



**HIT Policy Committee  
Interoperability & Health Information Exchange Workgroup  
Governance Subgroup  
Draft Transcript  
July 23, 2014**

**Presentation**

**Operator**

Thank you all, lines are now bridged.

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

Thank you. Good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Interoperability and HIE Workgroup, and it's a Governance Subgroup. 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. Also, as a reminder if you are not the one speaking if you could please keep your line muted it would be appreciated. I'll now take roll. Carol Robinson?

**Carol Robinson – Principal – Robinson & Associates Consulting**

I'm here.

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

Hi Carol. Chris Lehmann? Anil Jain? Anne Castro? Beth Morrow?

**Beth Morrow, JD – Director, Health Initiatives – The Children's Partnership**

Yes, I'm here.

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

Hi Beth. David Sharp? Deanna Wise? Jitin Asnaani?

**Jitin Asnaani, MBA – Director, Product Innovation - athenahealth**

Hi, I'm here.

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

Hi Jitin. John Blair.

**A. John Blair, III, MD, FACS - Chief Executive Officer – MedAllies**

Yeah, afternoon, I'm here.

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

Hi John. Mariann Yeager?

**Mariann Yeager, MBA – Executive Director – Healtheway, Inc.**

I'm here.

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

Hi Mariann. Melissa Goldstein?

**Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University**

Here.

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

Hi Melissa. Tim Pletcher? And Tony Gilman?

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

Here.

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

Hi Tony. And from ONC do we have Kate Black?

**Kate Black, JD – Health Privacy Attorney - Office of the National Coordinator for Health Information Technology**

Hi Michelle.

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

Hi Kate and Kory Mertz?

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Hi Michelle.

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

Hi Kory and also from ONC Elise Anthony?

**Elise Sweeney Anthony, Esq. – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Hey, Michelle, how are you?

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

Hi Elise and Jodi Daniel?

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

I'm here, thanks.

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

Are there any other ONC staff members on the line? Okay, with that I'll turn it back to you Carol.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Thank you very much and on behalf of my Co-Chair, Chris Lehmann, I want to welcome all of you to the kickoff call today for the Sub-Workgroup to the new Interoperability and HIE Workgroup of the HIT Policy Committee so that's kind of a hierarchal list of groups.

We have a, I think, very constrained set of responsibilities to develop over the next couple of months and I really thank everyone for their commitment to participating in this Sub-Workgroup on Governance.

And with that I thought that it would be nice...I know Chris will be joining us a little bit later he's right now in Germany so we're covering I think at least 9 time zones I think across the country and half of the world right now in terms of participation in the call. So, he said he would be running late but I know he'll be on the call as soon as possible.

Today's call is going to be really quite a bit of review of history in terms of governance approaches and discussions that have occurred many of us have participated in those conversations for a number of years now and in the contemplation of different kinds of HIE governance approaches, and so Jodi is going to lead us through a review of many of those and a discussion of where some gaps and real needs maybe have arisen from previous review of the issues. We'll of course, allow for public comment and adjourn promptly.

I'd like to kick it off today by allowing each of the members of the Sub-Workgroup who are on the call to briefly introduce themselves and a little bit about their role. My name is Carol Robinson; my consulting firm is Robinson and Associates. I have been consulting in the field of HIT and HIE for about 18 months now, previously I was the State Coordinator for Health IT in the State of Oregon for about 3.5 years, so, no stranger to the ONC approaches and of course the state approaches to finding governance solutions and grappling with some of those problems over the past five years or so now.

I'll go down the list, I think in order of the slide that you can see now. Jitin?

**Jitin Asnaani, MBA – Director, Product Innovation - athenahealth**

Sure, so my name is Jitin Asnaani and I'm at athenahealth. I led the Direct Project and the S&I Framework at ONC for 2 years before joining athenahealth where I have been leading our interoperability platform and our efforts including working with the CommonWell Health Alliance as an operating committee member and I'm delighted to be here.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Thank you. John, John Blair?

**A. John Blair, III, MD, FACS - Chief Executive Officer – MedAllies**

Yeah, John Blair, really two hats I'm the Acting President of Taconic IPA that's in the Hudson Valley. I've been involved in this work for the last 15 years, involved with and managing a health information exchange in the region, EHR deployments across the region with several thousand physicians and then also running MedAllies that is a health information service provider and as of late has become very involved in Direct with the rollout of a national network and the implementation of that for interoperability with electronic health records.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Thank you John. I believe Anne was not able to join the call today, is that right Michelle?

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

Yes, she was on a flight.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Okay, well, Tony would you like to go next?

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

Sure, this is Tony Gilman; I'm the CEO for the Texas Health Services Authority. The THSA is a non-profit chartered by the Texas Legislature to facilitate and coordinate HIE in Texas. In Texas we're supporting a network of networks model, we have 10 regional HIEs and we're connecting those HIEs together through a thin layer of state shared services managed by the THSA.

And we're also leveraging those services to support connectivity to data sources at our public health agency as well as federal agencies and other participants of the eHealth Exchange. And although we haven't implemented this we're also working on a consent management service to have an automated process for managing different consent policies across Texas.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Thanks, Tony, that's terrific. Melissa, would you like to introduce yourself?

**Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University**

Sure, thanks, I'm Melissa Goldstein; I'm a Professor of Health Policy at the Milken Institute School of Public Health at George Washington University. My background is in bioethics and I'm also an attorney, and I've been working in the Health IT field since 2005 when I was at the Markle Foundation. And during the 2010/2011 academic year I was on detail to ONC working as a Senior Advisor to Joy Pritts the Former Chief Privacy Officer.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Thanks so much. And Anil, am I pronouncing that correct?

**Anil Jain, MD – Senior Vice President & Chief Medical Information Officer - Explorys, Inc.**

Yes, hi, yes that's right Anil Jain.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Thank you.

**Anil Jain, MD – Senior Vice President & Chief Medical Information Officer - Explorys, Inc.**

I'm the Chief Medical Officer for a company called Explorys, we're a big data health care analytics spinoff from the Cleveland Clinic. My background, I'm an Internist, also got involved with Health IT at the Cleveland Clinic as we were rolling out the EMR.

So, I've been in the field for about 15 years, really trying to leverage secondary use for population health quality, clinical research and anything that allows us to take use of the electronic medical record data and also data from claims and other silos of data and make use of it for some of the big imperatives we have now and very interested in the data governance space.

Obviously, when you're doing population health as a company like Explorys is doing you've got to understand and you've got to think about some of the models that are out there that facilitate good data sharing so I'm excited to be part of this.

**Carol Robinson – Principal – Robinson & Associates Consulting**

We're excited to have you, thank you. Beth Morrow?

**Beth Morrow, JD – Director, Health Initiatives – The Children's Partnership**

Hello, I'm with the Children's Partnership which is a Children's Advocacy Organization in California and we have done a lot of work or I have done a lot over the past 20 years working to enhance access to care through more effective use of state systems to enroll children in Medicaid and much of that work of course has recently focused on the development of the exchange enrollment system under health reform.

But in addition, we have been heavily engaged in a process of trying to improve care coordination for vulnerable populations and particularly children in foster care working with California Department of Social Services now to develop options for re-designing their case management system to interface more effectively with other state systems and provide an exchange data with a wider set of users as well as with the County of Ventura on developing a robust consumer facing record for the foster care population. So, lots of governance elements in all of those projects.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Thank you for your work Beth we really appreciate that.

**Beth Morrow, JD – Director, Health Initiatives – The Children's Partnership**

Thank you.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Tim Pletcher?

**Tim Pletcher – Executive Director – Michigan Health Information Network Shared Services (MiHIN)**

Hi, this is Tim Pletcher, I'm the Executive Director for the State designated entity, very, very similar model to what Tony expressed. We have eight what we call HIE QOs. I'm also actually, my paycheck comes from Central Michigan University where I teach Health Informatics and for the last 13 years have been running a big data predictive modeling advanced analytics group.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Excellent, thanks, Tim. And my old friend David Sharp, David are you on the line? David unable to join us, he may be delayed as well. And Deanna Wise?

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

I don't think Deanna was on as well.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Okay and Mariann?

**Mariann Yeager, MBA – Chief Executive Officer & Executive Director – Healthway, Inc.**

Hi everybody, I'm Mariann Yeager, I'm the CEO and Executive Director of Healthway and Healthway is a public/private collaborative that took over responsibility for supporting the eHealth Exchange, which was formerly called the Nationwide Health Information Network Exchange, and has had a lot of progress over the past year in building that, tripling the size, I think there are 69 organizations in production, so getting close to the 30% mark of hospitals connected.

