



## HIT Policy Committee Consumer Workgroup Final Transcript February 23, 2015

### 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 morning everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Consumer 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. Christine Bechtel?

#### **Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Good morning.

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

Hi, Christine. Amy Berman? Brad Hesse? Clarke Ross?

#### **Clarke Ross, DPA – Consortium for Citizens with Disabilities Workgroup – The National Quality Forum**

Good morning.

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

Hi, Clarke. Cynthia Baur?

#### **Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention**

Here.

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

Good morning. Dana Alexander?

**Dana Alexander, MA, MSN, NP, BSN – Vice President Integrated Care Delivery & Chief Nursing Officer - Caradigm**

Here.

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

Good morning. Danielle Tarino?

**Danielle Tarino – Lead for Consumer Education, Health Information Technology Team - Substance Abuse & Mental Health Services Administration**

Here.

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

Good morning. Erin Mackay?

**Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

Here, oh, thanks, here.

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

Ivor Horn? Kim Schofield?

**Kim J. Schofield – Advocacy Chair – Lupus Foundation of America**

Here.

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

Hi, Kim. Leslie Kelly Hall?

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

Here.

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

Hi, Leslie.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

Hi.

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

Luis Belen? MaryAnne Sterling?

**Luis Belen – Chief Executive Officer – National Health IT Collaborative for the Underserved**

I'm sorry, Luis Belen is here.

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

Thank you. MaryAnne Sterling? Nick Terry?

**Nicolas P. Terry, LL.M. – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law**

I'm here.

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

Phil...hi, Nick. Phil Marshall?

**Philip Marshall, MD, MPH – Founder & Chief Product Officer – Conversa Health**

Here.

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

Good morning.

**Philip Marshall, MD, MPH – Founder & Chief Product Officer – Conversa Health**

Good morning.

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

Teresa Zayas Caban?

**Teresa Zayas Caban, MS, PhD – Chief of Health IT Research – Agency for Healthcare Research and Quality**

Here, good morning.

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

Good morning. Theresa Hancock? Tripp Bradd? Wally Patawaran? Wendy Nilsen? Will Rice?

**Will Rice, MBI – Director Health Informatics – Walgreens/Take Care Health Systems**

Good morning.

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

Hi, Will. And from ONC do we have Chitra Mohla?

**Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – 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**

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

**Andrew Gettinger, MD – Acting Director, Office of Clinical Quality & Safety - Office of the National Coordinator for Health Information Technology**

This is Andy Gettinger.

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

Hi, Andy. Is Lana on? No Lana, okay. And with that I actually won't turn it over to Christine I will just walk through today's agenda and you're going to get to hear my voice a lot today, but first I am going to ask if everyone could please mute their line because we are getting lots of feedback. Thank you.

So, today we are going to go over the interoperability roadmap talk about which sections of the roadmap this Workgroup is going to be assigned and then review those sections in a little bit of detail and then figure out a process for commenting on the roadmap and talk about next steps. So, next slide.

Okay, so just looking at the milestones and where we are at, so we had a joint meeting back in October where the interoperability roadmap was first introduced. We received comment and feedback from the JASON Task Force and from a few other stakeholders, and the roadmap was then presented at the last meeting, which was another joint meeting in February.

As you all know we...this Workgroup also commented on the Health IT strategic plan which was presented at the meeting in February, the Policy Committee did meet in the morning to discuss the comments on the strategic plan. The comments from this Workgroup were very well received and we are now working on a process for figuring out how to combine the comments between this Workgroup and the Strategy and Innovation Workgroup, and we believe that an updated set of comments will be presented at the March meeting. We're still working on finalizing that but we will share any updates that we have with this group as they develop.

And then at the joint February meeting Erica presented the new roadmap and we are now working towards getting comments from the different Workgroups and we're aiming towards the April 7<sup>th</sup> Policy Committee meeting to report out on comments.

Sometime in the future we're also expecting the Meaningful Use Stage 3 rule and the certification NPRM to be released and comments will also be generated from Workgroups on those two items. Next slide.

So, just looking at how those major milestones affect this Workgroup, we have added some meetings to the calendar for this group to talk about the interoperability roadmap. If it turns out that we don't need them we can certainly remove them but we wanted to make sure that there was sufficient time to walk through the roadmap in detail and provide comments so that this group is prepared for commenting on the roadmap at the April 7<sup>th</sup> meeting. After that time we will hopefully transition to commenting on the Stage 3 NPRM depending upon when it's released. Next slide.

Okay, so what ONC has done in which Erica discussed during the meeting in February and so hopefully actually before the meeting in February we had shared the details for this Workgroup to join the meeting so hopefully some of you were able to listen in and hear Erica present.

I'm going to try and present some of those items that Erica presented but I certainly won't do them the same justice that she did and so each Workgroup at that meeting or most of the Workgroups at that meeting were assigned a specific section of the roadmap because the roadmap is long. We tried to be a little bit strategic about how the Policy Committee and Standards Committee commented on it so there isn't much overlap and each group was assigned a specific section that they're going to be commenting on.

So, this Workgroup will be commenting on Section C and D which we'll get into in more detail later on. And we're going to be asking you all to think about some general questions that were included in the roadmap as you provide your comments, again, we'll talk about those in a little bit more detail as we go through the roadmap. Next slide.

So, for today's meeting we are going to provide an overview of the roadmap itself and then the specific sections that this Workgroup is being assigned to provide comment on and then we're going to discuss the process for commenting. We'll work through the next few meetings, talk about the roadmap and then prepare for the April 7<sup>th</sup> briefing of the final comments from this Workgroup. Next slide.

So, as I mentioned back in October Erica presented a draft version of the roadmap. They took feedback from the JASON Task Force, the Interoperability and HIE Workgroup, and some other stakeholders and are now releasing this version of the roadmap. They're hoping to provide an updated roadmap sometime in Q2 or Q3 of this year based upon the comments received. Next slide.

So, why interoperability, this is something that has been an extremely important goal of ONC and we have made significant progress in digitizing the care experience such that there is now data to be shared. We also have seen consumers increasingly expect and demand real-time access to their electronic health information and we have seen evolving delivery and payment models that are driving appropriate data sharing.

We have also seen best practice models of information exchange and interoperability across the nation to indicate it is possible to achieve. And technology is evolving in ways that will greatly simplify the challenge. And then finally, there have been opportunities to improve care and advance science in a learning health system environment that demand rapid action. Next slide.

So, as you've seen in previous versions of the roadmap there have been five pillars and these goals have been set out through, you know, current state, future state and, you know, a little bit further into the future.

So, between 2015 and 2017 the goal is for there to be nationwide ability to send, receive, find and use a common clinical dataset.

Between 2018 and 2020 we're hoping to expand interoperable data user's sophistication and scale.

And by 2021 and 2024 we're hoping to see a broad scaled learning health system.

All of this will be happening across the five pillars so the core technical standards and functions, certification to support adoption and optimization of Health IT products and services, privacy and security protections, supportive business, clinical, cultural and regulatory environments and rules of engagement and governance. Next slide.

So, in order to do that there have been some principle-based interoperability that we have been focused on. So, things like one size does not fit all, the ability to empower individuals, to simplify and you all can read these items in the five although they are small.

There are some other principles that Karen had mentioned at the October meeting that I hope all of you keep in mind as you start to work and comment on the items in the sections that you've been assigned. So these things are that ONC is working to establish a floor not a ceiling. We are aware that there still needs to be room for innovation. We're working to create a system that allows data to move around a person not just the encounter.

