



## Collaboration of the Health IT Policy and Standards Committees

Consumer Task Force

Final Transcript

June 30, 2016

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### Presentation

#### **Operator**

All lines are now bridged.

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

Thank you, good afternoon everyone this is Michelle from the Office of the National Coordinator. This is a Joint meeting of the Health IT Policy and Health IT Standards Committee's Consumer Task Force. This is a public call and there will be time for public comment at the end of today's call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll.

Donna Cryer?

#### **Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Here.

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

Hi, Donna.

#### **Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Hello.

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

Patty Sengstack?

#### **Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

I'm here.

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

Hi, Patty. Allie Foti?

#### **Alisa Foti – Health IT Policy and Outreach Coordinator – National Partnership for Women & Families**

Here.

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

Hi, Allie. Angela Kennedy? I think Angela is on. Brian Ahier?

**Brian Ahier – Director of Standards & Government Affairs – Medicity I'm here.**

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

Hi, Brian. Carolyn Kerrigan?

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center I'm here.**

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

Hi, Carolyn.

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center Hi.**

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

George Mathew. John Derr?

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

Here.

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

Hi, John. Kevin Fowler?

**Kevin Fowler – Consultant – Kidney Health Initiative**

I'm here.

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

Hi, Kevin.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Hello.

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

Leslie Kelly Hall? Susan Brown? Suzy Hull? And from ONC we have Lana Moriarty?

**Lana Moriarty, MPH – Director for Consumer e-Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

I'm here.

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

And anyone else from ONC on the line?

**Lana Moriarty, MPH – Director for Consumer e-Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

No, Margeaux will not be able to make the call today.

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

Okay, thanks. All right with that I'll turn it over to you Patty and Donna.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Sure, well it seems like we have...this is Donna speaking, it seems like we have a quorum here today and I wanted to thank everybody for giving such great and detailed feedback on the Playbook for us to have a robust conversation today and that will be our focus to delve a little more deeply and to also just sort of hear everyone's reactions whether we have a consensus around certain points or if people have different views on the value or the design or structure of various sections. So, I'm excited to hear from all of us as a group collectively on this. Patty is there anything that you would like to say at the beginning?

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Just, yeah, thanks for everybody going through the introduction and chapters one and two and providing feedback. From looking at the e-mails that have gone back and forth it looks like we have some really good information to talk about today. So, looking forward to the discussion.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Excellent. So, you know, of course I have a problem with following directions even when they are my own and so I've, you know, looked at the Playbook as a whole jumping ahead and so I understand that we'll be just really focusing on sections one and two today but particularly I know that there are summer schedules, if there are comments about other parts that you have burning and you feel that you may not be available for our next call in particular or feel a relevance to bring up now I'd rather have you address them or, you know, submit them or talk about them than feel constrained to just talk about only the first two chapters. I want to make sure that we hear all of your thoughts and insights on the Playbook as a whole.

So, let me just ask Lana if she would like to do an overview of the Patient Engagement Playbook but also hear from the group to help Lana sort of use her time wisely, you know, are you all...does everybody feel comfortable that we're familiar with the ONC's perspective on how this was created, why this was created, the audience that we are ultimately wanting to use this for and the sort of general principles behind this?

**Kevin Fowler – Consultant – Kidney Health Initiative**

Hey, Donna, this is Kevin, you know, I'm sure I covered it when I reviewed the slide deck but it just might not be a bad idea just to review it just to...I'll speak for myself, to level set me to make sure that I don't lose sight of the original, you know, purpose of this. So, I'll speak for one.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Great, so Lana you are on deck and we are eager to hear your level set.

**Lana Moriarty, MPH – Director for Consumer e-Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

Okay. Terrific. So, if we could go to the next slide. This is the charge and the membership, keep...the next slide. And one or two past that, past the title slide of the Patient Engagement Playbook and I'll start there, that's perfect.

Okay, so, just to reiterate and before I launch into this I also wanted to just thank the Task Force members those of you that have reviewed and provided excellent feedback as part of the homework, and I know a number of you have mentioned sharing this resource with other colleagues and this is exactly what we want. We want to get this in front of as many people as possible so that this can really be useable and we can get feedback and iterate on it as we move forward and we're looking forward to hearing more from the Task Force today.

So, starting back with why a Playbook, this really was, you know, understanding and recognizing that there are real challenges in the field when implementing health IT and trying to put that technology into practice, and that, you know, coupled with day-to-day considerations in treating patients which are very complex and this is really where we wanted to help providers, nurses, care teams, clinicians leverage the technology to make that patient/provider interaction more streamlined and well informed and be able to really use the technology to your advantage.

So, going back we actually conducted a number of interviews both with my team, ONC's Innovation Team, and then a formal research team that went out into the field and spoke with a number of different providers, nurses, other clinicians, CMOs, CMIOs to really get that firsthand understanding of the challenges that folks were facing, what were their pain points around patient engagement.

We got an earful I will tell you but we wanted to really take all of that information, all the data that we collected and figure out, you know, what is our starting point and the reason we thought of a Playbook is because, as you may have heard, the Playbooks used in sports terminology they aren't static instruction manuals that they are really constantly changing, evolving sets of strategies and approaches, and this is what we envision in partnership with you all and other stakeholders to make this the best resource we can and something that is going to evolve and change over time. Next slide.

So, we began the Playbook by demystifying patient portals. We realized there were a lot of questions around, why do I need a portal, why is this important, what is in it for me both as the provider, what's in it for the patients, so describing how these can actually work for practices and for their patient populations.

And ONC in particular certainly recognizes that a patient portal does not equal patient engagement and I think that's a really key point to keep in mind, but we feel like it can be a very powerful tool for engaging with patients and certainly we are using it as a starting point only here.

