is Lisa, it strikes me that this would be really helpful to have that additional information just to help in interpreting these means if we could somehow embed that process into our matrix here.

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

Alex, this is Sam, is the number eight for this? Was that the number?

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

The most...the largest number was eight, there are a couple of sevens and six's if people didn't rate everything.

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

Okay, but we'd be close to approaching nine?

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

Yeah, I mean, I think, you know, we can certainly do that to this spreadsheet, but regardless of the output here can definitely, you know, talk about it as a concept that would be included in that going forward.

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

Okay.

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

And, this is Lisa, is there an opportunity for others on our committee who might not have been able to respond to do so, to increase the number of respondents or is time too tight for that?

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

No that would be fine.

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

So, this is Mike, if I could jump in because Alex will know this because I e-mailed him last night, but I'm exactly in that situation, I actually got it done early this morning but after he had already sent the spreadsheet because I just had a rough week and so the key question I'm actually looking at now is how much difference is there in what I did versus that.

For those who haven't done it at all yet I guess another quick question would be can you move from sort of the draft version that people provided and then ask yourself the question if I haven't yet voted, if you will, with my own numbers, would I endorse what I'm seeing here or would I want to submit quite different numbers for any of the categories?

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

So, I...and of course that's the nature of the Delphi process and it tends to reduce variability. So, I'm a little cautious...the fact that Mike turned it in before seeing it is okay, but we either are or aren't going to do the Delphi because there is a certain amount of gaming that can happen of course.

I think we can add this comment in as we present it in terms of the process. I might ask whether people think we ought to go ahead and suggest a Delphi method or just show the variability provided you have, you know, a decent amount of N, I'm not sure that a whole lot of people, more than what we even had, will be going through this in the future, but...

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

If that's the case you might want to just stick with what we've got.

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

Yeah, I sort of think...

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

Use the methodology.

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

Yeah.

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

Yeah, I mean, I only suggest that if, you know, this is the kind of thing that would be undertaken on a larger scale.

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

Yes, definitely.

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

You want some what I'm going to call scientific underpinning to the rating process.

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

Yes.

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

And I do think it's one approach to showing that variation but I think, you know, the real issue is showing the variation across the raters...

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

Yes.

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

And ensuring you have enough raters.

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

So, for example if they want to apply this to all the federal agencies in health that could be good and they may actually want to go through the Delphi process because that's part of the output really. So, we can bring up these points.

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

Yeah and the other thing that I would note that I don't think we did as a group that the Delphi process has is there is an initial round of ratings and then there is discussion, you know, with people looking at the ratings and then there is the re-rating after people have had a chance to understand sort of people's perspectives and bringing additional information to the table that someone might not have known about or considered in their initial rating. And so, again the question on the table I think is, you know, do you need multiple rounds of rating to achieve that type of consensus.

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

And Paul this is...

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

Anybody want to weigh in on that?

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

Well, and maybe it's a little bit different, but since we're talking about this smaller group...for a larger group I would say, absolutely, for the smaller group I think I've found value and I would probably continue to personally feel more value from the comments people put in so I know the why behind the difference not just the number of people out of maybe 8 or 10 who may have differed. The why really helps I think shape our thoughts about whether we can achieve consensus on a particular number or area, or we should rethink it. So, that was really helpful to me.

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

Yeah, I would concur.

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

And this is what happens in grant reviews is this very process of hearing people's rationale most of the time changes your view.

Okay, currently I have it as is and this additional, I wouldn't call it caveat, this other additional qualification that you could apply particularly if you have more people involved and then the example is if you really had the federal health agencies do this process then a Delphi might be useful for multiple reasons both a more informed voting plus the socialization of why it's important to this, that and the other agency so good. I think this turned out really well, thank you everyone and thanks again, Alex.

I think we can check this off our list with the exception of we can ask the Standards Committee for their further input on the ratings, particularly on the technical side, right? Is that the plan?

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

Particularly in the presentation we'll outline sort of considerations for process and can include...

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

Okay.