We tried to be as parsimonious as possible for a learning health system that allows the kinds of research that we want. This is just version 1.0. We will continue to iterate and this is just the beginning of the journey. And we are hoping to identify opportunities to allow the private sector to be at the forefront. So, for example the Argonaut Project and then we also want to identify how the federal government can work in partnership with others. Next slide.

So, some functional and business requirements for a learning health system are identified in the roadmap and these really are how the roadmap is broken up. So, again, these are the same pillars that were identified in the previous version.

This Workgroup will be focused on the supportive business, clinical, cultural and regulatory environments, specifically 12 and 13, which 12 is individuals are empowered to be active managers of their health and 13 is care providers partner with individuals to deliver high value care. Next slide. So, next slide.

So, now we are going to dive into the sections that are specifically assigned to this Workgroup but before we do that I just want to pause and see if anyone has any questions about the roadmap overall?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

So, Michelle, it's Christine, I don't have a question but I just wanted to tell the Workgroup I think what I'd really like to get input on and we're going to talk about it towards the end as the best process that we can use to respond to all of this content so you're going to get a great overview today from Michelle which will help us dive in on comments and what we thought we would do, as Michelle goes into the next several slides, is that if you guys have thoughts and comments, and hopefully have had a chance to take a look at some aspects of the roadmap then we can have a substantive discussion today but it won't be by any stretch our last, so we'll figure out how to kind of divide and conquer in going through these two sections, but wanted to make sure you guys know that we really welcome your substantive reaction to what you're hearing on the call today as well.

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

Thanks, Christine, next slide. I will also say that I'm going to try and walk through this to my best of ability, but as previously mentioned Erica and Julie wrote a good portion of this. We do have Andy Gettinger on the phone who helped write the provider section, so, if there are specific questions that arise hopefully Andy might be able to help answer those and I think Lana may have joined us now so she could also help with Section C which is the individuals are empowered to be active managers of their health. Next slide.

So, within the roadmap there is an alignment between learning health system requirements and the objectives in the Federal Health IT Strategic Plan. So, for Section C you can see the alignment between how individuals are empowered to be active managers of their health and how that relates to the strategic plan objectives which are to improve healthcare quality, access and experience through safe, timely, effective, efficient, equitable and patient-centered care, improve clinical and community services in population health and empower individuals, family and caregivers in health management and engagement. So, next slide.

So, through this section of the roadmap we...ONC has identified calls to action in order to help bring about the change that they're hoping to happen and what we're hoping for is for the Workgroup to comment on these general questions that were identified in the roadmap. So, as we walk through the table we're hoping that as you look at these calls to action you start to think about are the actions the right actions to improve interoperability nationwide in the near-term while working toward a learning health system in the long-term. What, if any, gaps need to be addressed? Is the timing of the specific action appropriate? And are the right actors, stakeholders associated with critical actions?

So, these are really the questions that we are hoping the Workgroup can help us answer throughout this section and Section D as well.

So, today the individual is more of a recipient than an active partner in their healthcare which limits the ability to actively manage their own health and to encourage shared decision making. So, in order to improve that there have been calls to action. The first category being cultural change for individuals including demand and use of electronic health information.

And so the call to action between 2015 and 2017 is to demand access in a format that they can use to manage their care and then as we move towards 2018 and 2020 we're hoping for an increasing proportion of individuals and caregivers that demand and ask for access to electronic health information.

We're also hoping for individuals to be able to contribute clinically relevant patient generated health data and that individuals and their extended care team are able to use care planning to capture individual goals and preferences.

And then as we move toward 2021 and 2024 individuals should regularly access and contribute to their health information and use the information to manage and participate in shared decision making with their care team. So, let me pause there before moving to the next slide just to see if there are any question?

**Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law**

Michelle, this is Nick Terry, one quick question. Why is the phrase caregivers should demand access used or demanding access or ask for access used throughout this section. It seemed an odd choice of phrase and I wondered why it was used as opposed to like patients and caregivers will be given access? What's the content of the "demand" word?

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

To be honest, I don't know, but I don't know Lana if you have any insight and if not we can defer to Erica to make sure that we have an answer for you on the next call.

**Lana Lowry, PhD – Project Lead Usability and Human Factors for Health Information Technology – National Institute of Standards & Technology**

Yeah, I can respond to that. I think what we're hoping for here is to really see more consumers asking for their electronic health information, being able to access it in a usable format and so when we say demanding for it's really having the consumer push for interoperability and seeing that if there is more of a ground swell of people really, you know, asking, demanding, I mean, you know, maybe we definitely are open to hearing the Workgroup's thoughts on the wording here, but it's really to show that consumers can make...you know play a large role in moving interoperability forward.

**Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

This is Erin, I would just sort of echo, I had the same reaction as Nick did, the demand terminology caught me off guard and Lana thank you for that explanation it definitely makes sense and I definitely got the sense throughout the document that, you know, how committed ONC was to really engaging and empowering consumers and I can see how this language, you know, may have been agreed upon to sort of convey that enthusiasm but I do agree, I worry a little bit that it puts the onus on consumers in a way I'm not sure I'm quite comfortable with.

And also I'm not quite sure that consumers need to demand something they currently have access to under HIPAA and I also worry that this terminology might damage the partnerships that we're trying to build with providers that we'll talk about in the next section.

**Dana Alexander, MA, MSN, NP, BSN – Vice President Integrated Care Delivery & Chief Nursing Officer - Caradigm**

Hello, this is Dana Alexander; And I just would like to support both of those comments. I think that what we're trying to create here is that individuals and caregivers that yes they should have access to that information most definitely because they will access the information as just a normal part or course of really engaging and managing their health.

So, I would almost advocate that we would change that "should demand" that caregivers, that individuals and caregivers "will" access their electronic health information. Thank you.

**Wally Patawaran, MPH – Program Officer – The John A. Hartford Foundation**

And this is Wally Patawaran from the John A. Hartford Foundation; I also want to echo all those comments. In addition, I think the language should be modified to include some kind of reference to settings of care.

So, in this case, you know, with respect to the call to action, perhaps something along the lines of, you know, individuals and caregivers being given access to their electronic health records across all care settings is really important because we're talking about interoperability.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yeah, it's Christine, I agree with everything that everybody has said and I think what I'm hearing is that the Workgroup would like to make a comment around not just the terminology of demand their health information but the sort of mental construct that represents and I think part of what Wally is saying, and what Erin said as well, is, you know, look, I mean, when I think about view, download and transmit I don't have to demand it because I have it already, so from my...if my physician or hospital are Stage 2 Meaningful Users I can do that.

So, how, you know, I think it's a good exercise to think about how we might recommend that, yes, we completely agree that consumers can play a role in interoperability, they need the right tools to be able to do it. They need...we spoke in our strategic plan comments about what happens when consumers begin to aggregate their electronic health information and they're putting it in a place that is not covered by HIPAA, you know, the privacy framework that needs to be strengthened there.

So, I think it's a good idea to think about how we can achieve the goal but it's a different frame than demanding and I just would point out that if we want patients to partners in their health I think good partners aren't demanding, like, you know, that doesn't represent a partnership it's...so I think we want to do something that really has both sides of where providers and patients are working together to aggregate and use their own health information if that makes sense.