More recently we have launched a new initiative called Carequality that is focused more broadly on how to get networks like the eHealth Exchange and CommonWell and others to interconnect with each other and very much have been in this state for quite some time and I've had the pleasure of doing some work within ONC as a contractor for a few years and really look forward to participating on this group. Thank you.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Thank you for joining us Mariann.

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

Carol, this is Michelle, I'm sorry.

**Carol Robinson – Principal – Robinson & Associates Consulting**

No Michelle, go right ahead.

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

Anjum is not on the list and my apologies to him that was an oversight on our part but he is on the line so if we could give him the opportunity to introduce himself?

**Carol Robinson – Principal – Robinson & Associates Consulting**

Excellent.

**Anjum Khursid, PhD, MPAff, MBBS – Director Health Systems – Louisiana Public Health Institute**

Hi, this is Anjum Khursid, I'm a Senior Advisor at the Louisiana Public Health Institute in New Orleans, very glad to be here and have been involved in a lot of health information exchange initiatives. As the Director of the Beacon Community Program we set up a new health information exchange it's called the Greater New Orleans Health Information Exchange in New Orleans which is fully operational.

I was also on the board of the Louisiana Healthcare Quality Forum that runs the State HIE and then more recently I was the principle investigator on the Louisiana Clinical Data Research Network for PCORI and also on the National Steering Committee for the National PCORnet Program. I'm also a faculty in the School of Medicine at Tulane and teach in the School of Public Health as well.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Fantastic it's nice to meet all of you virtually.

**Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt School of Medicine**

And Carol?

**Carol Robinson – Principal – Robinson & Associates Consulting**

Yes?

**Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt School of Medicine**

This is Chris Lehmann I've been on for a little while listening to the introductions.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Excellent. Chris, why don't you go next and do a quick introduction. I absolutely mentioned you at the beginning of the call so everyone is familiar with our Co-Chair roles and the fact that you are calling from Germany, so go right ahead Chris.

**Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine**

Yeah, thank you, Carol, actually I heard you, I called in early but I was on the wrong conference line so I had to recall this one. So, I'm Chris Lehmann, I'm a Professor for Pediatrics and Biomedical Informatics at Vanderbilt University. My main interest is clinical informatics. I edit a journal called Applied Clinical Informatics. I'm on the board of the International Medical Informatics Association and I am representing vulnerable populations at the HIT Policy Committee.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Thank you so much.

**Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine**

And I'm delighted to be working with Carol on this committee and I'm excited to meet you all.

**Carol Robinson – Principal – Robinson & Associates Consulting**

We absolutely are excited. We've had a couple of planning calls to date, Chris and I, and have gotten to know each other a little bit and I think it's going to be a fun and very quick process here with the support of ONC march through some really important issues.

So, if we could really quickly, Michelle, in terms of the federal health architecture representative there will be someone joining for future calls?

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

Yes, they had a meeting yesterday actually and so they're going to work to identify a representative. I think one of their project managers is actually on the line today and she will just let us know who the representative will be going forward.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Thank you so much. So, if we can go to the next slide. And I'll just quickly go through a couple of things before turning the call over to Jodi Daniel, one is the charge of this Subgroup. The substance, scope and process that ONC should use to establish a set of rules of the road has been something that I think this group will need to walk through very closely and carefully.

The necessary policies, practices on privacy and security and operational and business ops kind of rules of the road for HIEs and for vendors, and applied whether at the federal level or across states, I think is something that has created a little bit of a misalignment in some ways for information to quickly and robustly begin to flow between organizations and clearly between states.

So, I think that this is going to be a fast moving group that will start to think through this and as you'll see from the slides ONC has done a good deal of forward looking thinking for us in where the pain points really seem to be right now.

In terms of our timeline, if you can go to the next slide, as I said very quick process, we are imaging a couple of listening sessions scheduled for August 15<sup>th</sup> and August 22<sup>nd</sup> where we will hear from organizations, some of which are represented on the Sub-Workgroup, about what is currently underway and how it's working, and where again those pain points and successes might be and the learnings that we can take from those.

By Wednesday, September 3<sup>rd</sup> we want to be able to at least have kind of a framework, a recommendation to bring to the Health IT Policy Committee about the work that we'll be completing through the month of September and early October with the final recommendations coming to a joint meeting for the Policy and Standards Committees on October 15<sup>th</sup>.

So, as you see very, very quick, we're going to need all hands on deck to participate in these meetings as to the greatest extent possible and we'll be getting more information out to you in terms of how that will come together and how the listening sessions will be scheduled as soon as possible.

So, with that I think I'd just like to turn it over to Jodi and Jodi has a lot of information to share with us today.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Thank you very much Carol and thank you all for participating in this group. We are really looking forward to some interesting conversations and getting your insights and feedback on governance and health information exchange so that we can address some of the challenges that we still see and help us think through a good path forward.

I just want to quickly take the time to introduce and mention Kate Black and Kory Mertz who will be working very closely with you all to provide you support and help set up listening sessions and help you all come to some consensus on recommendations that can be put forward and they'll be on all the calls with you all and working closely with the Co-Chairs to help make sure that this is successful in a pretty short timeframe. So, I just wanted to thank them for taking the time and putting the effort in and wanted you all to know that you can reach out to them if you need to.

Okay, so, I'm going to give a little bit of a lesson to catch everybody up to speed, I'm sure there are some people who this is going to be...you know all of this and other folks there will be something...one or two bits of news that you didn't know in the past and for others it might be all helpful background, but I want to make sure we have a good grounding in governance at ONC what we've done in the past and where we are now so that when you're providing recommendations you have the benefit of that history to build on. So, next slide, please.

So, first just talking about some of our post HITECH governance activities, in the HITECH Act ONC was tasked by congress to establish a governance mechanism for the Nationwide Health Information Network. So, this actually is a statutory requirement for us to do and we have been...and that is all the language that we have from congress, all the list that we have from them as to what is expected of ONC, but we have been taking some steps and I'll walk through what we've done so far and some of our thinking going forward. So, please, next slide.

So, by way of background we had receive some committee recommendations from our Health IT Policy Committee back in December of 2010, we had set up a Governance Workgroup back at that time and we had recommendations that came through the full Policy Committee and helped us really think through an approach, a strategy and what may be helpful for governance for nationwide health information exchange.

As a result of that, in 2012, ONC issued a Request for Information, I'll try to say out the acronyms for folks, a Request for Information where we sought public input on a potential regulatory approach that would have spelled out conditions for trusted exchange in the areas of safeguards, technical conditions and business practices. This was just a Request for Information but it was putting forward a potential regulatory approach that we would go through rulemaking to establish.

As a result of that we got a lot of feedback which is exactly why we started with an RFI, we could have started with a proposed rule, but we felt like there was a lot of questions still about the market, about what was working, about what the challenges are and about the best role for ONC.

So, we put it out as a Request for Information and we got a lot of feedback and much of what we heard was that there was a lot of great activity going on, there were some pockets of success, there were different exchange entities that were trying out different approaches and that if we put forward a regulation at that time in such a nascent stage of Health IT exchange that it would really stifle...it could stifle some of the good work that was going on and may set in stone some conditions that may stifle innovation.

So, we listened, we do ask for comment for a reason and we do respect the input we receive from folks, and we listened and we decided that it was not the right time to continue with a formal rulemaking process and we announced that in September of 2012. Instead we came up with a non-regulatory approach, but we did take action on governance moving forward. So, you can go to the next slide, please.

Let me get everybody grounded in what we think of as governance. So, we have defined governance as the establishment and oversight of a common set of behaviors, policies and standards that enable trusted electronic health information exchange among a set of participants. So, that is our definition that we have used to describe what we mean when we say "governance of health information exchange." Next slide, please.

And our focus is for health information exchange at a national level so we're not...we're looking at nationwide health information exchange. If you go back to the charge from congress it talked about governance for Nationwide Health Information Network. So, health information exchange at a national level to address challenges to exchange between different exchange organizations and across state boundaries.

So, we know there is a lot of exchange happening, there are a lot of exchange organizations that are facilitating exchange of information in particular regions or across a particular healthcare system, but what we are really focusing on is how do we get to this cross boarder exchange in this national level of health information exchange. Next slide, please.

And Kory and Kate will kick me under the table if I say anything or if they have anything to add to you to go in any more depth on the points that I'm making.

So, what we announced was what we called our non-regulatory approach to governance, but an active role in looking at governance and looking at health information exchange activities. So, we did four things, first was cooperative agreements, which were designed to be grants to support specific exchange solutions and to address specific problems.