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

A lot of these things here and talk about the handoff to the Standards Committee also.

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

Okay.

**Stephan Fihn, MD, MPH, FACP – Director, Office of Analytics and Business Intelligence – Department of Veterans Affairs**

I can say, if even just for morbid curiosity if you want some of us, you know, I'm definitely willing in the next couple of days to turn this around again, I agree with sort of contaminating the process, but if that turns out to be something you want me to do anyway I'm happy to do it. I think I tend to agree with the ratings that are up there, but hard to know what's biased, but I'm happy to do it.

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

All, right, I think that's the agenda for today and what I was going to do was transition to an update on the hearing and the MU. How does that work Michelle or Alex and Sam?

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

Maybe we could focus on the hearing.

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

Okay.

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

I don't think...I mean, we could talk at a high-level about responding to MU, I don't know if we're ready yet though Paul.

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

Okay, I was just going to give an outline of like how we might organize ourselves.

**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**

Okay. Okay, the hearing, as you know we've been entertaining nominations and recommendations, and Alex and Sam have been making calls to a whole bunch of people and our goal was to get a very substantive input into the hearings so that we can make some recommendations related to HIT support of advanced health models.

We had a sort of administrative meeting Joe and myself, and ONC staff and let me share with you some ideas we had and see what you think. As I say it's coming up, it's May 14<sup>th</sup>.

So we had a number of submissions and we tried to look at those and say, hey, in order to prepare something for this bigger group a lot of folks have good ideas and are trying some good ideas and as you might imagine in today's state of interoperability or not interoperability, and especially outside of the four walls of a health organization, at least post MU, the good work that's happening maybe happening and where they are often times is actually in silos.

So somebody has good information let's say on one aspect of social determinants or another part of community living, or other parts dealing with a person, or even the re-admission process but usually it's happening in silos and the thought was a lot has happened since we even started to talk about this hearing months ago and namely what we just talked about here, which is the delivery system reform milestones and numbers, which is, I think, having and going to have a major effect and some of the other CMS programs and even Meaningful Use and the work being done in interoperability.

So, one thought is to really make sure that this hearing on advanced health models is really consistent and in itself aligned with these major determinants of the health system. So, the thought is to really line it up against delivery system reform. As you can tell it's a measure initiative or goal for the entire department and the federal agencies are already aligning with that and we just talked about it here.

So, if we made this really focus on the goals of delivery system reform, which means taking a much broader across the continuum and community health system integration at least as data flows.

So, we were trying to think of...we'd like to propose for this group taking that perspective and really looking for exemplars that do a great job of doing that entire community-wide integration particularly if they've achieved some element to that through the data and their data infrastructure.

So, I'll stop there and have people comment. It's a bit more focused even though it's really a broad goal but the thought is to align much more with delivery system reform. Thoughts?

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

Have you...this is Norma, have you seen any? Where there nominations that meet that?

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

So...

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

I mean, I had difficulty in talking with people to find people who might meet that...

**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**

Even understanding that as a goal. So, did somebody achieve it?

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

Well, let me answer it in one way, so out of let's say 20 nominations we might have a handful. So, that's the bad or the good news and we thought we would really concentrate on the handful whatever it turns out to be the smaller number, that's your point that will really have something to share because the country is trying to move there fairly aggressively.

And from our...so the recommendation process we have is when we have that precious learning from people who are getting towards that then we want to figure out how can we make recommendations about policies that would help the rest of us get there, get towards there? Does that make sense? That's how we would use it.

So, the first answer to your question is very few, the second is, let's take advantage of what they've learned and see what we can do to make policy enablers that help more people get there with less burden and pain.

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

Yeah, Paul, this is Cheryl, that's very helpful clarification, because, you know, I realize people are taking steps towards realizing the ideal here.

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

Yes.

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

And I think if there is anything that we can learn about sort of what has facilitated or where are they still facing challenges to achieve that ideal...

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

Right.