So, the Playbook itself was designed around sort of four key elements to improve patient engagement, the first is best practices to enroll patients in the patient portals.

The second is offering tips for online functionality of patient portals some of the top features that could be adopted such as making appointments online, secure information sharing and sharing notes.

And then the third is really explaining the importance and the benefits of granting caregivers proxy access to patient portals and what that can do for patients and the caregivers.

And then last, but not least, discussing the importance of tracking patient generated health data to improve clinical decision making and care delivery. So, those are the four elements and the four sort of chapters the way it is shaped. Next slide.

Again, I think there has been some talk of a consumer Playbook because people wanted to know "well, wait I thought this was for patients, this is actually for providers." So, this is the first beta version designed not only for physicians and nurses, and other clinicians but really meant to be used and understood by the entire care team so all the team members that could potentially have that role in engaging and activating patients. Next slide.

Some of the principles that, you know, we focused on in designing and developing the Playbook were really addressing the needs of providers and their staff, and their patients, and making this very easy to understand.

We wanted to use real world examples and best practices, and we will continue to build on those so that is what we've incorporated into the Playbook chapters and trying to make it very interactive. This builds on past and future ONC work but we really want this to be owned by the people that are using it in the sense of, you know, them letting us know, you know, over the course of the year of what is working, what else is happening in the field because I think that this will really be very valuable, you know, by getting constant feedback and iterating on that feedback and making sure that it is relevant and timely, and inclusive to what's happening in the health IT landscape.

So, we've also, again, embedded, there are several ways to give feedback but one is embedded that loop into the actual Playbook so that there is a mechanism for people that are on the Playbook resource to be able to, while it's in their head, while they're reading something and they think of, you know, a comment that they can actually send that. Next slide.

And this is just going over the design principles, we wanted it to be very simple, clean format, easy to understand, we did it and eBook format which we found was very intuitive. I hope that you all found the same but I know that there are always, you know, quirks and different things to work out, but we really wanted this to be an easy to navigate resource.

I've already mentioned, you know, making it inclusive and dynamic and engaging, and something that people can not only easily discover but easily share so we've made links to social media, we've made it

very easy for you to share the entire Playbook or a portion of the Playbook so that is how this was designed and some of the principles around designing the Playbook. Next slide.

And again, this is why we're having this discussion, we consider you all experts in the field and we really wanted to find out, you know, where we could go from here, what you think of the content that's already been developed.

Currently, we will be working on a refresh in August and that will likely be rolled out during health IT week in September. So, that is when we plan to have the next version, but we wanted this to address the challenges and the struggles that are in the field but not only that really to also focus on some of the success stories and how those were implemented in order to be able to take those and scale them up or replicate some of these innovative strategies to address the challenges that we're hearing.

And as I mentioned before, I think one of the most important things is that this is a timely and relevant, and inclusive resource of what's happening across the country to engage patients and caregivers, and that is certainly why we know that this resource will evolve over time. Next slide.

And so I will turn it back over to Patty and Donna from here. This just outlines the timeline for the next two meetings and what the homework will be around it which would cover the same questions that you were asked for this current meeting.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

This is Donna, thank you, Lana for that overview and set of principles and intentions for this. I think in the comments we'll address sort of questions and feedback on how well this version has met those goals and thoughts for the revisions.

I just wanted to ask folks from a calendar basis, as we look at these dates, are there any obvious barriers or problems with these dates and deadlines that anyone sees now? Hearing none I thank the ONC staff for giving us these dates and deadlines so that we can govern ourselves accordingly as my pastor would say. So, next slide, please, thank you.

So, these are the questions that we were given and I thank you so much for taking them very seriously and deeply so we'll sort of address things for the introduction first and second chapter for the course of this meeting and we'll leave time for public comment as well.

One thing I did want to ask the group, and have the ONC staff comment on as well, is the title. Does the title seem to reflect the purpose that was just laid out so well by Lana? Is it clear enough?

**Kevin Fowler – Consultant – Kidney Health Initiative**

This is Kevin, I think if it's clear to the audience that there's also going to be one for patients then I think it's great. So, I think it would be...if there's a way to, you know, have a patient engagement handbook for healthcare providers with recognition that there's going to be one for patients I think would be good. So, that the expectations are clear to the audience.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Yes, I think that...I felt likewise that perhaps adding the words, you know, for healthcare practice or patient engagement in, you know, HIT for healthcare providers or something that would specify the audience and the scope might make the purpose of the...and the audience of the Playbook more clear.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Yeah.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

How do others feel about that?

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yeah, this is Patty, I agree, you can't...the title makes it seem like it is for patients.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Yeah, that was my initial thought, that's, yes.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Okay, all right, so with that said, let me look ahead of the slides, okay, why don't we go to the next slide, actually that shows some more of feedback to the introduction part now that we've sort of addressed the title.

So, I won't read the slide, but the feedback was generally positive for the overall design, members liked that the introduction was short and to the point. So, the length, content engaging, appropriate for providers and then there were some specifics, you know, thank you to the user interface folks for taking, you know, a very serious look from a design perspective on how this could be improved.

Are there other things that are left out from comments on the introduction is, you know, generally good, well-designed and moving in the right direction? What else might we improve just about the introduction itself?

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

The...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

It includes the about this Playbook portion, why a Playbook and patient portals. Go ahead?

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

This is Patty, I just pulled up my notes that I sent in for my homework so I've got my little cheat sheet in front of me of what I sent in. So, I thought the introduction was very good, the purpose was very clear, you know, it captured your interest, straightforward. I liked the breakdown of those Meaningful Use goals that was really nice and clear. I thought the usability was good.