The second was a framework of principles, so one thing we heard was push back on the government regulating at that time but a desire to have a policy framework and sort of what we called our "North Star" for folks to work towards. So, as the health information exchange activities were moving ahead a set of principles that folks can work toward and use as their trying to resolve issues in their own processes.

The third was a national HIE governance forum. We had a neutral forum convened by NeHC, the National eHealth Collaborative, in 2013 to help us understand more of what was going on. The goal was to bring together these HIE governance entities and to learn from and actively engage with them to understand and shine the light on good practices that were occurring as well as to identify some challenges for health information exchange for trusted exchange to occur.

And the last was monitoring which was to monitor the progress in the exchange ecosystem and figure out how things are progressing and whether we needed to change course or continue on with the course that we were taking. So, I'll walk through each of these in a little more detail. You can go to the next slide.

So, the first I mentioned the cooperative agreement. So, in late March of 2013 ONC awarded two cooperative agreements to existing HIE governance entities with the goal of them developing and adopting policies, interoperability requirements or business practices that align with the national priorities to look at real world interoperability challenges and take steps to overcome those challenges, so think about how to reduce implementation costs and to assure privacy and security of health information exchange. I've listed here the recipients DirectTrust and the New York eHealth Collaborative and we worked with them to address particular challenges and meet specific goals. Next slide, please.

The second part of our non-regulatory approach to governance or active approach without regulation was to do as I said this "North Star" to come up with a set of principles as part of a governance framework for trusted health information exchange that folks can use and to guide their own discussions on HIE governance policy and it was also used as a basis for the discussions at the HIE governance forum to help structure those conversations around a set of principles.

So, there were four categories of principles, the first was organizational and this was really identifying generally applicable approaches for good self-governance.

The second was trust, which was focusing on responsibility to patients and how to protect the information as it is being exchanged from one organization to another.

The third was a focus on business principles and this was about focusing on responsibilities to maintain, while the information is being exchanged, to focus on the best interest of the patient and how to address business issues while being cognizant of the really important driver which was to promote patient care.

And fourth was the technical principles which was focusing on expectations to use standards and participate in activities to accelerate standards adoption in order to support more seamless exchange of health information. This is available on our website if you want to see the specific principles and the details of our governance framework at [healthit.gov](http://healthit.gov) and its [healthit.gov/hiegovernance](http://healthit.gov/hiegovernance) you can find this framework and see all the principles that we laid out and that actually might be helpful for us to share with the Workgroup so that you have that as a background document. Next slide, please.

The third piece of our approach was the HIE governance forum. As I mentioned, this was created under the National eHealth Collaborative who had a cooperative agreement with ONC and we saw them serving as a neutral convener for HIE governing entities to identify common challenges and potential common solutions that could be replicated across other governance entities in this space.

They convened from April through December of 2013, we had over 30 diverse organizations representing HIE governing bodies and it really did serve as a venue for stakeholder engagement and for us to learn what's going on "on the ground" and where there were some potential common solutions.

If you go to the next slide you can see some of the areas where they focused. As I mentioned they used the governance framework as a guide for prioritizing their areas of focus and they developed resources to advance trust in health information exchange for consideration by the wider community of exchange entities. Again, we can make these available to you guys as well if you think that would be helpful.

The three that I have listed here one was identity and access management and level of assurance. The second was trust framework for health information exchange and talking about exposing trust requirements between many stakeholders and the third was looking at the landscape of existing HIE certification and accreditation activities that are going on so we can understand what the landscape looked like in this space and what kind of oversight was already taking place and where that was, and also to look at how those were similar or different from one another in thinking through how we can scale this nationally. Next slide, please.

Okay, so moving forward, so that's your history lesson for the day and let me...I'm going to now spend the next little bit of time talking about where we're headed and then I'm going to turn it over to Kory and Kate to talk about some of challenges. Why don't I pause here for a second and just take any questions before I move ahead if there are any questions on what we have done to date and anything else that I've presented?

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

Hi, this is Tony Gilman, I'm with THSA. Can you talk a little bit about the outcomes of the projects with DirectTrust.org and the New York eHealth Collaborative.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Kory, do you want to address that? Kory was managing those grants so I'll let him jump in here.

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Hi Tony, so, yeah, we with both those projects I think...well, one to let you know the cooperative agreement with DirectTrust was actually extended in March of this year so we engaged them for a second year of work in that space.

So, with the New York eHealth Collaborative work what they did was bring together a number of pilots across the country to test out provider directory standards. So, they really organized and brought folks together, really created kind of a collaborative space for folks working on provider directory issues to work together and learn from each other. We have a final report from them that's going through kind of the last steps of clearance at ONC and provided some good lessons learned and next steps in that space and has also spawned into collaboration between ONC, Healthway, the IWG and a few other folks to update the existing HPD standard. So, I think we had some really good outcomes there and learned a lot about the provider directory space.

And with DirectTrust, you know, it's been a collaboration really focused on DirectTrust advancing the work they have underway to launch their...well, at the beginning of the program, to launch their accreditation program and since they've really done a lot of work of growing their membership and growing the participants in their accreditation and trust framework, and really ensuring that different parties are able to exchange with one another in a trusted framework. Is that helpful Tony?

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

Yes, thank you.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Any other questions?

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

I guess on the New York eHealth Collaborative piece was there any activity there?

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Oh, I'm sorry, Tony, that was the first part I was talking about with the provider directory work.

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

Oh, that was that, okay, okay.

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Yeah.

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

Thank you, I'm sorry.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Okay, well let me continue then. So, many of you may have already seen this, but for those of you who haven't I'll talk a little bit about this. So, as we...we started with our Meaningful Use Program focusing on adoption and data capture and then moving toward exchange and then the third stage was focusing more on outcomes.

So, we're really still, you know, Meaningful Use Stage 2 is underway and we're really focused on exchange and interoperability and this has been one of the significant areas of interest and attention of our new national coordinator.

So, just recently we published a 10-year interoperability vision, a 10-year vision to achieve an interoperable Health IT infrastructure and if you haven't taken a look at this it's worthwhile for you to do so, so you have a sense of the current thinking of ONC on our interoperability vision, our interoperability focus and where governance fits in to that vision.

So, what was set forth in this vision was that our goal is obviously to leverage Health IT to increase healthcare quality, lower healthcare costs and increase population health so the Triple Aim or three-part aim. And the focus is a little bit different than what we've said before so we're obviously focused on healthcare and healthcare delivery, but we've also identified in the 10-year vision that we need to be focusing on supporting health more broadly as well as different sources of information such as social determinants of health and health information from patients.

So, in thinking...I talk about this because as we're thinking about governance it's good to think longer-term about, you know, how we solve the problems of today but also thinking about kind of where we're headed in the future which may be very different than the way we are thinking today as far as health information exchange.

The vision talks about building incrementally over time so starting from current technology and current...our current focus, but also thinking about multiple methods of exchange and not just a singular method as things change over time.

We are maintaining...the whole point is to maintain focus and to empower individuals as a big piece of this so you'll see that it kind of comes forward in the 6-year piece of our 10-year vision that there is a real focus on better information flow between individuals in order to support better consumer engagement once we can crack some of the problems, we'll talk about now, on provider exchange of health information.

So, I wanted to give you this context of our longer-term vision on interoperability and where governance might fit in with this. If you can go to the next slide you'll see some of what I was talking about the 2017, 2020 and 2024 approaches.

So, in 2017 we're talking about really ensuring providers and individuals can send and receive, and find a basic set of essential health information. By 2020 we're thinking about expanded sources and use of information that can help improve quality and lower costs and increase automation and by 2024 more kind of broadly on the learning health system and leveraging information and data to improve our knowledge and understanding and improving health for individuals in the population.

If you look at the bottom here the crosscuts are our building blocks. We've identified 5 building blocks that will support this interoperability vision, this 10-year vision, focusing on standards, adoption, optimization of products, privacy and security, supportive business, clinical and regulatory environments and the fifth building block, and I think this one kind of underscores a lot of the others, it is, I think appropriately put at the bottom of this stack, is the rules of engagement and governance and that's where you all fit in.

So, this work and this discussion, and your recommendations really are one of the five building blocks that we see as supporting this 10-year interoperability vision and really underlie a lot of the other work, the business practices, the privacy and security protections, the standards that all need to be sort of woven in to address rules of engagement and governance. So, just wanted to put that in context and where we see this fitting into the larger, the larger thinking and the larger vision. Let's go to the next slide, please.

So, again, when we're looking at a longer-term we know that every day there is an increasingly diverse market for electronic exchange and various types of exchange services to different parts of the healthcare market.