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

Could be really useful. And, you know, I think there are some organizations that have laid out a plan but don't kind of have a clue where to start and then I think there are some people who are, you know, experimenting and trying to kind of move in directions that are consistent with some of the things that we've evaluated here.

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

Thank you, Cheryl.

**Stephan Fihn, MD, MPH, FACP – Director, Office of Analytics and Business Intelligence – Department of Veterans Affairs**

This is Steve Fihn, you know, I'm of a mixed mind here, on one I think focusing on, you know, what's basically our bright spots is, you know, always informative. On the other hand, you know, many times they are, you know, anomalous in some ways and their experience may not necessarily be interpretable by, you know, the mass modal sort of organizations and I wonder sort of how you balance that.

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

Let me just respond to that Steve, it is the quandary but I think one approach is to rely on the experience of this group, I mean, this was a select group of trying to represent various perspectives and experience and hopefully we can translate some of that...okay this piece, you know, I mean you have to be a blank organization to do that and that just doesn't fit throughout most of the country.

We would have to translate what's learnable and scalable, and deployable from their experience rather than say, oh, everybody has to be a Mayo let's say or a Kaiser. So, we would have to do that translation.

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

Paul, this is Terry O'Malley, just thinking about communication across the entire spectrum of health and support service providers sort of the three big buckets that we always come back to is sort of the lack of a standardized and common vocabulary with which to even communicate among the different, you know, medical services, behavioral health services, LTPAC, LTSS or health community-based services and the individual so you have those five separate countries basically so no way to communicate because they don't share a vocabulary.

The second is a lack of a business driver for some of those connections, you know, because they're bidirectional or should be and so the Meaningful Use folks have business cases for communicating with a lot of the other players but the reverse is not necessarily the case.

And then finally is the technology. So, what's out there that could help electronic exchange given the cost barriers and the fact that the technology doesn't really address the business processes of all of the players.

So, I would lay those three out as three potential buckets to look in, there are probably a bunch of others, but that's it.

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

Thank you. Other comments about an approach of trying to find the smaller number of folks that have done things across the continuum and use data to advance health models?

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

Paul, this is Mark, just an observation that if we define the witnesses we're looking for as those who are doing it we may be finding out families, communities, patients for people who are looking at it from that perspective because they may not be doing the delivery system reform themselves.

That doesn't preclude the approach you're saying it just means we would want to broaden our thinking about witnesses to include those who are also experiencing the delivery system reform and have something to add, useful to add from that perspective.

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

It's a good comment, Mark, and maybe when I use the term doing delivery system reform, well, I'm not sure I said it exactly that way, but we want to go in the world that can deliver against the goals that the Secretary outlined and I think people are participants and I think the way that we'd be selecting panelists would be looking for how they've improved the experience for the people or beneficiaries.

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

So the range of the health team then probably captures it.

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

Oh, yeah, yeah.

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

Yeah.

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

For sure.

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

And Paul, this is Cheryl, remind me of the timing of this, because I think kind of how far you can cast your net and try to really dig up these cases is contingent on how much time you have to do it.

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

Right, so we're...as I say, we're within a couple of weeks of really having to start inviting people because the hearing itself is the 13<sup>th</sup>, May 13<sup>th</sup>. So, we're approaching something like 6 weeks and we really do like to give people time. We have been casting a wide net or ONC has, we've been reaching out to CMMI in particular...

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

Yeah.

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

Because they of course have been working with all of these folks who are in the more innovative space and so we've had a lot of suggestions there where ONC is fleshing those out. So, I think we're...the net has been cast quite broadly and so we're just trying to come up with the folks who can teach us.

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

Do you have...are you...this is Norma, are you ready to share your six that you think or at least give us a clue as to what those might look like?

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

I don't think...well, let's see, where are we...what's been...what's already gone out to the group Alex?

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

I don't think we've ever had any summary since way back when you had the large list and Alex, and group was trying to meet with people, but we never heard a report back.

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

Okay. So, what they've been doing is having calls with the people on that list that we saw...

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

Yes, I have the list.

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

And what we'll do is we'll get a summary out of that and discuss that. So, the question is...I think that's what we're going to discuss next call, is that right Alex?