One thing that I kind of was...that was going through my head as I was looking through the section in the intro called “about patient portals” it started with the whole section on how the whole financial incentives via CMS and how this is going to help meet that and then the bottom part of it was the emphasis on patient outcomes, patient satisfaction and loyalty and I almost thought that should be flipped. I don’t know that’s just, you know, I don’t know how others feel but I thought, you know, kind of the money part was, I don’t know, I just thought the emphasis should be on the patient outcomes part first and then an “oh, by the way this will help you meet some of those CMS Meaningful Use financial incentives” instead of the other way around. Other than that I thought it was very good, very clear.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Excellent, now Patty I’m the cynical one, this is why we make such great partners, so I was thinking that in this section, and frankly throughout the Playbook, that it needed to be stronger and more focused on what’s in it for me for the providers and all that, you know, this helps the patient do stuff that’s like...and people may or may not care about that, but that just might be my jadedness having gone through the system.

So, I would really love to hear from the...your feedback and feedback from the other representatives from healthcare systems and physicians, and providers, does the introduction and the rest of the sections, do they have enough in there focused on answering your questions and meeting your needs particularly if you’re not the type of person who would volunteer to serve on a Consumer Task Force but you’re most jaded colleague who, you know, barely tolerates...interaction with patient engagement how would they feel?

**Kevin Fowler – Consultant – Kidney Health Initiative**

This is Kevin again...I’m sorry, go ahead.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

No that was the end of my...yeah.

**Kevin Fowler – Consultant – Kidney Health Initiative**

I was just going to say, I’d just like amplify my comment, you know, my comment was about the definition of patient engagement. One of the concerns I see is that this term is being corrupted by different companies, organizations for their purposes and so I think that this is a definition that needs to be...make sure that we really think about that definition and that we get buy-in from, you know, everyone here, because I think that really is a centerpiece.

And I think I was really encouraged Lana with the comment about, you know, that this is the kind of like the, you know, the value of this is to help...a portal is not patient engagement but it can lead to a path of patient engagement and I think that...but then also getting people into the healthcare system to understand is that, you know, if people are better engaged and I think...I know you outlined that but it is going to make their life easier just for managing patients, that’s the other part I think that sometimes gets lost with patient engagement is how that can reduce the pressures on the healthcare system right now. So, it...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I...

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

Donna...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Go ahead?

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

Do you want...

**Kevin Fowler – Consultant – Kidney Health Initiative**

No, and I think that to be pragmatic here is that this is not going to happen overnight like some people think it is but if this is done thoughtfully and with good definition and then if this is well thought out on the other hand for patients this is a really nice way to build a continuum. So...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I heard another commenter?

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

This is John, John Derr.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

John?

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

Question first, are we going to discuss on these calls the things that seemingly were left off the slides and bring them up again or...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Yes, please.

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

If they weren't on the slides does that mean that they're just not germane or something like that?

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

**No.**

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

Then a comment is that, you know, I'll represent, ad nauseam, skilled nursing facilities, home care, hospice care, assisted living and all that for LTPAC and I always get disturbed that things get focused at Meaningful Use when there are other people out there that really want to engage patients and I had made my comment on the introduction that was left out, that you should add strategic partners to the physicians that would help them out and expand the use of it instead of always focusing on Meaningful Use, because there are others of us out there that didn't get any money and are not part of it yet we...as I suggested in my comments I've already suggested when I spoke at the LTPAC HIT Summit that the providers out there should take the Playbook and have the nurses and all that look at the Playbook and use that in the nursing homes and home care as an advice to engage patients in their healthcare.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

That statement is well taken and so I think maybe staff will amend future versions to make sure that is included throughout. Perhaps one suggestion or a friendly amendment is, if the overall goal is to help providers, broadly defined, engage with patients through health information technology specifically in a wide range of manners, I wonder if the information about patient portals could be put into the first chapter rather than in the introduction so that it wouldn't seem as if patient portals are the only or the primary way with which you should be engaging with your patients. So including it so prominently in the introduction rather than having a chapter on, you know, one way and how to do easy enrollment in patient portals as just one aspect of patient engagement through technology is that more aligned with the overall goals that we were given at the beginning?

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

I noted, this is John again, as I noted in my comments I didn't see anything where they could use this in alternative paper. I know it's not technology but a lot of people don't have really...haven't got up-to-speed on portals yet and the ones I go to always say it's on the portal, sometimes, but here's a piece of paper and I know we don't want to go to paper and I don't know if that...but that is actually real life and they should do both things, go to the portal and hand out paper.

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center**

This is Carolyn, can I just ask a question about that last question? So, it seems to me the Playbook the way it is currently written is about the portal, it's about patient portals so in that sense it makes sense for it to be in the introduction. If future iterations of this are going to spread beyond just the use of the portal then at some point it may not make sense to have it in the introduction. But, you know, the way this is put together it's more about portals at this stage than it is about engagement.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Right.

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center**

I think it would be incorrect to take it out of the introduction.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

So, then it needs to be...in my mind it would need to be retitled then if this is about how to increase portal adoption and then be transparent about that and perhaps be a little more upfront about the

provider concerns that were expressed in...and frustrations that were expressed in the focus groups and surveys rather than sort of sugarcoating it in the world as we like to see it where every, you know, provider, you know, truly has gotten on the train and cared about patient engagement. I know there are many who are and I thank them and appreciate it, and I owe my life to them, but there are many who aren't and that's just the reality as it sits in 2016 in June.