We know that service providers have enabled exchange among specific and known participants through local governance, through data use agreements and through other contractual arrangements and we've seen that experience...that scaling exchange across communities and stakeholders is imperative, and it really...for us to be successful in doing this requires assurance that participants are adhering to a common set of privacy and security practices, business practices, etcetera, so that, you know, the phrase that we use around here is that "information will flow at the speed of trust" and that you have to have that underlying trust in order for the information to be able to flow to support patients and patient care.

So, we are in line with this vision considering our role on governance. We have...as we've said, we talked about some of the steps we've taken so far. Kory will talk a little bit more about some of the challenges that we still have seen as we're keeping our fingers and our ears toward what's going on "on the ground."

And ONC is considering how we can take a more active role in aligning the effort's initiatives across the nation to support our interoperability goals and we talk a little bit more about this in the White Paper. We're open to a conversation about the best role for ONC and how we can best address some of these challenges.

We would like folks to keep in there...you know, as you're thinking about what roles we can play, whether there are roles for regulation in supporting the rules of engagement and supporting some of those rules of the road and helping to come to a common set of practices that will establish trust and help information flow and, you know, kind of...we'd like to put all the stuff on the table and get your feedback on how we can best do this and where ONC can lean in and help address some of the challenges we still see with scaling exchange nationwide. And next slide, please.

So, as I mentioned, we have identified some continuing thorny key governance challenges that are impacting interoperability in health information exchange. We wanted to start with a conversation of those challenges that we see so that we're trying to come up with solutions to address those problems, but I wanted to put it in the context of sort of the broader vision so as we're looking both at the immediate problems that we see in front of us and trying to tackle some of those really tough nuts, but also making sure we have a glide path for where health information exchange maybe headed over the longer-term.

So, I'm going to turn it over to Kory to talk about some of the challenges and then Kate to talk about some of our thinking about how we might proceed. So, Kory would you like to go through that?

### **Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Great, thank you Jodi. If we can go to the next slide, great, so I'm going to talk through six general areas that...six kind of general buckets of problems we have seen and heard from the community around governance and then two buckets that are specific to specific types of exchange approaches.

So, you know, in our work over the past 4+ years through the State HIE Program, through the various governance activities we've just...Jodi just talked you through we've really learned and heard a lot from stakeholders and those actively out there implementing a health information exchange and really working on these nitty-gritty exchange and governance problems and this is kind of our...this is us pulling together what we've heard and presenting it back as the key problems that we have heard them served in the community.

So, the first bucket of challenges I think we've clearly heard from the community is around misaligned and inconsistent security policies and practices. So, you know, I'm not necessarily going to talk through each one of these things, after I get to the end if folks have questions or want to go back to individual ones certainly happy to do that, but, you know, I think some of the common themes we certainly hear around this is folks have different approaches to encryption both at rest and in motion, and those varying approaches can then create challenges and concerns about exchanging between folks who take different approaches to that.

I think similar we hear your very different approaches to ID proofing practices and levels of assurances. Some organizations feel comfortable with doing providers at Level 2, some want it at Level 3 so there are very different approaches happening out in the community, similarly, with authorization and authentication practices.

And then, you know, I think one of the other things that underline some of these differing decisions about what level of security policies and practices to put in place comes down to the level of risk tolerance that different trading partners are willing to accept. So, like many things in life people have differing levels of risk that they're willing to take on versus others. So, we see that as kind of one of the underlying pieces that leads to some of these different policy and security practice decisions. So, that's the first bucket.

The second bucket is really around misaligned and inconsistent privacy policies and practices, and, you know, in particular the big issue we hear in this space again and again is around consent laws and the varying consent laws for sharing PHI. So, that can be the variability in state consent laws. Even within a state we certainly see different health information organizations make different decisions based on what their participants want. So, you'll have a state where maybe one HIE will be opt in the other will be opt out and all of the kind of variants you see in between those two approaches. So, with that I will jump to the next slide. Next slide, please.

So, the next bucket of challenges we've heard from the community is around misaligned and inconsistent business practices. So, there are a few key areas I think we've heard in this space. One that has come up more recently, I think in more recent years, is really the variation in fees that intermediaries are thinking about charging one another to move information.

So, you know, for instance one HIE trying to charge another HIE for sharing information between them and then also, you know, I think we hear very different approaches that health information exchanges are taking to charging their end-users to move information and I think some of this variability just creates questions and challenges in some folk's minds.

And then the kind of other two areas in this is really just, you know, with the business practice space there is...the health information exchange field is so dynamic right now and has been so dynamic the past few years I think it's really hard for folks to get their hands around what is happening in the ecosystem, you know, I think...I've seen over the years in various federal advisory group conversations different folks see different chunks of the marketplace and then come away with very different views about current state of the world.

The last issue I think in this space is really the differing permitted data uses that health information exchange organizations have. You know I think you certainly see a number that focus only on treatment only purposes whereas others allow more expanded use cases, so for instance treatment and maybe they also provide information to health plans for different use cases.

And, you know, I think we've certainly heard instances where that, you know, those differing permitted use cases for health information then become challenges in exchanging health information between two organizations that have different approaches there.

So, the fourth area that we've heard is really the growth of incompatible and varying practices in governance organizations at the local, state and regional level. So, you know, I think the proliferation of different organizations and different approaches creates some uncertainty in the marketplace. Folks aren't necessarily wanting to commit to multiple organizations but equally they aren't sure what the best approach is for them to move forward in the HIE governance space.

And I think one of the other variability pieces within in this is just differing approaches for how organizations are being held accountable and ensuring that they are doing...you know, meeting the requirements of the different governing entities. Next slide.

So, the fifth and sixth areas that I think we've heard from a number of members of the community is that firstly there...you know, I think this is an area we hear that there is lack of clarity on liability for the exchange when information moves from one system to another and, you know, I think this is something people talk about a lot and is definitely a perceived issue in the community about where liability falls when exchanging information.

The sixth area that I think we've heard from the community is more a standards adoption challenge. As we have this kind of exchange ecosystem and this governance ecosystem how do we know when it is time to adopt a new standard and put it into place as part of kind of the exchange ecosystem and how do you curate that over the years, when is it time to retire a standard or how do you know when it's time to update a standard and how do you flow that down appropriately in the ecosystem? So, next slide, please.

So, these last two buckets are more focused on kind of specific transactional approaches that we've observed over the past few years. So, for instance with directed exchange, you know, I think these three areas are key things we've heard and seen of the marketplace struggling with over the past few years and I think approaches have evolved to help address them that some have adopted.

So, for instance the challenge in directed exchange of sharing trust anchors with one another, you know, a lot of people have one-off manners to do this but unless there is really a scalable approach to doing this it really makes directed exchange difficult.

You know I think we've also seen differing approaches implemented around Direct as far as common ways for Direct addresses to be discovered and that lack of ability to find Direct addresses within a trusted community can make it difficult for providers to exchange with one another and next slide.

So, this is the last bucket of kind of specific problems we've heard and then I will turn it over to Kate or maybe leave time for questions before I do that, but with query, you know, a few specific problems we've heard from the community, you know, one, you know, I think a clear one being here and something ONC has talked about over the years, is, you know, the imperative of providing meaningful choice to patients when they're included in an aggregation service that permits queries from external providers.

And, you know, I think we hear challenges around logging queries and audit, and discovering who has accessed the information, you know, varying patient matching standards and approaches I think is a common theme we've heard over the years and something ONC recently has been trying to take an active role in helping shepherd the community forward around.

So, again, these are some of the key problems we've heard over the past few years and observed in our various activities be it governance activities or our work through the State HIE Program and other avenues, you know, I didn't walk through each of these individually, but again want to pause here for a second before we go to Kate and take time of any questions folks have.

**Mariann Yeager, MBA – Executive Director – Healthway, Inc.**

This is Mariann Yeager from Healthway I have a question and thank you for walking through those Kory. Regarding these particular topics is it the focus of this group to vet these topics, to propose other topics or is this really the scope of the topics we're provided?

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

So...

**Mariann Yeager, MBA – Executive Director – Healthway, Inc.**

Because I can think of two important ones that aren't on there and then some of the others, I mean, we haven't seen an issue with it but maybe others have. I'm just kind of curious how firm that list is.

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Yeah, no it's a great question Mariann, so, you know, I think the whole point of this effort is for us...you know, we're looking for recommendations from this Workgroup on how to move forward. What we're sharing today is what we've observed and done over the past few years so if there are things that aren't a part of this we want to hear that. If there are problems we have identified that you guys feel like aren't problems we need to focus on I think we want to hear that sort of feedback as well.