**Lana Lowry, PhD – Project Lead Usability and Human Factors for Health Information Technology – National Institute of Standards & Technology**

Yes, Christine, this is Lana, I think that we really appreciate those comments because we are, you know, trying to, you know, change the social norm and have it, as you said, where a consumer doesn't have to demand it but really like electricity it's just there working.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Right and so I think one of the comments I might suggest and folks feel free to react to is, you know, we're starting to see that consumers are more often aggregating their own health information because it's a lot easier, right, you don't have to manually input into a PHR, you know, all the time anymore, at least we hope. But that doesn't mean that providers will be receptive to using it and so I think part of the interoperability roadmap has to do with not just sort of technically getting the information and moving it around the system, but also speaks to its usability so that it's easy for a provider to filter through all of my aggregated health information, reconcile it with what they have and figure out, you know, what needs to flow to the top. So, I think that's a comment that I would be interested in making if the Workgroup agrees.

**Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention**

Christine, this is Cynthia, I wonder though to this notion of partnership if there is something sort of fundamental that even needs to be said about the cultural shift towards a partnership and I say that, you know, being mindful of the fact that Atul Gawande's "Being Mortal" was on public television in the last 10 days and the New York Times had a front page article that doctors need to be told to pay attention to suffering. And I just think that's kind of the broader context in which, you know, we need to think about this notion of partnership and so I wouldn't want to jump too far ahead and assume that everybody in the game understands partnership without explaining some fundamentals about that.

**Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

This is Erin; I totally agree with Cynthia's suggestion and was going to say it would be nice I think to recognize that ONC did choose to use that terminology of partnership and in my mind it's sort of moving beyond, you know, everybody talks about patient engagement but that means different things to different people and it was nice to see that the roadmap reflected this idea of active partnerships and, you know, in recognizing that choice we could also lift up how the Consumer Workgroup at least is thinking of meaningful partnerships.

**Clarke Ross, DPA – Consortium for Citizens with Disabilities Workgroup – The National Quality Forum**

Hi, this is Clarke Ross, I wanted to reinforce Erin's and Cynthia's observations. CMS is working on a lot of person-centered planning engagement, shared decision making across settings with the construct of provider, consumer/person partnership.

So, I think it's just a matter of getting all the right phrases and getting them stated appropriately to reinforce these notions, they're not contradictory notions we use person centered engagement as a way of strengthening and promoting partnerships for example.

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

Okay, well, thank you all for all of those comments, hearing no more comments I'm going to move onto the next slide.

So, for this category providers and technology developers are supporting individual empowerment and so in the near-term between 2015 and 2017 we're hoping that ONC and government, and the industry will identify best practices for the incorporation of patient generated health data and healthcare delivery, providers are encouraging their patients to access their health information on line, and the majority of individuals will have the ability to send and receive their health information and make decisions with the provider of their choice.

ONC will work with the technology community to increase the use of Blue Button and ONC and government ensure that patients understand their ability to access, send and receive health information. Next slide.

And then between 2018 and 2020 for the same category providers and technology developers should support the incorporation of patient generated health data in healthcare delivery which may include advance directives, remote monitoring glucose levels and other data individuals are tracking.

Technology developers are deploying innovative aggregation platforms and tools that will allow individuals and caregivers to receive and compile health information from multiple sources in one place.

Providers will welcome and use information from other providers to avoid duplication of tests and ensure coordinated care.

And then come 2021 and 2024 a majority of individuals and caregivers will have the ability to contribute as needed to their electronic health information and support the incorporation of patient generated health data. So, I will pause there for this category and see if there are any comments or questions?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Michelle, it's Christine, I have a question, this piece talks about Blue Button or maybe it's the last slide, what's the difference between Blue Button and view, download, transmit?

**Lana Lowry, PhD – Project Lead Usability and Human Factors for Health Information Technology – National Institute of Standards & Technology**

Hi, this is Lana.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Hi, Lana.

**Lana Lowry, PhD – Project Lead Usability and Human Factors for Health Information Technology – National Institute of Standards & Technology**

Christine can you hear me?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yes.

**Lana Lowry, PhD – Project Lead Usability and Human Factors for Health Information Technology – National Institute of Standards & Technology**

Sorry, I'm having some technical issues on my side. Really Blue Button is the way that consumers are accessing their health information.

So, I think while view, download and transmit is the measure Blue Button is just the either...you can refer to it as the indicator where consumers and providers are saying get your health information here, you know, the technical interface of the portal or a place where consumers can get it through a number of different sources.

So, view, download, transmit being the actual measure. I think that, you know, really that is sort of how people are getting it so I don't know if that actually answers your question or if...

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

This is Leslie, maybe I can take a stab, the view, download and transmit is the "what" and the Blue Button is the "how" and the other thing that the Blue Button has done has gone beyond the current functionality of view, download and transmit and looking at a mechanism to create a technical ecosystem to help consumers use their data and have further access. So, for instance Blue Button Plus might be the ability for someone to register the Apps of their choice so that any time the EHR had a change to their record that App could be updated automatically.

So, Blue Button has become a call to action and the framework around how we can use data technically and create an ecosystem so it's the "how" and the VDT is the "what." Does that help?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yeah, I think there is just a lot of confusion about it. I frankly assumed they were basically the same thing. So, I think there is a slide in here...I guess what I'm wondering is the...and I know you guys can't see this, but this I guess the luxury or the burden of being the Chair, I know that the next slide does talk about a much more broad description where it's just, you know, allowing individuals to receive and compile health information from multiple sources in one place and then send data to a destination of their choice.

So, I'm just trying to figure out like that seems to me to be more appropriate to focus on describing what we're doing than thinking about, you know, Blue Button, which may or may not be evergreen in 10 years, I don't know. So, I'm happy to hear people's reaction to that, but I'm definitely, you know, policy not a technical person so feel free to correct me but thank you.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

I agree with you Christine, this is Leslie, this group focuses on the "what is needed" and then the technology standards support that. I think what has just happened with the Blue Button Initiative is the technologists have begun to see "oh, wow there's real power here, what else could we do." So, there is a little more gray than there would normally be, but focusing...

**Ivor Horn, MD, MPH – Medical Director, Center for Health Equity – Seattle Children’s Hospital**

Hi...

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

This group focusing on the what is I think much more important.

**Ivor Horn, MD, MPH – Medical Director, Center for Health Equity – Seattle Children’s Hospital**

Hi, this is Ivor, I agree with everything and the thought of something a bit more generic for people especially those who don’t necessarily understand Blue Button from a provider perspective and believe me there are, forgive me for the noise, but I think that is important.

The other thing that I think the language here makes some assumptions about provider’s capabilities of partnering. I think it gives providers a little bit more credit than we deserve and I think it may be helpful for providers to have a bit more language and support about how they can partner in using the data in a way that is not sort of fully articulated. I think we make some assumptions about provider’s ability that maybe we shouldn’t.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

That’s a helpful comment, Ivor, thanks. And I think I would tend to agree with that and there is a section that is around care delivery which is the next D, the second piece that we’ve been asked to comment on, so I think we should keep that on our radar for that section as well.

**Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law**

Christine, this is Nick.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Hey, Nick.

**Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law**

A quick observation on the...I mean, as a lawyer, you know, I would never put words into the mouths of a provider, but the whole idea of providers should encourage their patients to access health information, provide a majority of individuals the ability and so on, the relationship between the provider and the patient is a very complex one bounded by law, bounded by ethics, bounded by fiduciary duties and I can see providers maybe pushing back on such a strong statement and say, well, it would depend, this would need to be contextual. When we tell patients what they should do or advise them what they should do we also tend to advise them as to any risks involved and some things we sometimes hold back from the patients because of other concerns.