**Alisa Foti – Health IT Policy and Outreach Coordinator – National Partnership for Women & Families**

Donna, this is Allie Foti, could I weigh in on the later point that you just made?

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Yes.

**Alisa Foti – Health IT Policy and Outreach Coordinator – National Partnership for Women & Families**

Sure and so I'm going to address that point about how to convey the true purpose of this to providers from a consumer advocacy perspective as opposed to from a healthcare professional perspective and I definitely understand the logic behind being very clear to articulate what's in it for providers, how it can tangibly affect their practices and portal adoption, etcetera.

I will say that I think from ONC's perspective there is a very delicate balance between providing the most useful tool and championing a vision of provider/patient partnership and how that can actually move us forward in delivery system reform and so I understand the desire to create things more specifically, but still want ONC to maintain what I found to be wonderful language supporting a consumer/provider partnership.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I certainly agree and understand that perspective. I think what I'd like us to give recommendations to ONC to be most helpful in what's the best way to move people to that aspirational state that we all share.

So, are we you know...so when Patty for example shares this with her colleagues at Bon Secours or others share them at their health systems is there enough in there to get them to actually read it and use it and, you know, capture their attention that, okay, this is something valuable for them to follow the bread crumbs and get to the points about "oh, you know, and this can also be useful for my patients as well."

I liken this to...I sort of compare this to social marketing, some people authentically care about reaching African-American, Asian and Hispanic communities some don't but we want to move all of them to be able to deliver care to those populations and so what's the best way to appeal to them. Some they'll get it because their hearts understand it, some need the numbers, some need, you know, other factors to move them to do the activities that will work out for the betterment of those populations.

So, what's...it's just a what's the best way of actually getting people to change their behavior I think is the answer that we're trying to...you know the question that we're trying to answer given the specific frustrations and concerns that the providers have outlined for us.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yeah and this is Patty, I think some of the discussion that we had a little earlier is really just semantics and about the title, just to go back to that for a quick, just a quick second, you know...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Right.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

This truly is a patient portal Playbook where we get a little iteration there, the patient portal Playbook for consumers. So, I don't know if ONC wants to consider that in another iteration because I appreciate what people have said that there are thousands of ways to engage your patients, this product is only speaking about one of them.

And then just another couple of comments, I totally agree with the group when they're talking about the "what's in it for me" factor because in just recent experiences dealing with some of our providers who, you know, we're trying to get them on the bandwagon and if I say "can you look at this Playbook" I mean just getting them to click on the URL I will do a happy dance if they would do that. And getting them to read something that's so compelling that it's going to draw them in and say "yeah, you're right, this is really going to be a good thing." And I don't know that I've seen that in here, you know, give me the really...not just what's in it for me I do think that's really important but then the what's in it for the patients that I serve and how will they be better served if I use this. You know I think it's in there at some level but I think it can just be crisped up a bit.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Right. I want to be able to acknowledge the pain points...

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yes.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Because that was, you know, our charge, you know, to acknowledge the pain points that providers have laid out in a way and so some of them, you know...some of it is financial particularly if you have administrators or others reading this, some of it is a, you know, Meaningful Use and, you know, compliance of others reading this, some of this is, you know, how do I get my, you know, patients, you know, engaged to be, you know, adherent and maybe it's, you know, using the data or, you know, allowing more patient generated health data in there.

So, I think, you know, if it's in a way that acknowledges the pain points that were raised in the focus groups and the survey then...and showing, you know, the benefits to solving that problem, we have to solve the problem the people have laid out for us first and then, you know, tell them about, and but wait there's more. It will also solve a problem for, you know, your patients but I think we need to be upfront with this is how it will help you solve the problem that you outlined for us about, you know, your practice or your daily job, you know, first and foremost, and upfront and crisply, as Patty has stated,

otherwise, you know...because I really want people to use this there's great stuff in here and I want people to be able, you know, to make the time to engage with it and to get to the point.

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center**

This is Carolyn again and in listening to this discussion I'm thinking, you know, like what are the biggest barriers now, do people...is the sense that people don't believe that the portal is useful or are they just saying, we just don't have enough money to do this as well as everything else we're being asked to do? So, I think...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Let me ask ONC...

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center**

How compelling...case?

**Lana Moriarty, MPH – Director for Consumer e-Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

I think that there are several and I wish I actually had my slide deck in front of me because I think this is great conversation about, you know, really what are the challenges because that brings that sense of reality to the Playbook and I think that, you know, what I'm hearing from you all are, you know, this is not where everyone is but certainly as either Patty or Donna stated, this is sort of the vision that we have for what we, you know, where we hope to go with patient engagement or the possibilities and that's again why, you know, reiterating we are just starting with the patient portal not being the end all be all to patient engagement as we all know, all of us with multiple portals I'm sure, but, you know, cost has certainly been an issue, you know, just the workflow getting, you know, figuring out how to have enough staff to engage with the patient population with a portal or whatnot and then just figuring out what are the ways to have that outreach to encourage your patients to use it.

I mean, I would say on the flip side I hear more from patients of "well, I went and looked and there wasn't anything that I was looking for there." So, I still think there are, you know, significant challenges on both sides to using a portal but we wanted to highlight, you know, some of the success stories and some of the best practices around it that we were finding.

But I am, you know, very appreciative of the comments of making the pain points more obvious or the challenges more obvious and having that connection of, you know, here is the reality for, you know, perhaps many of you and here is how, you know, one resolution or one way to solve that problem.