**Kate Black, JD – Health Privacy Attorney - Office of the National Coordinator for Health Information Technology**

Yeah and this is Kate I would just add that, you know, there are a plethora of problems within this space and this list is certainly not exhaustive by any means. What we tried to do is really prioritize the problems and issues that we heard from the most stakeholders or that we believe need to be addressed as a priority in order to make headway and improve interoperability. So, there is a little bit of a scoping issue there, but to the extent that you guys have feedback or additional things or think that we've gotten our focus wrong we'd certainly love to hear that.

**Anjum Khursid, PhD, MPAff, MBBS – Director Health Systems – Louisiana Public Health Institute**

And this is Anjum I have a question. First of all thank you for this list because as you were going through this list Kory I could almost relate to each one of them that we have faced in Louisiana and also in other states that we worked through and see in our Beacon communities.

The question is around scope, I think just referring to that last question as well. One, are we covering both private and public exchange of information or entities that are creating that platform?

And second, in terms of the scoping, are we focused mainly on health information exchanges or are we actually including the broader exchange of health information for any purpose?

Because, I know that, you know, a lot of the discussions that we've had at ONC around standards and also around HIEs in the last one year as I was involved with PCORI trying to set up a national research network some of the same questions are asked but they are even more difficult to answer in that research paradigm and they are kind of different players sitting around the table discussing those questions.

So, if the scope can be clarified I think governance issues...probably we can then talk about what the different buckets where those governance issues apply and don't apply.

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Yeah, two great questions Anjum and thank you. So, to your first questions we're really looking at the whole spectrum so public, private. We're really trying to get all exchange under the umbrella or I guess maybe I should phrase that as the scope should be open to that and, you know, I think we're open to recommendations of maybe where we need to scale it down, but, you know, I think from our perspective it's the public and private piece.

As far as your second question, you know, we are looking broader than just HIOs we're looking at HIE the verb, I think that's what we see as the appropriate scope and scale of this work.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Yeah, and this is Jodi, I would second that. I think that's sort of why we started with the context of the 10-year interoperability vision because we wanted to be broader than just HIEs and we expect that there will be different ways that information exchange will occur particularly in the longer-term and that we want to make sure are captured.

You know we put forward these problems not to ask you to all give us recommendations how to solve each one of these problems but to help us think through a structure for governance, a governance approach that can help address some of these challenges and so that said we want to make sure we had the problems right because if we don't what problems we need to solve we may not get the right approach or the right ways to address those problems. So, I would concur with what Kory and Kate were saying.

**Anjum Khursid, PhD, MPAff, MBBS – Director Health Systems – Louisiana Public Health Institute**

Thank you.

**Carol Robinson – Principal – Robinson & Associates Consulting**

So, Jodi, I know we're very...really at time and I'm wondering if...

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Carol we have another hour.

**Carol Robinson – Principal – Robinson & Associates Consulting**

We have another hour? Oh, thank God for that, I was like wait.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

There is a lot to cover.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Okay, excellent, so one of the questions that I would have then is in terms of Mariann's comment of a couple of problems or specific issues on this list how would we best go about capturing those and what do you see as the process of this Workgroup or Sub-Workgroup's, you know, getting that down on paper and is there a public process that we should use to start to vet that or?

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

I think it would be worthwhile for all of us if we took a few minutes and see if these lists resonate with folks, if there are any big ones that group thinks we need to add we certainly can jot those down and take those now. But it's also something we can discuss by e-mail if you guys want to ping us with them or include, you know, for the agenda in following items or in following meetings, I'm sorry, we can do that as well.

**Tim Pletcher – Executive Director – Michigan Health Information Network Shared Services (MiHIN)**

So, this is Tim Pletcher, I'm happy to maybe give a little bit of feedback. One of the issues that I didn't see listed here is...ownership of information seems to be more of an issue than I ever realized and, you know, what people must share or must not share, what they can't share seems to come up a lot, but what they are obligated or required to share seems to not be dealt with and, you know, is there sort of a floor for expectation for data sharing around care coordination.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

And are you talking primarily about the legal issues regarding who owns the information and when they must share or are there other types of operational and perhaps technological issues there as well?

**Tim Pletcher – Executive Director – Michigan Health Information Network Shared Services (MiHIN)**

I'm not talking about technical issues necessarily, but, you know, I just went through this remarkable experience where all the hospitals in the state said there is no way we're going to share ADT messages with anybody and then the blues provided some financial incentives and within a year, you know, like 77% of them are sharing them and the battles and the fights that we went through in that little tiny journey were quite fascinating to me.

And it really begs the question of is there sort of a minimum threshold for expectations around data sharing. For example, they're very happy to share their ADT messages with a doctor that is owned by the hospital but somewhat resistant with sharing it with an independent physician.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

If you...

**Tim Pletcher – Executive Director – Michigan Health Information Network Shared Services (MiHIN)**

That's a governance issue to me that's not well captured here in this list.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

So, you know, this is Jodi, if you...going back to the slide that I had which had the 10-year interoperability vision and the three different periods in time and the five bars that went across, the one right above rules of engagement and governance and I think they're so intertwined as you're saying, is a supportive business, clinical, cultural and regulatory environments for exchange of information.

And I think that what you're saying is that, you know, if you have those kinds of things, if you have a supportive business environment or a clinical environment or regulatory environment but incentives are aligned then it makes...you know, it kind of resolves some of the challenges we have here and so there is a real close connection with governance and with those sort of...those incentives and that environment for sharing. I do think it goes...they're very close and they go very hand-in-hand and I think it's fine to have that, you know, as something that you all put forward as a comment to us that, you know, that would help support health information exchange in governance.

But, I personally, I see that in that bar right above rules of engagement in governance, but, you know, kind of joined at the hip.

**Tim Pletcher – Executive Director – Michigan Health Information Network Shared Services (MiHIN)**

Okay, well, because I don't think there are any clear expectations and, you know, at one point we went and said, hey, could we go get an FAQ from the Office of Civil Rights around some of these topics to clarify things and I believe that the friction around government, governance is right at this intersection point of what's an acceptable thing to share and what's an acceptable thing to be able to query for, and what's an acceptable thing for a patient to be able to say "no I don't want that shared."

I think they're all at the heart of governance and so I'm just wondering, you know, where these are embedded and if that is...if you think these are captured there because I think the rules of engagement what's the floor for the rules of engagement have not been well articulated, because we've never had really good data sharing before and so it hasn't come to the surface.

And then I don't think our legal agreements and what we've got for sort of HIPAA or, you know, or substance abuse specific rules help us wade through those things. And so, I don't think there is a well-defined process anywhere that we've been given to sort of evolve those dialogs across multiple stakeholders and then, you know, even including patients which may or may not be aware of what's really happening and so I'm...

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Yeah and so much of that begs a knowledge question and information access and just understanding better what the rules of the road are and what the requirements are for everyone in that ecosystem. So, that does bring up a couple of really important and interesting points that we will put in our parking lot of issues that we need to be considering and thinking more about as we move forward. So, thank you, Tim.

**Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University**

This is Melissa, I would have to say that I agree with Jodi so thinking that those issues are actually more in that business model stripe, I can't remember what color it was on the slide, you know, the way that the law is structured around here, around these areas is really what you as an entity are permitted to disclose and less so much about what you are required to disclose.

There are state laws that mandate certain disclosures, right, you know, various diseases, public health reports those sorts of things. But in general it's the entity permitted to disclose certain data, exchange certain data in our context and not what you're required to.

So, it moves more into the sphere of agreements between entities as to, you know, we are getting together for a certain purpose, for certain purposes and we're going to exchange these types of data, that's our agreement, with the patient's agreement and less so what we're required to certainly by law or what we own or don't own. I think it's more in the business sphere.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Do other folks have a comment on that issue or think it in or out of scope?

**Jitin Asnaani, MBA – Director, Product Innovation - athenahealth**

This is Jitin...

**Carol Robinson – Principal – Robinson & Associates Consulting**

You know...oh, go right ahead.

**Jitin Asnaani, MBA – Director, Product Innovation - athenahealth**

So, this is Jitin Asnaani from athenahealth, I would concur that this is an issue that actually causes a lot of confusion because the separation between those spheres is not always obvious except to those of us who spend a ton of time digging into interoperability specifically.

But, I personally think, at this juncture, that it is out of scope that fits in that business sphere, but I do think that it might be useful if this committee or some other committee actually says that our explicitly because that is something that keeps creating confusion as we look at interoperability in different segments of the US market.