So, I just wonder whether this section and these ideas, while I understand where they’re going, whether they’re sufficiently nuanced to cope with the physician patient relationship.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

So, I think that's a really good point and I'll try to add to it in a way that maybe folks can then react in total. So, I have two thoughts on that, one is that we know from lots of experience and research that providers are highly trusted messengers and have the ability to influence the thinking and actions of the individuals that they treat. They have a very significant influence and so I understand strategically why ONC might say, look it's better for the provider, who is closest to the patient, who can react in context to be the force of encouragement rather than let's say, you know, the federal government "hello, I'm from the government and I'm here to help" kind of an approach. So, I get that.

On the other hand though what's also striking to me as I listen to your comment Nick is...and Erin Mackay is on the phone and can probably speak to this even better, the National Partnership did a survey and when I was with the Partnership we did a series of interviews of providers and who had implemented patient portals and the providers who were the most successful in getting their patients on line were actually people who had found ways to build portal use into their workflow as a provider, and then it by default meant that they were benefitting, the more patients went on line and they had a natural predisposition because it was really helping their own workflow to say to their patients "oh, I'm delivering all my lab results on line and we should do this and dah, dah, dah, dah."

So, how, you know, whether that continues and how that changes over time as we start to move away from just a portal and more towards, you know, at least a health...we'll still need functions of a portal but a health record that is more longitudinal and more comprehensive but probably is contributed more and managed more by me as a patient than anyone, you know, that's an interesting question as well. So, I'm just curious what people think or Nick you're welcome to react too?

**Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

This is Erin, I definitely understand where Nick is coming from and I think...I mean, I think...I mean part of it is, you know, we are trying to build this two-way cultural change, culture change on behalf of patients seeing themselves as sort of more active and equal members with partners with their care team members but then that culture change also has to come from the providers as well and so they may be encouraging this use where, you know, they might have not been so comfortable doing that before.

The only other sort of nuance point I'll add is that Christine mentioned the surveys the National Partnership has done and we have found sort of a correlation between or the...we have data about the impact of on line access and the even more strong impact of increased frequency of on line access so those who are going on line two or three times a year with regard to, you know, knowledge of health and desire to do something to improve their health and so as we move into a system where providers are increasingly...their reimbursements are tied to changes in outcomes I do think it's appropriate that providers should increasingly be explicitly encouraging patients to be more engaged in their health and this is one way which is to go on line to exercise their right to on line access. So, I'm a little all over the place but hopefully that makes sense.

**Ivor Horn, MD, MPH – Medical Director, Center for Health Equity – Seattle Children's Hospital**

Hi and this is...

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

This is Leslie, I'd like to add too, the Taconic IPA up in New York has done a considerable amount of work in developing standards to train providers on just what does this mean just to do effective secure messaging. And then what does this mean to you?

So, back to Christine's point and the Partnership's survey, when the context of partnership shows benefit to the provider both in their workflow and either increasing their clinical competence or their financial response there seems to be a high desirability to continue and actually to widen the use of electronic interaction with the patient.

So, I think that it's important to understand that there is possibly a need to support these kinds of requirements in partnership with some expectation of provider training.

**Ivor Horn, MD, MPH – Medical Director, Center for Health Equity – Seattle Children's Hospital**

This is Ivor, I think, in addition to that, I think these are all wonderful comments, we also need to take into consideration the different levels of capacity of both providers and patients to engage actively and be empowered, because, yes the study shows that more empowered patients are more engaged and their providers in effect respond but for those patients and families that don't necessarily have access for various reasons because of the digital divide and other reasons that the care providers also have a digital divide we need to make that we take that into consideration when we're thinking about the language of these and our expectations of both providers and the patients. Because you basically run the risk of creating larger health disparities.

**Kim J. Schofield – Advocacy Chair – Lupus Foundation of America**

This is Kim from the Lupus Foundation; I fully support exactly what you're saying that the language needs to be taken into account the health literacy and I just don't want to lose that in the shuffle so I support what you're saying and just wanted to add that comment.

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

Thanks Kim and I think we're going to get a little bit more into health literacy as we move along. So, why don't we go onto the next slide?

So, for this category, privacy and security for individuals, public and private sector stakeholders should assess whether people understand how to safeguard their health information and providers should provide individuals with secure access to their own behavioral health information in a manner that is easy to use and enables them to make choices about disclosure of specific information that is sensitive to the individual or legally protected.

And then as we move along to 2018 and 2020 individuals should be able to trust that their health information is protected and secure.

And in 2021 through 2024 ONC and the industry will continue to provide individuals with relevant and updated resources based upon current technology to assist with increasing their digital health literacy. Any comments about this category before we move on?

**Clarke Ross, DPA – Consortium for Citizens with Disabilities Workgroup – The National Quality Forum**

This is Clarke Ross; just two sort of footnotes to the issue of privacy. There is great sensitivity in employer provided health insurance and examples of misuse by the employer when they have access to an employee's health records.

And then two, this is particularly heightened in the area of behavioral health, people with either episodes or a history of substance use disorder and mental illness or mental health challenges.

So, I'm not recommending changing in the phrasing you have at the moment, but some kind of acknowledgment that there is great sensitivity in the behavioral health field and with employees with their employers getting access to information.

**Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

And this is Erin, I'll just add onto Clarke's comment. I feel like there is an action step or a goal, or something missing between one and two where, you know, where providers and industry leaders and other stakeholders and even consumer groups are helping to educate individuals about how their information is currently being protect, how it is currently being electronically collected, exchanged, used, stored and I think we have a long way to go.

We do need to educate consumers about how they can proactively protect their own and safeguard their own health information, but again, I just feel like we're missing something about educating people about how HIPAA and other sort of applicable privacy and security laws are currently protecting or governing the way that their electronic information is shared and used.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

This is Leslie and I would echo that comment with Erin. I think just that first basic understanding but then understanding what your role is once you download that information, what's your provider's role, where that divide happens I think is important as well because it's not just about the HIPAA rules for PHI but once that PHI leaves and is now mine to move and mine to control what are my new levels of responsibility and what is my new level of risk.

**Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

Great point.

**Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law**

Christine, this is Nick, with regard to C3, frankly I find it rather vague and obvious at the same time and sort of lacking really sort of status in a strategy document. It also seems to me very hard to comment on given that this is the...am I right, this is the only part of the privacy/security piece that has been referred to this Workgroup. So, C3 as an item seems very hard to deal with unless one is dealing with parts from, I think its Part E.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

...

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

Yeah, so the Privacy and Security Workgroup will be taking up the privacy and security related section. I don't know if there are any other...sorry, Christine I think you were going to say something and I cut you off?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yeah, you know, and I don't know Michelle might try to, you know, have Altarum hang up my line when I say it, but, honestly, you know, privacy and security is introduced in this section and I think you're right, Nick, we've talked about this before, that if we're not really aware of the other components in the interoperability roadmap than we can't be as useful in our comments. So, I would suggest to you guys that the other sections around privacy and security and maybe, you know, other areas that we want to comment on are fair game.