**Kevin Fowler – Consultant – Kidney Health Initiative**

This is Kevin, can I just share my...this is an experience of one, so with portals, so, you know, as a transplant recipient myself I, you know, interact a lot with the transplant coordinators and, you know, one day I asked the question about the portal and my record and my file and everything and I said "can't we be doing a lot of this stuff with the medications and all these other coordination appointments, can't that all be done through the portal?" I asked this to the coordinator and she goes "I don't know."

So, I think from my stand-point what my experience has been is that it seems like if a department or a group has a strong leader behind it then it seems to do well, but if the group doesn't have...the physician in that practice is not behind it it's not going to go anywhere because I'm just finding there is just so

much time that I'm wasting with e-mails and phone calls because the other person doesn't really even understand the value to them.

**Lana Moriarty, MPH – Director for Consumer e-Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

Can I...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

...

**Kevin Fowler – Consultant – Kidney Health Initiative**

I'm sorry?

**Lana Moriarty, MPH – Director for Consumer e-Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

Can I just say one more thing to that specific comment, I think that's very relevant and definitely what we've heard of just from simply a time or resource perspective. So, it wasn't necessarily always a disbelief in the portal or, you know, in engaging the patient. But I think that, you know, that's something that we're really trying to figure out, you know, how do we...we've spent so much time building consumer demand particularly within my small team at ONC, but this really is about building that provider demand...

**Kevin Fowler – Consultant – Kidney Health Initiative**

Exactly.

**Lana Moriarty, MPH – Director for Consumer e-Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

Not to say that it's not already there in many practices but really not just demand but a situation where a provider would say "why wouldn't I do this" like this would create efficiency, this would, you know, connect me more to my patients perhaps this would increase, you know, adherence and compliance with some of the treatment that I'm, you know, suggesting. So...and really building that partnership.

So, while we recognize the constraints, you know, I really feel like this is an opportunity, and I would love to hear from all of you, to build that provider demand around, you know, patient engagement or moving the needle in that area and really, you know, not just paying lip service to a partnership but really having a true partnership where the patient is at the center.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Yeah and I was just going to add to it, I was just trying to just level set in terms of what the experiences and reality but then to think about ways that could be done. I mean, I don't know if the conversation...if you look within transplant, working with some of the medical societies, you know, like the American Society of Nephrology, American Society of Transplant because, I mean, those are groups that if you worked with the medical societies and got them behind it, it just seems like...and then you also then work with the patient organizations it might be a nice way to meet in the middle then, right? Because...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I think there's great opportunity to discuss dissemination of this once we have this sort of, you know, polished up right and those are excellent points about, you know, entry ways and push points for adoption.

I wonder though, based on the, you know, the first part of your comment if for instance chapter two was let's activate features that meet patient needs was activate features that meet provider needs. If this is a Playbook for providers then the features have to meet their needs and the first sentence does address that about how it streamlines provider workflows but I think that there is sort of a...there is a schizophrenia that I see in the Playbook perhaps because, you know, everybody involved in this, you know, we believe in patient engagement. I think we need to rewrite this for those who don't believe yet and sort of recruit them on but meet them where they are.

And so activating features that meet the provider needs maybe the same thing so they can realize that online booking and prescription refills and all these things that take up a lot of a transplant coordinators or other persons in an office's time is helpful to them.

And I don't think there's anything wrong about meeting provider needs in a Playbook for providers. I don't think you need to sort of, you know, sugarcoat it as everything is all, you know, patient be at the center because it's just, you know, not and it's okay that if you help...

**Kevin Fowler – Consultant – Kidney Health Initiative**

**It is not.**

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

The provider that it ultimately will help the patient, but it's okay to give providers things that help them and meet their needs as well because we need them to be not burnt out and, you know, healthy and strong and happy in their profession so that they'll still be there to, you know, treat us and treat us well and if HIT can help them and ease their stresses and their workdays then we as patients benefit from that as well. So, it's okay to just be upfront about saying, this is something that will help meet your needs.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

And one of the things, this is Patty again, that I was just thinking about is missing here is that it's assumed that the providers can just sort of wave a wand or snap their fingers and all these features can be turned on and used.

I think something needs to be mentioned the fact that I'm just counting, I'm looking at our MyChart features now because I'm involved in this project we have somewhere around 44/45 features that can be turned off or turned on.

So, part of the process, I think, you know, needs to be that practices need to have a discussion with their informatics team about the features that are available and put together a strategic plan on how you're going to roll out the features, you know, maybe there's a core set of the really easy things that need to be rolled out first and then maybe a recommendation of, you know, does scheduling go out next versus OpenNotes, versus, you know, because it's, you know, it's a little overwhelming when you look at what's

available and nobody turns them on all at once or has the IT or informatics resources to turn them all on at once.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

This...

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

So, some of that I think needs to be addressed.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I think Patty that's an excellent point. I have a question to ask, is it an informatics question or is it a cost question because some of the vendors will, you know, charge you goo gobs to turn on all the features and, you know, that needs to be, you know, budgeted for and approved by the administration, you know, by administrators and chief financial officers because otherwise I would advocate that the easiest thing, and the most patient centric thing certainly, perhaps not the easiest thing, from a workload perspective, but most patient centric thing is to have a default to turn all the features on and all the information to default into the portal for patients to create a real culture of using the portal that to me has to be the default ultimately.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yeah, I guess it depends on your vendor.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

There is...

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

You know because, you know, you purchased...well, in most...well, I don't know that this is true or not, but, you know, I think that you purchase the product and it's up to your organization as to whether or not you turn on the features, you know, they give them to you but you have to configure them, you know, and then turn them on. So, you know, maybe others have more...Donna you used the term goo gobs I love that. But, you know...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

That's from my extensive financial background.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

I love it, but, I mean, I think it's a great point, you know, are there financial implications to the various features. But to me the other thing to look at as well is they all have to be configured, the features aren't plug-and-play you can't just flip a switch. So, you know, when your setting up scheduling, I mean, there's work behind the scenes that has to be created, you know, based on when Dr. So and So is present.