**Tim Pletcher – Executive Director – Michigan Health Information Network Shared Services (MiHIN)**

And the only reason I'm calling that out is to sort of level set around expectations are because I've now spent hundreds of hours with privacy officers who are unclear about what they can do, what they should do and, you know, what they're allowed to do.

**Carol Robinson – Principal – Robinson & Associates Consulting**

I agree with you on that Tim entirely, this is Carol, and I had similar experiences and I'm sure if David Sharp was on the phone today as well he would, you know, be able to echo that as well that the clarity issue is just not there in most organizations, small and large providing healthcare.

And, so, I think that while the...some of the floor of expectations of permitted versus required disclosure of data probably should be very clearly delineated for our work I think there could be some very high value in making that delineation more apparent and then moving forward potentially some information or a set of recommendations that could be more around contractual kinds of opportunities to create a higher floor of data sharing through contracts with providers, you know, whether that be public payment or private payment, or employer-based TPA contracts with provider groups, I mean, there are a lot of ways I think that the market could start to move as Jodi mentioned.

**Tim Pletcher – Executive Director – Michigan Health Information Network Shared Services (MiHIN)**

Well, I will leave it after this statement and will happily agree that it should be out of scope for our immediate dialog, but I've been doing this a long time and I've now come to the conclusion that people in our business, despite the nature of it, people only do what they are compelled by law to do or what they're paid to do, everything else is pretty much a hope.

And so, a horribly cynical statement and I'm not really cynical, but that has been my observation and so I think that those two things do butt up against governance pretty tightly and we could spend a lot of time helping pick good interoperability standards that if they're not linked from a governance perspective somehow with teeth, pro or con, stick or carrot, they're possibly not going to get done. And so, but, you know, there is plenty of work here, so we don't need to sign up for more than we can do.

**Anjum Khursid, PhD, MPAff, MBBS – Director Health Systems – Louisiana Public Health Institute**

So, this is Anjum, I think one of the challenges we will have as a group, is early on at least define what scope we would be dealing with, because it seems like looking at that slide that, you know, Jodi was just mentioning that there is also a point on security practices and privacy consent practices that were policies that were mentioned as the top two or the first two issues. There seemed to be like separate groups that are looking at those.

So, rather than spinning our wheels to doing something that other groups are also interested in or are working on, I mean, all these things are so interlinked that identifying what specifically this group should be looking at would be probably a fairly difficult task.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Yeah.

**A. John Blair, III, MD, FACS - Chief Executive Officer – MedAllies**

This is John Blair with Taconic just to follow on and go back to an earlier comment that when the question was raised about how broad is this and it was stated that this is all interoperability. So, I just want to be clear, so this is also ePrescribing, this is standard result orders and result delivery, public health reporting, immunization reporting, etcetera?

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

So, you know, hey, John, this is Kory.

**A. John Blair, III, MD, FACS - Chief Executive Officer – MedAllies**

Yeah.

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Again, I think it's a...we have to come down to what the scope is but I don't think coming out of the gate we're not trying to limit what it is.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Yeah and this is Kate, I would just add, you know, we're trying to develop a policy framework that is somewhat living and amendable and will continue functioning and fitting the environment as we kind of build and evolve. So, we don't want to put anything in place that would preclude its applicability or scope from a lot of the types of services you mentioned.

You know they may not be the first focus and they may not be the immediate priority there is certainly a phasing to be considered, but I think it's right to say that we'd like to set up a framework that would support all of those that would improve interoperability and clinical care and some of the other priorities we've mentioned today.

To talk a little bit more about scope perhaps now is a good time to discuss what our authority is and isn't, and kind of the scope of our ability to effectuate change in this space. Like Jodi mentioned we do have broad authority to implement a governance mechanism, but unfortunately congress wasn't so kind as to include an enforcement authority with that. So, we are a little bit limited in the types of activities and the types of ventures that we can engage in, but will leave the kind of broaden up to you guys.

I mean, that said, we have a number of federal partners and are happy to engage in various kind of incentive levers and enforcement levers throughout the federal government to put this work forward, but please try to keep in mind that, you know, whatever we discuss, whatever problems we kind of assess or prioritize they'd have to be within a scope of things that ONC could take action on and to move forward with.

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

So, this is Tony Gilman from the THSA in Texas and just a couple of comments after listening to some of the dialog from my perspective. It would seem like it might be helpful to look at some examples of existing national governance models within the US that are governing exchange to understand better how they're working and how they're addressing the challenges that were identified throughout the presentation.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Sure, this is...

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

And I think...go ahead.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

**Information Technology**

Oh, I was just going to say the listening sessions that we put up at the beginning will definitely include a lot of those things. We have specifically called out and begun to plan a session on existing kind of national non-government governing initiatives and programs. So, we're open to suggestions in terms of participation and we can talk more in detail about that later, but we agree 100% that that's an important thing that we need to consider.

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

Okay, great. The other comment I would make is that the charge and the scope could potentially be really significant and large and I'm not sure, you know, that anything that would come out of this body addressing some of these, you know, these...whether it's interoperability or whether it's dealing with trust and legal frameworks would be taken seriously just not because we're not all capable individuals, but we may not be...we may not have the scope or breadth of knowledge or expertise, or respect across the industry to really ensure kind of wide adoption acceptance of anything that comes out.

And so, you know, really, you know, I think if congress or a legislative body was presented with this they would really...they would look to establishing really the framework for an organization and setting the parameters to support kind of a very broad inclusive governance process to establish these even if it's on a voluntary basis.

And then finally, I would just say that, you know, I think that, you know, in Texas for example, but I know other states have done this as well, is that, you know, I don't think it has to be all or nothing I think that taking iterative steps towards support of HIEs is important and, you know, identifying specific use cases that we want to support.

So, for example in Texas we're really focusing on treatment only but we're working on a consent management service that would allow us to have a rules-based process to support more expanded types of exchange whether that be for research purposes or whether that be exchange for more sensitive types of information and so we're, you know, building to support something I think that is easier to exchange in the form of treatment which is broadly allowed under both state and federal laws but then building so that we can do more robust exchange in the future and, you know, perhaps trying to really focus on one area might be helpful in advancing something forward.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Are there other questions or comments at this point in time or else we do have one more slide to present that Kate will be putting forward to sort of help you understand some of our current thinking and some of the kind of ideas we would like some input into.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Well, this is Carol, and I do have...I have one input in terms of an additional problem that I think arose and I think maybe Mariann may have some ideas as well, so if this is an okay time to collect those I'll go ahead and state mine, and that would be relational to slide 26 I believe, the query specific problems around patient matching.

So, the way that 8d is framed says data intermediaries and providers have varying patient matching standards and methods that includes data fields that are included and shared, and methods of return whether it's deterministic or probabilistic in those kinds of...variation in those areas.

But, I also think that what we unearthed during the patient identification and matching initiatives for ONC and the environmental scan was a very broad set of responses to potential duplicate records by data intermediaries, HIEs and HIOs, potentially, maybe not returning information to the end provider of information, their data contributors, that they suspect or have evidence of duplicate records within the data intermediary, data warehouse or through a record locating service. So, I think if we could get a little bit more specific around that this would add another variable in terms of potential governance.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Thank you, Carol, we can certainly follow up with you off line about that. We know patient matching issues abound so we're happy to get more feedback and add that to our bevy or info.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Thanks.

**Mariann Yeager, MBA – Executive Director – Healthway, Inc.**

This is Mariann, since I was mentioned I'll just go through real quick the list if you all are okay with that? Is this a good time?

**Carol Robinson – Principal – Robinson & Associates Consulting**

I think so.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Sure.

**Mariann Yeager, MBA – Executive Director – Healthway, Inc.**

Okay.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

If you could give us a couple of your prioritized items we're happy to hear them now.

**Mariann Yeager, MBA – Executive Director – Healthway, Inc.**

Yeah, well, I would say that a number of the topics on the slide 26 that is currently labeled query I actually think are broader than just query and I'll give a couple of quick examples, one is the issues around choice actually pertain to the release of information that could be in response to a query, it could be in response to other indicators of releasing data, there could be an out-of-band request for data and then it's a push. So, I think categorizing that one as a query, I don't think it's limited to just query, that's really just the ability and authority to release data.

Also, a number of some states actually have laws that actually prohibit them from releasing information unless a specific provider is listed on their consent, so it's just like an access, a consent to access and that has actually...it's essentially shut down the exchange of data of those with governmental healthcare providers who are not part of their consent form as well as across state lines, it has literally shut it down and there are two states confirmed this week no data can flow outside of that. So, that's problematic.