I mean, there is nothing that says that, you know, we can't comment outside the two assigned sections it's just that there is a lot of meat in our section so we should really focus on making the right kind of substantive remarks as opposed to where it necessarily falls in the roadmap. So, I'm okay with, you know, Nick particularly for folks like you and others who have that deeper expertise in privacy and security to bring that forward and we're going to talk about the process for commenting I think towards the end of the call and you guys have a template so feel free to really write in the comments that make sense to you.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

You know, Christine, this is Leslie, and I think this is one area of opportunity that we have to go deep on the intersection of consumer technology and HIT. So, in this item it's for instance, if I bring home a home glucose device that's going to communicate with something else I need to be confident that this glucose device, I've purchased it, it's not provided by the provider whatever that device might be, when it gets sent into the ether it isn't getting sent to some other organization maybe the manufacturer of that device without my knowledge, because that's not a HIPAA controlled environment that is a consumer protection environment.

So, I think where we could be really forceful is to talk about that intersection so that as a patient or a consumer we can be assured that when we start to send information from devices we own control and integrate that information can be sent to destinations of our choice and not destinations that are unknown to us.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yes, I mean, Michelle is that all right with you in terms of...

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

Yes.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

For our comments?

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

Yes, so I mean the only thing I will say is that, you know, we have assigned the different sections and our hope is that you will prioritize the sections that you've been assigned, completely understand that this also ties in with a lot of other sections of the roadmap. Just if we could focus most of the time on those two sections that would be appreciated understanding that there certainly is room to comment on other areas.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yes.

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

Okay. Next slide. Okay, so for this category, education and digital health literacy for individuals between 2015 and 2017 there is a call to action so that consumer advocacy groups in collaboration with others will develop and disseminate resources based upon consumer needs to assist individuals with increasing their digital health literacy which will support consumers and participation in shared decision making with their care team.

And then by 2018 to 2020 ONC, government and the industry should work with individuals to help the majority understand the value of Health IT for managing their health by providing individuals with easy resources to assist with increasing their digital health literacy. And then ONC and industry should continue to provide individuals with relevant and updated resources based upon current technology.

And then by 2021 and 2024, you know, there will be a continuation of ONC and the industry working with individuals to ensure that a majority understand the value of sustained engagement in managing their health and supported by Health IT and continuing to provide individuals with relevant and updated resources. Any questions on this section?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Well, it's Christine, I have a question but I think it rhetorical in a way. So, I guess what's confusing to me is it's like it starts out in 2015 to 2017 calling on consumer advocacy groups primarily, although it does say in collaboration with, you know, other folks including government, to develop and disseminate resources but then, you know, once you hit 2018 it's all about ONC and the government and industry and then it sort of goes into 2021 it's just ONC and the industry.

So, I don't know if that is naïveté on part of the authors who don't understand that consumers don't consider themselves industry groups, if this is just a language and a framing thing or...I just don't get it in that way so that's comment number one.

Comment number two, is Erin, I'm hoping we can ask you to work with the coalition and Kim you too because as the...since consumer groups are being kind of called out here we've historically had difficulty because it's like calling out, you know, provider groups should do this and then what happens is they go, well what's in it for us, you know, like you can't just sort of use us as a distribution mechanism without, you know, something that is, you know, of value here.

And so I think, you know, I'm just wondering if it would make sense to talk to...to elicit some feedback from consumer advocacy groups to that extent so...

**Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

Christine are you asking for...

**Clarke Ross, DPA – Consortium for Citizens with Disabilities Workgroup – The National Quality Forum**

This is...

**Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

Oh, sorry, go ahead.

**Clarke Ross, DPA – Consortium for Citizens with Disabilities Workgroup – The National Quality Forum**

This is Clarke Ross, on your second point and following up the previous comment from the Lupus Foundation Rep whose name I'm sorry I...

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

Kim.

**Kim J. Schofield – Advocacy Chair – Lupus Foundation of America**

Kim.

**Clarke Ross, DPA – Consortium for Citizens with Disabilities Workgroup – The National Quality Forum**

Oh, Kim, okay. Again a contextual issue, the IOM and many others have documented that health literacy is a major challenge facing consumers of all types and particularly those with certain socioeconomic challenges. And so this digital literacy objective needs to be seen in the larger context of the major challenges in health literacy and that the role of ONC is to compliment, support, be a piece of this larger health literacy agenda.

**Kim J. Schofield – Advocacy Chair – Lupus Foundation of America**

So, this is Kim, to answer that question, absolutely, especially in this space but to go back to what Christine said, you definitely need the engagement of consumer advocacy groups to really flesh this out and get the opinion because if we don't...ONC's role is a necessary and vital role, but there needs to be another level of understanding for the providers and the advocacy groups to really make the connection and shift.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

So, I don't know...

**Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law**

This is Nick...I beg your pardon.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Sorry...

**Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law**

This is Nick if I could follow-up on the 2018 to 2020 ONC government should work with individuals to help the majority understand, one I have the sense it's going to be a little late by then since consumers are rapidly accessing data through their...expressed before their non-HIPAA protected devices. I don't understand the word "majority" as understanding the value. It sounds like we're trying to sell something here rather than naturally trying to do something. I found that very...I found the 2018/2020 sub-goals are particularly difficult to really appreciate.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

I think that's right and I think we have consumer survey data, this is Christine again, that shows that they already understand the value of Health IT, they understand the value of electronic health information and they are probably more engaged than we think but we haven't really made it easy to be engaged with your electronic health information because, you know, until now you've had to really manually enter and aggregate on your own it's just too much work.

I mean, I have a HealthVault account, I created it 10 years ago and the last time I looked at it was probably 9.5 years ago. So, I think, you're right on that and this is something where I think we should really map out what kind of introductory makes sense that we should delineate this digital literacy from health literacy, understand how they're connected.

And I don't know if Lana is on and can speak to this, but I don't understand for example in the first 2015 to 2017 goal...so we're talking about increasing digital health literacy but then supporting, you know, participation in shared decision making which they don't...you don't have to do one for the other and so I just assume that digital health literacy was I understand what Health IT is and I know how to...and I can...I'm proficient at managing digital health information but that's not shared decision making like at all. So, I'm confused by that.

**Lana Lowry, PhD – Project Lead Usability and Human Factors for Health Information Technology – National Institute of Standards & Technology**

Christine, this is Lana, I think that this may be something where in the versions it sort of got mixed in here. I'm not sure that this was our idea on the consumer team to have this, you know, be connected in this way. Perhaps it was really when we put this together looking at how digital literacy...what the benefits would be to consumers of how they would actually understand and when they're accessing their health information how they would understand this information and how they could then participate and, you know, contribute to the shared decision making or care planning. But I think we'll take another look at that obviously.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Thank you.

**Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

This is Erin, I just wanted to point out before we move onto the next section that I feel like this empowering patient section is overall missing specific inclusion of patients, individuals, consumers, consumer advocates in an ongoing coordinated governance process as we'll see in the next section providers are specifically called out throughout the 10 year spectrum to be involved in this ongoing governance process and I just feel like it's very important to specifically include a reference to patient and consumer involvement and governance in this C Section as well.

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

Thanks, Erin, so why don't we move onto the next section. So Section D is care providers partner with individuals to deliver high value care which is related to some of the Federal Health IT Strategic Plan objectives, I'm not going to read those to you, you can see them on the slide, but in partnership with individuals, their families and caregivers, healthcare providers and provider organizations are essential to high quality, safe, efficient care. And providers are often the stewards of the majority of health information and play a critical role in coordinating care with other providers and patients.

So, team-based care is often...I'm sorry team-based care and strong care coordination and effective patient management, I'm sorry engagement are fundamental to an efficient care delivery system, but it has been difficult in the past with the tools available today to encourage this process. So, we have identified a number of calls to action which are on the next slide.