**W**

...

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

And so the resources you need to set that up behind the scenes and then maintain it because Dr. So and So is going on vacation or is leaving and etcetera...so the IT resources that make it happen I think need to be addressed somewhere you know.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Absolutely, so that's exactly the type of reality and the focus on, you know, meeting the provider needs so that they can actually do this, and you know come with us to the promised land, that needs to be in here. So, I just...my counsel to ONC would be to not be afraid to actually address the issues that were raised in your focus groups and the frustrations, and really try to make this a step-by-step sort of answer to how you can overcome these barriers...

**Alisa Foti – Health IT Policy and Outreach Coordinator – National Partnership for Women & Families**

This is Allie Foti, I absolutely understand the tenor of this discussion and where it's going to make it a more useful document. As per your more recent suggestion to change the content and the framing of the chapter two to activating features that...or from activating features that patients want and need to activating features that providers need I would caution us against deviating so drastically from the overall tone of the document.

I think that there's a very apt point about making sure that the language that we use and the marketing really conveys to providers why this is an essential tool for them and how it can help them in a specific way, but if we're to deviate completely from understanding what consumers want and how this can actually help them engage with their consumers I think we will not only lose a critical moment to engage providers with their own patients but we'll also be deviating away from the spirit of what I assume to be this Task Force and ONC's charge to us.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Is that...perhaps the initial name of this is a Patient Engagement Playbook so that set us up for thinking that this was for patients and is that...does some of this belong in a separate sort of mirror document that actually is about patient engagement, because this really is about provider engagement and apparently my cell phone needs to be charged.

**Alisa Foti – Health IT Policy and Outreach Coordinator – National Partnership for Women & Families**

And I agree with that and I think everybody on the line has gravitated toward the fact that the title does not appropriately describe who the audience is, but I still do believe that it describes what the underlying goal is that ultimately through using this tool we can assist providers in leveraging health IT to engage their patients.

So, I think that there's a slight distinction in our thinking there in that "yes" the means to the end is adopting technology, increasing portal enrollment, etcetera, but ultimately the end goal is patient engagement and if we lose that forward thinking entirely in the document then ultimately this doesn't get us to where we want to go.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Hello, did I lose everybody?

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

Did something happen or what?

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

No, I think we were rendered speechless. So, you know, one of the things I always like is a good old fashioned checklist, you know, I love the SAFER Guides that you guys put out for ensuring that we configure a good safe electronic health record. I'm wondering if you considered or would consider developing some kind of a checklist for, you know, consumers to use as they roll out and optimize their patient portals?

**Kevin Fowler – Consultant – Kidney Health Initiative**

This is Kevin, can I ask a request? I just kind of feel like we've kind of gotten off the original...could we make sure what we're talking about right now because I feel like I've kind of gotten off of where we originally were and we've kind of gone into some different directions which I think I may have contributed to, so, just to kind of reset us on what we're talking about right now might be helpful.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

It's all your fault Kevin we're going to blame you.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Oh, absolutely.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

No, I'll take some of this, this is Donna, I'll certainly take some of the blame in that as the chair I perhaps interjected too much rather than simply reflected the feedback of the group and that is the danger in an issue where one is so passionate about so my apologies to the group if I have gotten us off track. So, and I also apologize I kind of dropped off when clearly Alisa was making a very cogent and important point about not changing the tenor of the document too drastically.

There is a line in a Walter Mosley movie based on an Easy Rawlins book character from Walter Mosley's detective fiction and the main character, detective, leaves a sort of a prisoner or person of interest with his colleague played by Don Cheadle and when Denzel Washington, the lead, returns the person of interest is dead and Don Cheadle looks at him and said "if you didn't want him dead why did you leave him with me?" So I simply say "if you didn't want something changed why would you make me chair?"

So, I apologize and will attempt to act more chair-like and more objective. So, our task for today was to discuss the introduction, chapter one and chapter two, to make sure that all the feedback that was given by this group was accurately represented in the slides and the information that goes back to ONC to consider.

We have had some robust discussions about ensuring that the title and chapter headings appropriately reflect and engage the audience. And then I think where the group is coming down is a reordering perhaps of some of the information but not a sort of drastic overhaul of this and sort of a few, but not

an overwhelming number of gaps were identified and I know the ONC staff are taking note of that. So, do people feel that this has accurately captured where we are at this point in the call?

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yes.

**Kevin Fowler – Consultant – Kidney Health Initiative**

Yes.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Okay, excellent. So, why don't we...I think we have discussed the introduction and the emphasis on the patient portal was one of the key issues that ONC will need to go back and think about.

In chapter one, in reading the feedback on chapter one I did not see...because it was clearly focused on encouraging patients to sign up and who adopted...to enroll in the patient portal, you know, that was very clear. The comments that I saw most frequently were about sort of the initial sort of language that may be construed as sort of blaming patients for not enrolling and the need for that change, but otherwise the first chapter seems to have been very well met. Are there other things that people would like to say about the first chapter?

**Lana Moriarty, MPH – Director for Consumer e-Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

Could you go to the next slide, I think that might also...there we go, thank you.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Okay. Okay, excellent. Yeah I was looking in the Playbook itself instead of...remind myself and guide my comments. So, that got read at the beginning of the call for the most part, read off of those...

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

This is Patty...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Go ahead, yes?