The second is, again, a couple of the others I do think are not specific just to query I think it is just more or less there are different types of policies, a good example would be the issues around patient matching are not unique to query, rather you do have to uniquely...you have to verify their addressing and dealing with the same patient that occurs with an alert as much as anything. So, any time you have to figure out if you're talking about the same patients, we've talked a lot around query but it really pertains to others as well.

And finally, on the issue of accreditation and this was mentioned under Direct, I don't know if it is unique to Direct, but we've heard quite a lot about how accreditation may actually be impeding exchange for those who cannot afford to be accredited and who are being...there is essentially a refusal to share data with someone who has not been accredited and I don't know this for sure, but we've heard it enough that I think it should be elevated. Thank you.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Thank you, this has all been really helpful. We know that there are so many problems and different parts of the ecosystem certain experience some of them and in differing ways than others so it's helpful and we wanted to just make sure that everyone gets a scope of the types of problems and the types of issues we're thinking about when we think about making progress and moving forward. So, we'll continue to have that conversation and I think crystallize the problems that we'd like to address and prioritize and we'll really circle back with this group to make some progress on which of those problems we think are the most important to address.

So, with that I'm going to talk a little bit about what we can do to fix them. We've been thinking internally for several months now about possible models and ways to move forward and obviously there is a number of kind of approaches everything from a do nothing let the system work itself out to really centralizing and doubling down and we'd like to think that our experience in this area has left us pretty well situated to try to figure out a way forward although we could have an argument about that to be sure.

So, we've put together a strawman that we've included on the next slide if you want to go ahead and move forward that I'd like to walk through the group with or walk with through the group and have folks just kind of interrupt me and go ahead and ask questions as we go if anyone has any questions, but also just to level set a little bit.

You know we developed this, we've talked about it with the stakeholders, we think it makes some sense, but obviously there is a baseline question of whether or not a model like this will work and if so, you know, how should we implement it, what kinds of levers and paths should we take to implement, how should we prioritize it and if not is there a model or a series of models that we can kind of patch together that would make more sense or move the community forward in a better direction.

So, please don't feel like we have anything set in stone this is simply a strawman to get the group kind of discussing, but we hope that it's something that will resonant with people.

What we think needs to happen first and foremost is some sort of overarching governance, principle this would kind of create and set a common sense of principles that everybody within the ecosystem would have to kind of get in line with and adhere to, it would be applicable to everybody and it would be very basic kind of touching on the...not, you know, nitty-gritty but just kind of the overarching principles that everyone should look at and adhere to moving forward and we'd obviously look to you to set some of those and to talk a little bit more about what that would look like and how, you know, how we can best tailor that.

And then below that you'll see three arrows pointing downward and those are really to address the more specific parts of the HIE ecosystem. We think it's important that we utilize the type of mechanism or the type of program that is best tailored and best situated to the problem or set of issues that we're looking to solve, so we don't necessarily think that one size or one set of overarching principles is going to make sense or move the entire ecosystem forward.

So, starting on the left we've set up a set of programs that we believe will focus specifically on governance entities so that's all types of governance entities, non-governmental even state government level entities, health systems could certainly be contemplated as an inclusion, anyone that's really setting the rules of the road for a set of participants and we say that broadly, it could be, you know, population sized, very small or very large, but we'd look to set up a deeming or kind of an accreditation program.

And how this would work is basically we'd set up a temporary one to begin with, it would be very lightweight, very easy as we kind of delved into the details of what this type of deeming program needed to look like but it would really establish, you know, the rules of the road for governance entities, what good governance looks like, what the governance structure needs to include, what kind of policies, practices, technical standards and exchange policies really needed to look like and we would kind of give it then our stamp of approval, it would come in house, we would be able to review it and kick it back to the community and say, you know, this looks good to us and we think this will help the environment.

We think this would be helpful just because it would set a single set of expectations for governing entities, it would allow for diversity of governing entities to kind of take place and continue to grow, it would provide a lot of market clarity and increase transparency but would also kind of provide a streamlining of the process so that everyone knows what to expect when they get involved to some degree with any governing entity.

We would have to set this up through regulation, at least initially, but it would primarily be run, you know, below that and on a day-to-day basis through ONC and some kind of partnership with the stakeholders and the public. We are certainly, like I said, interested in hearing back feedback on what folks think that would look like and how we could implement it.

And then if you'll move all the way to the right down at the bottom, we'd like to set up a group of implementation guides and modules that are specific to exchanging entities so anyone on the ground floor who is doing the exchange or facilitating the exchange this would really be focused on the services and the types of information that's being exchanged and what's trying to be obtained. It would create a core set of requirements for each type of use case that would be specific and include technical and policy specifications, this way entities could weave together or connect the types of services that they utilize in order to kind of create a package that's tailored to their business model or the types of services they offer.

We'd like to start with some set of core implementation guide that would be applicable to any type of information exchange and then from that we would look to you guys to really build on the types of services and the types of exchange efforts that we should prioritize and develop implementation guides for.

We've set a list of kind of examples here of things that we've heard that are significant problems in the field including patient matching, provider directories, query, Direct and alerts just because these are the services we've heard back, but we're certainly not...them and that way an entity could say choose the three or four modules that apply most to their kind of business and use case and have a set of obviously just guidance of how to implement that in a way that would support interoperability and exchange instead of siloing it.

And then you'll see there in the center, and after this I promise I'll stop talking for a second, we're looking really to set up a longer term monitoring program and mechanism. It's really difficult and we've really struggled internally with setting up a set of metrics to better understand whether or not we're achieving our goals in exchange, what's happening in the market, where the ecosystem is going and how we can facilitate kind of the improvement and the marching forward of our goals.

So, we'd like to set up those metrics that would kind of be the long-term information circle back loop to say, hey, is (a) our governance structure working, does this make sense, (b) are we achieving any progress in this field and (c), you know, where is our success and where are problems that need more information and kind of more policy initiative and ramp up.

And with that that's kind of an overview of what we were thinking but I'd love to take some questions or hear feedback from folks whether or not this is something that would make sense to people?

**Jitin Asnaani, MBA – Director, Product Innovation - athenahealth**

This is Jitin Asnaani of athenahealth, I have lots and lots of questions and comments on this, but I will...

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Sure, sure we're sure everyone will.

**Jitin Asnaani, MBA – Director, Product Innovation - athenahealth**

Yeah.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

To be sure I just want to set another level for you guys, this is a strawman and it's something that we developed at a high-level, all of the "in-the-weeds" implementation is still being developed and we really want to work through with everyone and we understand that the devil is really in the details and the implementation of this. So, we're looking for kind of questions on the overall framework at this point and then we can delve into any details in follow-up conversations.

**Jitin Asnaani, MBA – Director, Product Innovation - athenahealth**

That makes a ton of sense, so I'll tell you what I will restrict to just really two comments more than questions and then we can take it from there.

One is, you know, looking at the left-hand side I think what we don't want is a certification program that certifies other certification programs for networks without it actually addressing, you know, the sets of problems that Kory detailed out for us on those previous pages.

My initial gut feeling is that it's something that's lightweight and something that adheres more to policy than it does to specific standards and workflows would make sense because that's where there is a lack right now in the industry.

My second comment would be more on the right-hand side, I'm not...I think over here we'd have to understand what the details mean, when you say core implementation guide, I might have just too much of a technical background, but when I think about core implementation guide I think of something specific and the same with the other modules underneath it.

And again specifying that people use specific pieces of software or reference, even reference software doesn't make a ton of sense and I don't know if that's what was intended, I would be surprised if that was intended, but that's where again we'll have to be kind of careful what we put out there.

What we learned in the Direct Project is that even if you come up with a really good piece of excellent reference implementation software, as we did with Direct where we had a Java and a dot.net implementation that was adopted by several companies, it was still not the right solution for all companies and certainly would not have been a sensible thing to require people to use even if it did help others to jump up and start using Direct a little sooner than they otherwise would have.

So, those are my two comments and I think it reflects exactly what you said right now that the devil will be in the details as we start digging in, but I do think as a framework it makes a sensible starting point.

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Jitin, just on your last point to respond, I know we used implementation guide here but we certainly weren't thinking of it in the kind of standard sense. These would be probably more focused on outlining the policies but it could also point to, you know, technical standards saying, hey, here are the ones that have been previously adopted at the national level or these are ones that we think make sense moving forward, but, you know, not in the...we wouldn't be...when we say implementation guide there at the top we're not talking about any kind of standards if that is helpful.

**Jitin Asnaani, MBA – Director, Product Innovation - athenahealth**

That does help, thank you.