And again, we are asking the group to consider the general questions that were included in the interoperability roadmap as we go through each of these categories. So, for organization and governance between 2015 and 2017 providers should participate in governance of interoperability at all levels from regional efforts to nationwide coordinated governance.

Between 2018 and 2020 providers are asked to continue to provide input on the evolution of coordinated governance to support a learning health system.

And then between 2021 and 2024 providers should remain active in coordinated governance. Any comments about this category?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Other than the obvious where are consumers, no. I mean, if you guys understand...I'm not sure why providers only are called out as a group. I mean, obviously consumers should be there but I can make the same argument about employers and health plans, and, you know, whatever, researchers, I mean, I don't get how we...what am I missing that we always talk about a multi-stakeholder approach to governance but we have provider participation in governments called out consistently as the only group. Maybe I'm missing something.

**Dana Alexander, MA, MSN, NP, BSN – Vice President Integrated Care Delivery & Chief Nursing Officer - Caradigm**

This is Dana Alexander and I agree with that comment that's what jumped out to me as well.

**Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

I mean, to be fair, this is Erin, the roadmap does reference, you know, including consumers possibly somewhere in the governance section but I was just worried that without a specific call to action it would be too easy to forget about.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Well, I think not only that, it's Christine, I think that's right, but there are also particular issues surrounding consumer involvement in governments that do not apply almost anywhere else.

So, you know, like this isn't our day job to sit around and govern HIE entities and whatnot, and we may or may not be directly impacted by them, so, right, because there are plenty of HIEs that do not deliver direct benefits to consumer like I don't have a portal into my HIE.

So, you know, it is...there are just a particular set of issue around the need for technical support and ongoing collaboration, and frankly, in my opinion financial support for consumer participation that I think don't necessarily apply for providers and, you know, even health plans and others because, you know, interoperability is not on the, you know, core agenda for unfortunately a large number of consumer organizations.

So, I think this is an area where I would suggest we not only say, look consumers need to be called out in governance, but there also needs to be some work done to really actually facilitate their participation and not just pray that you can find someone who is willing to like donate the time and pray that they're going to be effective and know what is going on in the rooms that get very, very technical very, very quickly you know.

**Lana Lowry, PhD – Project Lead Usability and Human Factors for Health Information Technology – National Institute of Standards & Technology**

Christine, this is Lana, I just wanted to make a comment on that because my team recently...the consumer team here has recently had a long conversation about that and I think that, you know, we're starting to talk more about what are the sort of benefits or what are the...you know, what are the incentives for consumers and consumer advocacy groups and I think, you know, some of your comments around this speak to that, that there needs to, you know, be some type of...maybe we can hear...get input from this group on that either during this process or at a later time.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Absolutely, that would be terrific.

**Lana Lowry, PhD – Project Lead Usability and Human Factors for Health Information Technology – National Institute of Standards & Technology**

Thanks.

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

Okay, next slide. So for this category providers embrace a culture of interoperability and work with vendors and other supporting entities to improve interoperability. Between 2015 and 2017 providers should routinely expect electronic access to outside information in the provision of care and engage with other providers to send, receive, find and use health information for their patients.

Providers should recognize that valuable clinical information about their patients may reside with patients or caregivers themselves and that they may need to incorporate that information into their decision making.

Providers and organizations should embrace the use of enabling technologies such as publish, subscribe and query-based exchange with single sign-on to minimize workflow barriers to interoperability.

And providers and their organizations should ensure contracts and agreements that they sign and resign with technology developers include necessary requirements for interoperability to ensure they share and incorporate patient information. Next slide.

And then between 2018 and 2020 providers should routinely access and use health information from other sources including individuals in making clinical decisions. They should routinely populate key data when ePrescribing in support of unambiguous prescriptions for verification, counseling, monitoring and activities of comprehensive medication management.

They should work with necessary parties to configure systems to alert providers to the presence of relevant information from other sources and make it conveniently available to the provider. And configure systems so that the presentation of information to providers is configurable based upon use case, provider specialty and other characteristics to facilitate usability and patient safety. Next slide.

And between 2021 and 2024 providers should practice in a new way with a new culture of electronic health information sharing access and use for both clinicians and institutions is firmly established. Providers should routinely use and have access to robust clinical and clinically relevant decision support.

Providers should regularly use and have access to the most relevant integrated information appropriate notification. Providers should receive and provide continuous feedback to support the improvement of decision making, care processes and outcomes.

And finally, providers use new evidence-based guidelines and tools for care that are disseminated rapidly to providers through decision support and other timely and context-sensitive pathways. Any comments on this section?

**Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention**

Hi, this is Cynthia, I want to build on the comments people were offering already on this group of actions. I'm curious sort of...because it's titled critical actions for care providers to partner with individuals and I'm just curious sort of where do you see sort of the partnership elements in all of the actions that have been talked about so far? Is there something that I'm missing in terms of where the partnership piece is?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

So, it's Christine, I want to jump in I'm kind of realizing and I want to just double check with ONC folks, it feels like you guys tried to or, you know, the authors tried to put all the consumer stuff in D and then all the provider stuff, I'm sorry in C for consumer and then all the provider stuff goes in B. So, is that correct and if so then we wouldn't necessarily expect to see consumers in the section that we're currently in, Section D, but we should potentially crosswalk and say, okay, for everywhere we would want to see consumers, since, you know, right, we want to say providers and consumers in a lot of these, do we cross walk that and make sure that those elements or actions are reflected back in C and we're really kind of commenting on C? Do you see what I'm saying?

Like it's confusing I think to be asked to comment on two sections one of which doesn't include consumers really very much at all. So, I'm trying to understand the structure and what's most helpful.

**Lana Lowry, PhD – Project Lead Usability and Human Factors for Health Information Technology – National Institute of Standards & Technology**

Yeah, this is Lana, so the way it was laid out in the structure for the roadmap was exactly as you're describing, consumer focus really was C and then the provider side, but I do think it would be a much more useful exercise to look cross referencing each and seeing, you know, where that language needs to more explicitly refer to one or the other depending on the call to action. So, and I'll let Michelle or Chitra, or anyone else jump in but you are definitely seeing providers because of the way this is organized.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

So, let me put a fine point on I think that what the implications of my question are...so governance is a good example, if we're commenting on Section D then what we would do is say, it needs to say providers and consumers in Section D, but if really what we're doing is basically commenting on C then we would use D as the, you know, as a source and then we would ask you, you know, okay, well our suggestion is add to C that consumers play a role in governance. And that has implications because it's potentially going to tack on a lot of things to fix Section C whereas you would really just be adding two words to Section D, which is "and consumers" right?

And I think we need some guidance on that because I can also see how, you know, everybody else would want to be added on in Section D but frankly that's their problem. So, what's the best way for us to proceed here and what are you guys really asking us to do?

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

This is Michelle, Andy, I don't know if you have an opinion, I might voice mine and then we can talk about it, maybe we need to take a step back and think about it off line to figure out what's the best answer.

But to be honest, Christine, we didn't have another group looking at Section D which is the provider section. So, we were hoping that you could look at that, you know, not necessarily, I know this is the Consumer Workgroup, but not necessarily with the consumer lens on, I know that's hard to not do, but I do think...I do see your point and the aspect of there are things in this section that probably need to be added to Section C.

I'm just not sure Andy if you have an opinion on that and if you don't then we'll probably think about it and come back to you Christine with a good suggestion.