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

This is Patty, I was just going to give my two cents, I thought this was a really good chapter, I thought it was full of really great examples that were very concrete on how to improve getting their patients to sign up, you know, some of the interactive things were, you know, just really spot on in terms of where you could insert the process of improving the...how you can activate their accounts. I thought it was really clear.

I liked the recap at the end, you know, kind of summarizing it I thought that was nice. I really...the question was asked, you know, what's missing and I know after I read through it I couldn't really think of anything. I thought it was...I thought that was well done.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Excellent, is that perception shared?

**Angela Kennedy, EdD, MBA, RHIA – Head of Department & Professor of Health information Management – Louisiana Tech University**

Yes.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I...

**Angela Kennedy, EdD, MBA, RHIA – Head of Department & Professor of Health information Management – Louisiana Tech University**

This is Angela, I felt the same way. I also felt that it was presented in a very clear and concise manner that could easily be used for training members of the office staff and not, you know, depending on the individual that received the information first and then how it's disseminated it should be something that is easily used for training purposes. So, I thought it was a nice job.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Excellent.

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center**

This is Carolyn, I agree that this chapter is done very nicely. The only thing I felt was missing, and it's just something, a personal experience I've encountered, is if you get your frontline staff are overzealous and they start signing everybody up for the portal and they sign up people who actually aren't going to use it and is that...sort of by default that becomes your primary mode of communication with patients and they're not using it then they miss communication.

So, I think you have...there's this fine balance between encouraging people to sign up who actually use it and encouraging them to use it and then being realistic about patients who actually aren't going to use it and actually there could be a detrimental value to signing them up.

**Alisa Foti – Health IT Policy and Outreach Coordinator – National Partnership for Women & Families**

And this is Allie Foti...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Well, but how do you prejudice that? How do you prejudice that?

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center**

You have a conversation with the patient.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

But...

**Alisa Foti – Health IT Policy and Outreach Coordinator – National Partnership for Women & Families**

And this is Allie Foti, I want to continue off of that point in that I think that's a very apt point in that there is a fine line in determining the best mode of communication. I will say that also I had a similar reaction in that encouraging automatic enrollment or encouraging the shift completely away from phone and mail communication to electronic communication may ignore some of the diverse needs to patient populations and accessibility issues. So, there is definitely the impetus to encourage a shift towards electronic communication but I don't want to preclude considering other means of communication.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Noted. I think that that's a great suggestion for nuancing this language. I would perhaps be concerned that practices may prejudge who would use electronic information and not rather than ask and also that until patient's give their patient portal a whirl they themselves may not know how valuable it is or how much they like using it and how will they know unless they're signed up and they try it. So, it's sort of a...

**Kevin Fowler – Consultant – Kidney Health Initiative**

Donna?

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Metaphysical question. Yes? Sorry.

**Kevin Fowler – Consultant – Kidney Health Initiative**

If I could just...

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center**

Clarify...

**Kevin Fowler – Consultant – Kidney Health Initiative**

Can I just support...

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center**

If we could have some language that...

**Kevin Fowler – Consultant – Kidney Health Initiative**

I'm sorry.

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center**

Sorry, if we could just have some language then that if patients do sign up that they still can set their preferences for communication.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Yes, that's exactly what we...

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center**

So, it could say, you know, yes I do...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Yes.

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center**

Want my appointment reminders by mail even though I may use the portal I still want that paper trail backup...

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Right.

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center**

Or something.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

That's exactly where I was heading.

**Kevin Fowler – Consultant – Kidney Health Initiative**

This is Kevin I'd just like to support what Donna was saying about prejudgment I think that's one of the biggest dangers that can happen where we make assumptions where someone is going to do it or not. I think you can offer the patient the best option and at least ask them to try it and then, you know, the follow-up appointment "hey, have you done this" and then just see what happens. I think you may be surprised with the response.

And I think the other thing too is that I think if you are going to do this and two, I think one that I omitted too was the importance of leadership so I don't know if that's something that can be incorporated. I thought the section was done really well, one and two have both been done really well, but the importance of a health leader embracing this is going to influence the implementation.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

And it's Patty again, my only comment would be once again that it doesn't have the need for a partnership with the IT and informatics resources. So, you know, it says, develop an automatic enrollment policy, well they can't do that, you know, if I were a provider I would say, well I have no clue how to do that, but if it said something, you know, partner with your, you know, IT team or informatics resources and, you know, build it, because, I don't know when I look at it just it would scare me if I was a provider and it's telling me to set up some kind of automated technical process.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

And maybe that's part of the introduction and the setup of the audience for this. This is more...you know we'll need perhaps, you know, interaction and then multiple activities between administrators, informatics, clinicians and even external partners to be able to fully realize.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yeah, yes, I agree, you know, some kind of introductory thing that it's a partnership and, you know, it's the team that's going to make this happen, you know, there's a variety of ways you can, you know, create activation codes and get your patients signed up.

Every single of them requires a lot of behind the scenes configuration and, you know, whether it's something that's printed out with an activation code that's got to be configured, whether it's something automated with a link that's been sent via e-mail, whether it's a text, none of those things can be done by the providers, the process needs to be determined and then the technology folks need to support it.

And so I think, I agree I think that's a good idea to put something in the beginning that is a partnership with the, you know, administration or leadership and care providers, and the IT or informatics resources.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Excellent, okay, so looking at the time I want us to make sure that we get to chapter two, so next slide given that chapter one went so well and was so well received. Chapter two, now we have talked about the title but the content of it, so there seems to be also strong support for this chapter, content engaging, examples clear from credible sources. The myth and reality box was a hit.

The list of best portal features, I think to the point that was raised earlier about sometimes practices don't even know what features are available to them, so making sure that they understand all of their options and hopefully they'd want to play with them or turn them on or work with them was also part of this.