**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're hoping to have tied up all the other calls we have on the books so that we can bring it back to you in a future call.

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

Well, I guess my...this is Norma still. My question is, do you think you have a critical mass now or should we continue to go and find what we think might be some additional ones? Where are you in your thinking? Because we don't want to overload you with 20 more recommendations that aren't going to necessarily be helpful and also time consuming. So, do you have any sense of where you are with critical mass?

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

I think we...well, let's see how...on the one hand we are open to more, you know, suggestions, but you're actually right that I think they have probably another 10 on their list or more that they're still in the process of calling and so as long as you think they've really both done...organized themselves in a way that is an advanced model where you have this broad health team including in the community and an important part is that data is flowing between the two so that the data infrastructure is what we're concentrating on is making this team function well and the team of course is the broad team which includes the person and caregivers, etcetera.

So, that's a pretty stringent criterion and so if you have more of those, yes, we're definitely interested. And then the answer to your second question of do we have a critical mass I think there may be a handful that we have and if we had eight or something, or 10 that would be great, but...

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

Okay.

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

Yeah.

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

This is Sam, I think that we would be open to...if you had nominations kind of exemplars that have kind of collected and aggregated community data sources for the purposes of helping with community strategic planning we'd welcome some thought in that space.

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

Well, let me be careful it's not just for the community planning. So, one of the...we do have examples of those, we really need to connect the dots with the...

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

Yes, right, I agree, Paul.

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

Yeah, I think it's...

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

So, that is important.

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

The exchange back and forth and I think a lot of the current proposals, this is Joe, are anchored more on the delivery system side reaching out to the communities. If there were some examples of the other direction from the community side anchoring back in and exchanging with delivery system, etcetera that would be great.

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

So, this is where they're dropping out, it's the informing each other because that's of course the advanced health model we're trying to move towards.

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

Right.

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

So, yes, anybody who has...where that's already happening and really the goldmine is they have results from that.

So, we're getting beyond the vision stage, we're getting beyond the vision, beyond the planning so that we can understand really what are the gaps and what are the, you know, business, policy, technical and things that we talked about here that get in the way and how they've broken through and so what can we do in terms of recommending or enabling policy.

So, the first answer to the question was the timeline where we've got to be within a couple of weeks so we can start inviting folks.

The second is, yes, we're still open for nominations of course and try to apply these filters so that ONC staff going out and talking to them can have the most productive, you know, have the highest yield.

Does it sound like we're on the right track with folks?

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

And I just want to thank everyone for their nominations and folks who made nominations should feel free to contact me or Alex if you'd like to talk about our discussions and we're happy to talk with you directly.

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

So is it that you've...

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

Thank you.

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

Actually reached out and tried to get some more information from the people that we'd suggested to figure out how they mapped to these different kinds of areas we're trying to emphasize?

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

Yes.

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

Yes that's what they've been doing, yeah.

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

Okay, great.

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

Does the group agree with the focus, you know, really looking for exemplars that have done a portion of those and have results and lessons learned to report back in the context of moving towards the advanced health system model?

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

Yeah, I think that would be great.

**Stephan Fihn, MD, MPH, FACP – Director, Office of Analytics and Business Intelligence – Department of Veterans Affairs**

I do as well and just to bring up one issue I think I kind of raised, this is Steve Fihn, on the conversation before, the extent to which, you know, that can be validated I think would be great.

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

And just to give you process what we're going to do is have an all-day hearing with these panelists because of the smaller number we're probably going to give them more time and we're going to give them each specific questions for their particular model that we're interested in hearing about so it's going to be more in depth and a lot more learning.

We're going to meet the following morning to...because we want a fast turnaround time of our recommendations, so we'll sleep on it, we'll do a little bit of summary, thoughts at the end of the hearing and then we'll sleep on it and the following morning we will drill down on concrete recommendations, draft recommendations that we will present back to the Policy Committee.