**Andrew Gettinger, MD – Acting Director, Office of Clinical Quality & Safety – Office of the National Coordinator for Health Information Technology**

So, this is Andy, I always have a lot of opinions but I try not to voice them in this context. You know I think...I completely hear what you're saying Christine and it makes sense to me. On the other hand I'm, you know, harkening back to some of Ivor's comments at the earlier part of the call and I would ask us first to sort of...we've got the comment you made but then look at these from the context of imagine the ideal provider and is the...if the ideal provider does all the 13 items that we've commented on here, would that be enough or would there be other things that we should expect the provider community to do along the way?

And, you know, having spent a fair bit of time in this space at Dartmouth there were lots of providers who actually would have trouble getting even into this space and so what we're doing is we're saying, no you will be in this space its part of the expectation. Is that helpful?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

That is helpful and I think there is basically a...so you're asking us to comment on the provider section on its merits not necessarily only from a consumer view-point, I mean, we do have providers, you know, physicians and others, nurses, etcetera on the group, so I think that's, you know, helpful in that way and maybe we can make some overarching comments to reflect Ivor's, you know, comment which I think, I know everybody agrees with which is, hey, this should be about partnership and so we need to look for those things where it really is important to reflect a partnership between consumers and providers.

But you're really asking us to comment not just as the consumer group what would consumers want but does this make sense as it stands. Am I getting that right?

**Andrew Gettinger, MD – Acting Director, Office of Clinical Quality & Safety – Office of the National Coordinator for Health Information Technology**

Yes.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Okay.

**Ivor Horn, MD, MPH – Medical Director, Center for Health Equity – Seattle Children’s Hospital**

Christine, this is Ivor, sort of adding onto what Andy said and I greatly appreciate what...the perspective that you’re coming from. I think, it’s not a “but” but an “and.” I think coming from the consumer perspective reflecting on what the provider needs to be doing and as from the provider perspective understanding better that partnership. But speaking about how can you give guidance to the providers in how they can better do this from the consumer perspective.

So, it’s not so much the provider and the consumer...we’re adding on the consumer but it’s the consumer sort of in that partnership role then becoming a bit more of an educator in terms of this document and how we can add to this document for the content. So, I think it’s more adding some more language about that partnership and helping providers understand how that partnership works from a consumer perspective.

You know I can give my perspective from a provider and my perspective as a consumer but I think it’s really important that we sort of blend those two and make sure that we’re getting that language in to help educate providers and how they’re going to do this. Because we can tell them, yes, you need to do this but with a little bit more guidance from consumer expectations I think in this document would also be helpful.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

I like that framing, I think that’s good and I think it is...it’s good to have this group weigh in I think in that regard.

**Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention**

Yeah, so this is Cynthia and I hate to be a stickler about the language but, I mean, this section is titled care providers partner with individuals and so back to the way Andy had framed it I could see providers doing any or all of these 13 things but I’m still not clear conceptually how that links back to a section titled care providers partner with individuals. So, recognizing all those things that were just said I think those are all extremely valuable but I’m just thinking that maybe the section title isn’t quite right then.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

I think that’s a fair comment and I think that’s one that we want to record and make, and, you know, I think my instinct would be not only to make the comment but perhaps to go through all of these actions and find ways that we could change them or add to them so that they do better reflect that partnership with individuals, you know, so like for example I could think about that providers and patients should work together to decide how they’re going to collect patient generated health information, workflow of provider and patients, you know, all of those things.

We can think about how providers...we need to have providers be willing to trust the data from consumers as a source, right, because I’m downloading from all my different portals and things like that. So, how do I make it easy for them and that’s more in the lens of partnership and so we can I think look through this with those kinds of strategies in mind. We also might think about the health literacy component and the role that providers can play here. So, I don’t know if that makes sense to folks, but, I hear you guy’s comments and I think you’re right on.

**Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law**

Christine, this is Nick, I do have to say that reading the entire report I did find it difficult to follow in places the structure was not transparent to me. I wasn't always sure whether HIT was the objective or whether the learning healthcare system was the objective or quoting from page 50 "all of us working together as a nation to achieve the outcomes desired from interoperability, from a learning healthcare system" was the objective.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Right, right.

**Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law**

And throughout I found sort of this movement between differently stated objectives and goals to be very, very hard to follow.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

I have...

**Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law**

I apologize to the drafters who are on the call.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

I hear you Nick and I don't disagree I think the other thing...and we need to think carefully about this, but I think the other thing that was striking is "oh, my God there is a lot of work to do."

And my next question is how does all of these do all of these calls to action relate to the priority interoperability use cases that are at the end because they seem to...it seems to not be structured around those and yet if we had, you know, three priority use cases for the next two or three years and we had three after that then not 56, and we had three or five whatever it is after that then how we might organize action around the value that emerges from those use cases is to me an interesting and totally different approach here.

So, I don't know what folks think about that but I think my question is are we supposed to comment on the use cases because it's one of the things you're asking for comment on and I think from a consumer view-point there are definitely use cases that matter to consumers here.

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

Christine, this is Michelle, so the Advanced Health Models Workgroup is working on commenting on the use cases. They're first working to identify a process for prioritizing use cases and then going to hopefully prioritize those. I'm not sure if there will be time but if somehow there is time for them to at least share their process maybe that could be a next step and that could help inform the work of this group as well. I'm not sure there will be time but something to consider.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

I would really consider...I would really strongly urge you to consider finding the time with us because I do think there are just some things where the construct in my opinion is totally off from a consumer perspective.

So, you know, patients have the ability to access their holistic longitudinal health record when and where needed, that's a nice use case but man is it an outdated construct because really what's going to happen more so today than ever, at least in the next, you know, three years, is that I'm not just going to magically have access to it I'm actually going to be the one that knows where the data lives and I can pull it all together and give you access, right?

So, I want to make sure we have an opportunity to comment on some of those, you know, even if it's a prioritized list or whatever, I don't think it would take that long to do.

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

So, I can propose...we're hopeful that Workgroup might have something to present at the March Policy Committee meeting. So, maybe whatever is shared at the March meeting we could then share with this group I'm just not sure what it will look like yet, but we can certainly keep it on the radar.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

Michelle, this is Leslie, is it possible for this Workgroup to say, here is our top list of use cases as part of our comment rather than commenting on every single one, would that be helpful?

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

I'm sure if there is time, yes.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

Okay.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

I think we should add that to our template, that people, you know, pick a handful of use cases that maybe, you know, maybe you space them over time, but I'd love to just have folks add that to the template because, you know, something like shared care planning could hit a lot of different ones of these use cases and really condense it and be something of high value to consumers. So, I say, guys, you know, add your comments to the template for sure.

**Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law**

Christine, riffing off that a little bit, it's Nick, I wonder whether we should actually start with having a statement as to what we believe where consumers fit into interoperability, what the goals and objectives of interoperability should be with regard to consumers and where consumers are going to be over this period. Maybe we need to frame this section as to its true goals and objectives and so on.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

I don't have any objection to that at all. I think, we would need a starting point but I think, you know, having a nice Workgroup discussion about how we want to describe that would be great. Lana have you guys done anything in that space to sort of concretely define consumer role and interoperability, goals, objectives from their view-point?

**Lana Lowry, PhD – Project Lead Usability and Human Factors for Health Information Technology – National Institute of Standards & Technology**

No we would definitely appreciate this group's thoughts on that because I think that would be great to sort of look at, you know, how we could make this speak more to what the real consumer role is.