And suggestions were around reframing to acknowledge that the number of features, and to Patty's point, the number of partners that you may need to bring in to activate these features, you know, can be overwhelming for everyone involved and meet some level of partnership and engagement beyond the individual.

Outline anticipate response time to e-mail secure messaging to clearly set expectations with patients and that is an issue that I've heard repeatedly from physicians that they were concerned that if they, you know, set up secure e-mail that they would be liable for, you know, not responding, you know, immediately as we do in sort of normal sort of work e-mail, but, so if there are places to set up those clear expectations that, you know, if you put something, you know, in the portal we'll respond within 24 hours or 48 hours, or whatever the practice policy is, but setting those expectations in writing and verbally I think is an important part of this.

And then advice or recommended websites on updating the portal was another suggestion that was made by this group. Are there others that you feel strongly about that are not included on this slide or you want to make sure that ONC takes back for their consideration?

**Kevin Fowler – Consultant – Kidney Health Initiative**

I just thought it was really well done.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Excellent, other thoughts? That's a great thought we might just end on that.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Hey, it's Patty, I was thinking that it would be really helpful to provide links, if possible, if anyone would donate their policies? You know sometimes those policies are a little tricky to create and if there were some examples there that they could see that would be really helpful.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

I think that's a great example of how we can help use this to really move people along to operationalize not just, you know, read and nod, and this is good stuff, but really help them operationalize that. I think, you know, the examples, you know, to me are well done and should be helpful about helping people sort of bring people along the way and then your suggestion, again, to help people really truly not only, you know, incorporate this but to operationalize it. So, that's a great suggestion.

And then how do people feel about the recap since it was such a strong chapter but...and had a lot of points in that, do we feel that the recap does justice to all the rich content in the chapter and emphasizes the right point? They are, if you're not looking at the portal...

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yeah.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Take advantage of patient portal features to improve communication and create value for patients and providers, allow online booking and prescription refills, set up secure information sharing and share notes. Are we good with that recap?

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yes, it's Patty, yes, I think it recaps but the one thing that...and I don't know how to make this a short sentence because I tend to be verbose, but I think we need a few words or a sentence or something that states that, you know, portals have a lot of capabilities and functions, and features and your organization is going to need to determine the strategy, you know, based on their goals as they roll them out, roll out the features over time. So, you know, creating a rollout strategy, creating a feature rollout strategy or something I think is important and, you know, something like that.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Yeah, yeah, maybe it's to identify key features for your organization as well...there are two specifically that are outlined here but maybe it's just more important to identify the most important features...

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Right.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

For your organization...

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Right, right.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

And these might be examples and how you're going to accomplish that.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Yeah, it's a huge culture and change management initiative. So, I think it's important to say, you know, we're going to start with scheduling and next we'll do "x" and you know I think it's important that that's talked about, you know, as they roll out these systems.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Absolutely, okay, so, it's 12:12, so, if we have any public comment I'd like to be able to make time for it within the confines of our allotted timeframe. So, unless ONC staff have comments on what we've given them, questions, clarifying points I think we can open this up for public comment but I'd love to give the ONC an opportunity to sort of respond to the mayhem that has ensued for the past hour and 15 minutes since then.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

I think...

**Lana Moriarty, MPH – Director for Consumer e-Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

Sorry, this is Lana, it's been very enjoyable this call because I really appreciate just the passion that's behind a lot of these comments and I know that you all do take, you know, your role very seriously in giving us feedback that can be helpful going forward.

We have a lot to think about certainly and I just wanted to pick up on sort of the vision. I think it's not only terrific to inspire people but in your most recent comment, Patty, I think that we have to keep in mind, you know, you don't only want to inspire people that aren't there yet and maybe are still using paper, but you want to give them the real tools to operationalize it and make this something that they can implement. So, I definitely appreciate that comment. I will close with that.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Excellent, Michelle or others would you like to open it officially to public comment if we have any?

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

Sure, Jaclyn, can you please open the lines?

## Public Comment

**Jaclyn Fontanella – Digital Project Manager – 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 phone and would like to make a public comment, please press \*1 at this time.

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

We did receive a comment via the public chat and so we'll share that with the group following today's meeting as well. And it looks like we have no public comment. So, thank you all and we really appreciate

your feedback. We'll be back in touch to remind you of your homework but until then have a wonderful 4<sup>th</sup> of July weekend.

**Donna R. Cryer, JD – Principal – CryerHealth, LLC**

Thank you everybody.

**John F. Derr, RPh – President & Chief Executive Officer – JD & Associates Enterprises, Inc.; Founder – LTPAC Health IT Collaborative**

Thank you, Happy 4<sup>th</sup> of July.

**Lana Moriarty, MPH – Director for Consumer e-Health, Office of Programs & Engagement – Office of the National Coordinator for Health Information Technology**

Happy 4<sup>th</sup>, thanks, everyone, stay safe.

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

Thanks, all.

**Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System**

Bye-bye.

**Carolyn Kerrigan, MSc, MD – Professor of Surgery – Dartmouth-Hitchcock Medical Center**

Bye.

### Public Comment received during the meeting:

1. Fatema Begum (MPH Candidate at Columbia Mailman School of Public Health) 1) Chapter 1: Reduce text redundancy to facilitate easy reading of information for busy providers 2) Put in feature to collapse or expand content (i.e. real world examples) so people can choose to read the information they want to read 3) Personal communication should not be listed as a reference to avoid assumption of any conflicts of interest 4) Prefer that real world examples not include references that have commercial interests (vendors). Rather, include health systems, non-profits, academia