The goal is to turn this around really quickly because we're trying to meet the timeline of the roadmap, the Meaningful Use Stage 3 and just keeping up with what's going on with the health delivery system reform because as you know there are these learning in action networks which just kicked off this week, so there is a lot going on right now and our best value is if we deliver timely recommendations into that process. So, that's why we're having the hearing followed by the half day really coming up with the recommendations.

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

Will any other groups be present....

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

Could...

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

Sorry, go ahead?

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

I was just going to ask if we could have some nitty-gritty travel time arrangements offered to us since some of us have to kind of plan out?

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

This is Michelle, Altarum should...if they haven't already will be reaching out to you about travel.

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

That would be great, thank you very much.

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

Will any other groups be present for the hearing beyond our Workgroup on the 13<sup>th</sup> or is this mostly for our benefit?

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

Can I...Michelle, what are your thoughts about that?

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

I think there could potentially be a couple of other Workgroups that would be interested in this work I think we just need to talk about, you know, who they might be and work on that.

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

Okay, okay.

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

And make sure...I mean the one thing is this group has done a lot of work beforehand to prep for this so we'll need to prep the other groups to make sure that they are as well informed if we do invite them.

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

And then we have the cost implications too of course, but...

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

Yes.

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

Right.

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

Everything's possible with no resource limitations but...all right, good. So, just a little bit of an outline of Meaningful Use response, as you know, we're the Advance Health Model and Meaningful Use Workgroup, so a number of Workgroups are going to be part of the response but we're sort of going to lead up the charge and framing it in sort of a couple of ways and open to your feedback on this.

One is you can tell there is a lot of sort of philosophical change that they're proposing for Stage 3 like, well, this is...it's going to be...instead of continue with Stage 1, 2, 3, 4, which is very complex one of their themes is simplicity, so there is, by 2018 there will be one stage that doesn't mean that stage will be stagnant but there will be one stage and you don't...you quit having to have multiple people in your organization having to be in multiple stages.

Another area of approach, it's certainly one that we've been working on but a very deliberate way of alignment. So one of the big complaints is that, well there are multiple CMS programs and they all have different stages, they have different timelines, they have different requirements and definitions, and they're really going through a concerted effort to align all those programs, that's a good thing.

Another example is there isn't paper-based submissions anymore, I mean, it's basically electronic so when we used to say, well you could hand print this stuff out on paper you won't be prevented from doing that, but it doesn't appear in your numerator anymore.

So, there are a number of things sort of categorically or the framework has changed, the philosophy has changed. So, one comment we can make is about that.

Then we can drill down on, there are now eight objectives and one thought and this...for people who haven't been part of the Meaningful Use Workgroup, we divided ourselves, it used to be according to the categories, the five categories, so here I think we don't want to divide ourselves into eight but there are probably chunks some having to do with let's say clinical decision support and CPOE well that might be one chunk. There are a couple that really focus in on patient engagement, actually objective five and six.

We do have a sister Workgroup within the Policy Committee and, you know, one possibility is that they would have a focus area...well, let me back up a little bit.

One of our recommendations for Stage 3 was to simplify actually and to reduce the number of objectives and to focus on four areas and we called them out one was care coordination, which is a lot having to do with interoperability, one is patient engagement, one is clinical decision support and one is public and population health.

So, one thought is take the lens, those four areas, the focal areas and in fact they show up in the NPRM as well, and take those four lenses and take a look at the objectives and drill down. And we may ask, as I say, our sister Workgroups to focus in on a couple of the lenses like patient engagement, like HIE and our Workgroup would do a combination of doing some of the other things the groups let's say on care coordination or population health and be the input, the organizing, the coordinating body for the overall response to this Meaningful Use NPRM.

So, the thought is to break ourselves into small groups along the lines of these focal areas and do that work and then also have our sister Workgroup provide their recommendations in a call that we, sort of the Meaningful Use Workgroup, would take in and pre-process before presenting the overall response back to the full Policy Committee.