You know like I said before we've had a lot of conversations about how can consumers play a role in pushing for interoperability, what is the sort of best way to make that happen. But, I think, just having more construct around that would be really useful.

**Clarke Ross, DPA – Consortium for Citizens with Disabilities Workgroup – The National Quality Forum**

Hi, this is Clarke Ross, I noticed on the slide on regulatory environments you have a beginning and the two statements are empower individuals to participate in their health and healthcare and to empower them to be active managers of their health. So, you have those introductory purposes and maybe we could try to sort through as a Workgroup what that really means.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

I think, yeah, it's Christine, I think, we can do that. I think we also could think about, you know, there is a difference between describing the benefits of interoperability to consumers which you could use to say, these are the most important benefits therefore these are the most important use cases like person centered planning or whatever, but there is that.

But there is also what's the consumer role and how do I foster interoperability or how do I play a part in this, you know, interesting ecosystem that's not just, you know, vendors and standards development organizations and certifications but it's...so there is semantic interoperability but then there is just flat out information sharing and communication and how can consumers play those roles.

So, I do think maybe we can, on our next call, you know, Nick I don't know if you or Lana, or anybody if you guys want to send some thoughts on that that we could use as a jumping off point then we could do that on our next call as well.

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

This is Michelle, so speaking of our next call we only have six minutes left on this one, so I think we should probably transition to process to make sure that we have time to talk about the process for providing comment. So, I think if that's okay with you Christine because I don't think we're going to have time to get through the rest of the slides.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Sounds good.

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

We had originally put together a template that was included in the materials for today's meeting and one thing we wanted to talk about today was, you know, what would be the best process for commenting should we divide up the group and have half the group comment on Section C which is the consumer section and the other half of the group comment on Section D which is the provider section. Will everyone want to comment on everything? We just wanted to talk through what people thought was best.

Also, during today's discussion we already decided that it might be helpful to help prioritize some of those use cases and there were a few other ideas brought up, so, you know, in the few minutes we have left I think we need to talk about a process for commenting.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

So, what do you guys think...I mean, I think what Michelle is laying out here is you guys have a template so we can each make individual comments on the whole thing, ONC staff and I will aggregate them and try to summarize and then you guys can react to that, that's kind of what we did last time, but it's a lot...on the strategic plan, but it's a lot of content.

So, I think what Michelle's asking is do we want to consider dividing into subgroups. I'm not completely sure that makes sense but we could have two groups that look at the two sections and do an initial draft of comments together rather than everybody doing individual comments and then summarizing.

The challenge I foresee in that is the relationship between the sections is something that's really important and I think what we just learned is that we're going to need to do some level of cross walking D back into C potentially. So, but there are kind of...we could also say, okay, every provider on the group plus, you know, a handful of consumer's needs to look at D.

So, how are you guys...what's easiest for you and, you know, what do you think the most beneficial process is to craft an initial set of comments and we've got three calls I think scheduled so we can use those however we want or we can have subgroup calls.

**Dana Alexander, MA, MSN, NP, BSN – Vice President Integrated Care Delivery & Chief Nursing Officer - Caradigm**

Well, this is Dana, I would agree because of the relationship between the two sections and really the need to sometimes cross walk and probably also too because I had already started to review both sections and starting to make some comments that I would advocate for not separating out into subgroups.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Okay, other folks?

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

So, maybe I could suggest if others want to comment on everything if we have three meetings one meeting could be devoted to Section C the next to D and then the other one on other items within the roadmap that you want to discuss because it will be a lot.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yeah, I think that's right, I'm just going to go back to the call schedule here really quick. So, our next call, sorry our next call is March 11<sup>th</sup> right?

**Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology**

That's right.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Okay, so let me suggest this, let's use the March 11<sup>th</sup> call to do the...to talk about broad framing of consumer role interoperability and maybe some of the use cases, and some commenting on Section C but we're not going to be able to get all the way through it.

What I'm trying to do is give you guys enough time and ONC staff enough time to do some comments on the specifics of the roadmap but give everybody time to also aggregate those.

So, is March 4<sup>th</sup> for comments on Section C from each of you too soon? That would give ONC a week to aggregate or we could even do the 6<sup>th</sup> of March. What do you guys think? It's about a week and a half or a little more than that from now. Doable or do you need more time?

**Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

And that's to put our written comments into the table on whatever section we agree on?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yes, probably C first.

**Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

That's fine, this is Erin.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Okay.

**W**

Yeah, March...

**W**

It seems reasonable.

**W**

March 4<sup>th</sup> seems reasonable.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Okay.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

I'm okay with that, this is Leslie.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Okay, good you guys are champions, thank you. All right, okay, so that's what we'll do. We'll ask you guys to...we'll just use the comments, I mean the template that came in the meeting materials today, let's add to that...let's do it this way we'll simplify it, let's talk generally, we'll take the first 30 minutes and talk generally about consumer role in interoperability so if you guys can include some comments on that in your template, you know, either at the beginning or the end about how you imagine the consumer role to be then we'll start, we'll do a discussion on that and then we'll dive into Section C. Then you guys will have more time to continue to use the template to comment on Section D and we'll get that in the second call, the call that we have scheduled March 24<sup>th</sup>.

Michelle, what am I missing?

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

I think that's everything. Before we do one concluding wrap up can we open up to public comment and then we'll come back and remind everybody what we decided?

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yes.

## Public Comment

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

Lonnie, can you please open the lines?

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

Yes, 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.

### **Christine Bechtel, MA – President – Bechtel Health Advisory Group**

So, while we're waiting to see if folks have public comment does anybody have any questions on the process that we're using or any, you know, comments they want to make?

### **Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

This is Erin, I'm just trying to...what did we decide about the use cases, we're going to leave that discussion for our third meeting or...

### **Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yeah, I think we should because I'm realizing that I think we want to have gone through C and D to figure out, you know, what's really essential and where are we coalescing but I would hope that everybody would take a second and read the use case section it's only two pages because I think as you go through and make your comments I think certain use cases that would be high value use cases and that would, you know, leverage a lot of other or encompass other use cases, I think they will emerge for you in your thinking. So then we'll be better prepared for that discussion.

### **Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

This is just a note, I don't know if this would be helpful for this group, but we set up a survey monkey where we populated the seemingly consumer oriented use cases and then distributed that instrument to get feedback from our members on which three use cases they would prioritize, that might not turn out any helpful information if everybody's priorities are all over the place, but just offering that up as an idea.

### **Christine Bechtel, MA – President – Bechtel Health Advisory Group**

That's a great idea, Erin. Let me maybe talk with some...talk with the ONC staff off line about that it's an interesting...I can see the application being used in a number of different ways to make our work easier.

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

We have no public comment. So, I think we need to do a little work behind the scenes but we will also send out an e-mail with an updated timeline for what we're expecting from all of you because I know at the end here it was a little bit confusing. So, thank you everyone I know that we're already a couple minutes over.

**Christine Bechtel, MA – President – Bechtel Health Advisory Group**

Yes, thanks everybody, e-mail us if you've got questions but at least start working on your template and we will be back in touch soon.

**Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families**

Thank you.

**Clarke Ross, DPA – Consortium for Citizens with Disabilities Workgroup – The National Quality Forum**

Thank you.

**W**

Thank you.

**W**

Thanks.

**W**

Thank you.

**W**

Bye-bye.

**M**

Thanks, bye.

**Clarke Ross, DPA – Consortium for Citizens with Disabilities Workgroup – The National Quality Forum**

Thank you, bye-bye.