So, let me pause and get a reaction to that approach, it's an approach to getting work done that the timeline unfortunately is very quick it's only 60 days. So, it turns out that our meeting time...obviously, we're not saying anything on the April 7<sup>th</sup> meeting, then we have a May 12<sup>th</sup> meeting but then the June meeting occurs after the due date. So, we really only have the May meeting to deliver our recommendations, that doesn't mean that's the last word from us.

So, we can have our draft recommendations get feedback on that at the May 12<sup>th</sup> meeting and then react to that, incorporate that feedback into a final recommendation, which Michelle and I have to figure out how to then expose that to the committee and get their vote, whether we can do that on e-mail or another call or something.

But at any rate so that's...you can see that the timeline is very compressed which is why we have to do some parallel work on the various aspects of the NPRM and come up with a consensus or conclusion, or recommendations quickly.

**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**

Okay, now I'm going to pause and get your feedback.

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

This is Mark with a procedural question, I forget whether it was the strategic plan or the interoperability roadmap, but...and it might even have been the Strategy Innovation Workgroup, but we were able to provide comments to the Policy Committee after the public date for comments and I just wanted to check to see if that's an option here or not?

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

We have...

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

...timing for us.

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

Yeah, so we have when the...like the due date was one week before the Policy meeting, but this due date is weeks I think before our June meeting.

**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**

So, it's sort of...

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

Too much time?

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

Yeah, a little bit too much time. I mean, we...I mean, we'll ask, I'm sure Michelle is looking into it, but right now we think it's a little bit too long.

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

Okay.

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

Other comments?

**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**

Yeah?

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

Just another operational question, would you start the process with base lining what's in the rule compared to what was recommended as you implement this or...any thoughts on that?

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

Yes, my impression and I think staff is going to sort of work on validating this, my impression is that really a lot of the thrust and spirit of our recommendations from the Policy Committee for Stage 3 are in there like we wanted it simplified, we wanted the flexibility and we wanted the foci, so I think we'll sort of take a look at this separately to back up this feeling that it's pretty much consistent with we said even if some of the details are not there.

So, I think from a timing point-of-view rather than starting with something essentially...water under the bridge let's just keep...let's just figure out how to comment on this because we have such limited time. Does that feel okay to you?

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

Yeah, this is Charlene again, I think there are just some gaps especially in care coordination between what was recommended and gaps and/or additions and so it just...we would just need to discuss and understand that.

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

Correct.

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

I mean, on the care coordination piece.

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

That's correct.

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

So that was kind of...that stuff is popping up as it gets evaluated.

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

Okay. Other comments about, you know, this proposed way of structuring our work?

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

So, Paul, this is Mike, I like the idea of using the recommendations in the four buckets you had mentioned to organize. I don't know if there is a potential unintended consequence of having sort of overlapping comments between groups and maybe even that's still a strength of the process, but to make sure that we cover all the areas where we had comments without too much overlap, do you have a...

**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**

Suggestion?

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

So, let me...Michelle am I doing okay?

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

You're doing a great job.

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

Okay, so let me try to propose these four foci areas and let me just try to see if this organization works. So, one of the...so our four foci are CDS, clinical decision support, patient engagement, care coordination and public and population health, and oh by the way there are quality measures, and I think even though they haven't proposed it, there are questions they have of the group and so we may want a Subgroup on that.

Okay, so in CDS that would map onto electronic prescribing, CDS and CPOE objectives, so I might think of the CDS lens group to cover those objectives in more detail. And by the way, so what did I mean by cover, it means taking a look at the objectives is it accomplishing the goal, what are the measures, look at the thresholds and to somebody else's point, look at unintended side-effects of doing it the way proposed. So, the CDS lens group would look at those three objectives and look at the measures thresholds and unintended side-effects.

The patient engagement objectives, one is on patient access and one is on care coordination through patient engagement, I thought the Consumer Workgroup, our sister Workgroup, could concentrate on those, use that lens, but as I said, and I think they would essentially report back to this group which tries to consolidate and reconcile the opinions if there are conflicting opinions of both the members of their group and this group. So, in the end this group, the Advanced Health Models and Meaningful Use Workgroup, would present it back to the Policy Committee.

The third focused area is care coordination and of course that has a lot to do with interoperability and a lot to do with health information exchange, we have a Workgroup on health information exchange and they would look at the HIE objective in the way I described earlier, and again, report back into our Workgroup and then we can further reconcile before presenting a much more consolidated and thought out recommendation back to the Policy Committee.

Public and population health would be covered by this Workgroup and that's looking at objective number eight which has to do with public health and clinical data registry reporting.

And then quality measures, again some of the folks in this Workgroup and on this call have a special expertise there and we might ask your help in trying to think through answering some of the questions they pose in the NPRM.

And there might even be another Subgroup, not because we couldn't all participate, but just to try to do work in parallel because of the timeframe and that's looking, as I said, at the overarching structure they've put in place to simplify and make all electronic, etcetera.

Does that sound like good coverage?

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

Paul, this is Mark, I don't know how...I don't have an answer to the question, but instead wanted to share a thought, a related thought, which is we just went through the use cases, we teased things apart but it helped...I think it helped that we were...also that we were trying to pull it back together and we were the ones who were doing it.

**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**

I think it does make sense to seek advice from sister Workgroups. I think it's going to change the experience though of trying to pull things back together and I don't know if that's good, bad or whatever just an observation. It relates to my second thought which is it does make sense, I think, for workload to try to divide things into...to divide the labor and yet a lot of these things overlap. So, you talk about care coordination and information exchange and yet there is a huge Consumer Workgroup component...

**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**

To it as well. So, I'm not...I'm not making a recommendation or suggesting a different direction I'm just throwing those two observations out there.

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

No they're very valid and there is...first of course there is no...even what you said, there is no one way to handle it perfectly.

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

Yeah.

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

And then I guess the biggest constraint is the time.

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

Yeah.

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

So, let me pick on the last comment you made about care coordination. It turns out of course there two objectives that overlap and that's space one is the HIE objective and the other one is even called care coordination through patient engagement.

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

Right.

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

So, in fact by even having two separate different Workgroups working on that we'll probably be able to fold in, what you're pointing out, the patient's side of care coordination and information exchange. So, that maybe fairly well covered in overlap.

Let me ask for other people's comments too about, yes, this is only a way and it's not a perfect way but I think one of the end goals, which is why I think it should filter through this Workgroup for the point that Mark raised first, which is you really do want to have a consolidated or a unifying, or coordinated view on the goal of what Meaningful Use is supposed to do so that is part of the charge of this Workgroup. So, I think that's why it would be helpful for the various ways, however we divide the work to come back and get digested and reconciled in this group. So, let me test that suggestion out with the group?

If we had enough time Mark we would do it...which is how we've done it in the past, we would do it all in one Workgroup...

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

Right.

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

And just divide ourselves and do exactly what you said, which is...and along the way reconciling it like we did with the scenarios. Other comments on the proposed or suggested way of structuring our work?

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

It sounds workable to me, this is Norma.

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

Yeah, this is Art, I agree.

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

Yeah, I mean, you've got compressed timelines so...

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

Yes...

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

...approach.

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

So, you can't criticize government for saying, oh, you take too long and then we take too long. So, it's sort of like what you've got to do. All right if that's true then I'm going to restate those Subgroups and if you wouldn't mind sending a note to Sam and Alex, and me about your...which one you'd like to work on then we'll get a head start.

So, we're going to sort of kick it off next call and as I say, I think we may need to schedule another call just because of the amount of work we have ahead of us but then that will help us know where we got the distribution of our labor.

So, the groups are clinical decision support, oh, wait, patient engagement is assigned out, care coordination is assigned out, so we have CDS, we have public and population health, we have quality measure and we have overarching framework and you can, you know, sign up for more than one. And then we're all going to participate on the reconciliation when we hear back from the Consumer Workgroup and the HIE Workgroup.

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

Hey, Paul, this is Michelle.

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

Well you may...

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

Yeah?

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

Maybe we should wait and I know you and I are talking later on this afternoon...

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

Right.

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

And just refine everything...

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

Okay.

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

And then send an e-mail back out to the group so they are clear on the categories.

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

That's good, great.

**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 now that you...so that's sort of the structure and then we'll spell it out in more detail and what we're looking for is sign ups, volunteer to serve on one of these Subgroups knowing that that's where we're going to get most of the work done.

**Stephan Fihn, MD, MPH, FACP – Director, Office of Analytics and Business Intelligence – Department of Veterans Affairs**

Could I just make a suggestion perhaps, I mean, they all sound quite fascinating and perhaps what you would get from us are priorities and then perhaps you can do some...

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

Great idea.

**Stephan Fihn, MD, MPH, FACP – Director, Office of Analytics and Business Intelligence – Department of Veterans Affairs**

Assignments, you know, to achieve kind of membership and balance that you'd want on those subcommittees.

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

Great idea that's what's so great about having a diverse group of folks is we just have all these great ideas to pick from, so thank you.

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

Paul, do you envision members of this Workgroup participating with the other Workgroups on what you refer to as assigned out so that there is some, at least some hearing of what's the conversation.

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

Let talk about it with Michelle. I mean, these are all good ideas and as a matter of how to get the process to work the smoothest and most efficient way. So, I don't have any objection to that I just don't know whether if we pile on will that be disruptive to their process that's what we need to think about. All right, any other business on any of the three things we've talked about?

So, one, thanks for participating through this prioritization process for the use cases I think we've ended up by people's comments in a really good place and we'll present that out to the Policy Committee and see if they think that we've done a decent job. We'll then finish up with the readiness, technical readiness with the Standards Committee.

Thank you for the feedback on the AHM hearing I think it's going to be very timely and very useful and thanks for your nominations, we're trying to predigest this stuff so you can have a good summary view of this and then we'll talk about it next time and finalize the candidates for the panels.

And finally, thanks in advance for you participation in the Meaningful Use NPRM feedback that we're going to be providing in about 6 weeks. Any other last...

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

Well...

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

Go ahead?

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

Oh, Paul, I just wanted to say thank you for kind of keeping us herded and focused I know that's a tremendous job so you've done a great job with it.

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

Thanks, Cheryl, but I've got to turn around and thank the ONC staff and then single out Alex again for just the way that...when pre-work is done like that...and so we get to look at the summary and then discuss that it's really, really helpful, so thank you.

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

And Paul, this is Charlene, could you re-publish those categories for MU3 work just...

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

We will.

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

Or send it out to us, please?

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

No, we will and we'll give you instructions on how to get back to us and I think Steve's suggestion about priorities that helps us balance the Subgroups as well.

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

Okay, great.

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

Will do.

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

And could you review which other...the other Workgroups which ones they're working on again...

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

We will...

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

When you send that out?

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

Sure will.

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

Okay, thanks.

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

Can I just add, in one of the earlier e-mails we shared with the group were earlier recommendations from earlier Workgroup efforts so those are available on line for the MU3 recommendations and those would be in your e-mail from when the group was first formed we provided a lot of background material so those maybe handy.

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

And we can re-publish that with our instructions that way people can...

**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**

Find it. I know I have trouble finding things.

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

Yeah.

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

Wonderful so now we'll open for public comment.

**Public Comment**

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

Caitlin or Lonnie, can you please open the lines?

**Lonnie Moore – Meetings Coordinator – Altarum Institute**

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

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

And we have no public comment.

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

Thank you. I want to wish everyone a nice weekend, I think we've sent some of our snow melting weather your way so I look forward to talking to you on the next call and then we will be sending out some requests for more of your time on the call. Thank you.

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

Looking forward to it.

**Stephan Fihn, MD, MPH, FACP – Director, Office of Analytics and Business Intelligence – Department of Veterans Affairs**

Sure.

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

Thank you, Paul, thanks, everyone.

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

Bye.

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

Thanks, everyone.

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

Bye.

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

Thanks, bye.

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

Bye-bye.