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Okay.

**Anjum Khursid, PhD, MPAff, MBBS – Director Health Systems – Louisiana Public Health Institute**

This is Anjum, one more clarification, as I look at this I heard that, you know, we are also looking at the 10-year plan which I think emphasizes the fact that we are not just looking at clinical data exchange we are also thinking of all other kinds of data that inform health and how we integrate that in the future in terms of, you know, in infrastructure.

But the term like, you know, the provider directory or patient matching modules, etcetera, seem to be fairly clinical in their definition. So are we thinking of this...these are just examples which in some ways are scalable in the future as we think of a longer term, you know, principles for governance?

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Yeah, this is Kate, these are certainly examples like I tried to make sure earlier I'm sorry if I confused folks, these are just use cases that we hear a lot but they were certainly kind of going to be updated and include lots of different types of services and models of exchange, and different, you know, use cases across the ecosystem.

**Anjum Khursid, PhD, MPAff, MBBS – Director Health Systems – Louisiana Public Health Institute**

Okay, thank you. We have just started working with some social service organizations in our HIE and the questions that come up are very different from what we have been tackling for just in terms of providers interoperability.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Yeah that makes sense. I mean, we'll certainly look to you all to better help our understanding of where we should start with our service oriented implementation guides and what kinds of issues we should prioritize.

**Tim Pletcher – Executive Director – Michigan Health Information Network Shared Services (MiHIN)**

This is Tim Pletcher, how do you anticipate this framework being consumed? So, I see the reference to sort of an actual HIE and I think someone already asked this question of sort of are we talking about HIOs or are we talking about sort of generic, but this is kind of creating a framework that says, hey, we're really going to look at or empower HIOs.

But how do you anticipate them benefitting from this infrastructure or will it help? What would be the sort of, you know, difference after this is here and ready?

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Yeah, so a couple of things Tim, one, you know, I think as we said before it certainly wasn't our intention or our desire to focus this on HIOs and that type of entity, we really see this as needing to address a broader base than just that and HIE in general.

As far as what it's going help, I mean, again I think when we put this together we were thinking about the problems we outlined that I talked through earlier in thinking about what sort of structure could help address those problems that we see inhibiting exchange today and so a lot of that is the issues around trust and variability, and, you know, kind of policy decisions around the whole host of issues we talked through before.

So, you know, I think we see it as an opportunity to use this sort of approach or whatever, you know, or another approach if something else makes more sense to reduce the variability and increase trust and assurance that people are following good practices that then will enable exchange across entities.

**Tim Pletcher – Executive Director – Michigan Health Information Network Shared Services (MiHIN)**

So, the idea is that providers seeking services, seeking these services from entities will have sort of the transparency to understand what's happening or the standardization will occur through this as it's sort of imposed on those entities?

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Well, I mean, honestly, from my perspective I could see that working in both directions. I mean, so assume you guys go forward with the recommendation and say, hey, you guys...ONC should set up a deeming program or someone should set up a deeming program. If an entity goes through that process, gets a seal-of-approval saying they have met these requirements that's going to make other exchange entities potentially feel more comfortable with them but also it could be the participants or the providers feel that "okay, I have this, you know, seal-of-approval that this organization I want to participate in has met these specific requirements."

**Tim Pletcher – Executive Director – Michigan Health Information Network Shared Services (MiHIN)**

And you see that trickling down all the way through to, okay, here's how the learning module works for these guys and, you know, essentially that same stamp of approval will go on that saying, yes that's a legitimate way to do patient matching, yes that's a legitimate way to go about notifying folks for treatment purposes?

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

I...yes, I think you could, again, I think it would depend on how you...as Kate mentioned the devil is in the details.

**Tim Pletcher – Executive Director – Michigan Health Information Network Shared Services (MiHIN)**

Sure.

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

But I think you could certainly go about this in a way that would do that or you could take a lighter weight approach that would be more here...you know, it could be like our...it could be like best practices and there is not a process of assuring that someone has followed those for those modules. So, I think it's a devil in the detail question there. But I think you could design it either way.

**Carol Robinson – Principal – Robinson & Associates Consulting**

So, Kory, this is Carol, and I received an e-mail from Chris who apparently his Skype line is not allowing him to be heard, so he was wanting me to make sure that I shared a comment that applies to the current conversation I think as well as some of the earlier discussion around Tim and Tony's points about the breadth and depth and recommendations to the Policy Committee, HIT Policy Committee around governance.

And so, Chris's point was unless there is regulation or some sort of incentivizing framework that, you know, the exchange is by and large not moving at the pace that I think was laid out in the HITECH Act and I think we might all agree will be needed to reap the benefits of the Triple Aim.

So, Chris's point was that this governance effort, while maybe not as comprehensive as a, you know, full regulatory framework it may, you know, we'll get to those details through this process, but the effort will, even if it's small, provide an incentive to adhere to a set of recommendations however those come out.

So, I think that's the point that Chris would like to make is that no matter where this ends up its progress and so if it's a seal-of-approval or an interoperability oath or something along those lines that folks are making and, you know, around security, privacy, you know, use of certain standards whatever those inclusions are that it does provide another niche in progress along the way. So, I hope I've expressed that right, Chris, and you can correct me next time if I've muffed it.

**Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University**

Hi, this is Melissa, I actually have a question that somewhat dovetails off of Chris's comments. Kate I believe you said that you had received feedback on this strawman from stakeholders and what I'm wondering is we've put out an RFI years ago and got a lot of feedback and then decided not to proceed with rulemaking, but this strawman actually contemplates rulemaking perhaps not at the temporary deeming program but the third bullet says the permanent, if I'm understanding it right, the permanent deeming program would have to be established through rulemaking. So, this strawman is also contemplating rulemaking at some point.

So, I'm wondering how was the feedback from the stakeholders different from the feedback that you guys received to the RFI?

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

So, I want to be clear that we certainly have not engaged in any kind of widespread or nationwide, you know, call and response in terms of gauging stakeholders interest in an ONC rulemaking and I apologize if I was unclear about that.

We have talked to a lot of stakeholders and through a governance forum and various other kind of engagements and, you know, I think just off the top of my head the feedback we've received is mixed on the government's front and we're certainly looking for your input and this group's input about it, you know, a lot of people have made the comment to us that while they were not very vocal through the RFI they do believe there is a role for rulemaking especially as the ecosystem continues to develop in a silo'd and uneven way that this would make some sense. Other folks maintain their position that it's not a good idea and we've kind of heard everything in between including a really neutral understanding of these situations.

So, we look to your feedback as well on what you think makes sense, whether or not a regulation is something we should pursue or not and if so how big or how small that should be and the nature of it.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Yeah, if I could jump here, Melissa, this is Jodi, I think we want to have an open conversation about the best role for ONC. We know that there are challenges that still exist. We know that there are some areas where there has been effective exchange but to get to nationwide exchange that...we believe that we need to figure out how to crack that nut and be able to make progress.

We are putting forward a strawman for folks to react to, you guys can say this is great, go ahead. You can say "yeah, do this but it should be tweaked this way." You might have a better suggestion on how we can proceed.

I really think we want to have an open conversation about how we can address governance for health information exchange and what the appropriate role for ONC is and I think, you know, all approaches are open for discussion.

I think, you know, regulation, there may be an appropriate role for regulation perhaps in a limited way and we'd like you all to discuss that and give us feedback on that and that's why we're bringing it to the advisory committee to have that discussion, to have it done in a public forum and for you all to help us in thinking through and providing the wisdom as to a thoughtful direction forward.

You know, we know that there are...interoperability and scaling interoperability is a significant priority for ONC and this is one of the five building blocks for achieving that and we're looking for you to give us input on how best we can do that.

So, you know, it's always easier to react to something that you see before you rather than develop something from...so we wanted to give a strawman for folks to react to and we really do look forward to a thoughtful discussion on how we can proceed.

**Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University**

Thanks, that's helpful Jodi.

**M**

The...I would really think that if you manage to stick in your one on the far right, identity management, and consent you'd have sort of most of the big infrastructure use cases on the list and I almost think you could take that and use those use cases to focus most of the conversation and the dialog and so you wouldn't need to get lost in the stuff over on the left until much later, right, if you almost took a use case approach and said, all right what are the governance and rules of engagement type issues around patient matching, alerting, Direct, query, provider directory, identity and consent management.

You know I think you'd cover most of the dimensions there and then instead of starting top down you would really start it over on the far right and work down. I think that would be a very strong way to do it and more tangible for people than the top down feeling or sort of starting with deeming. I think it might be more actionable if you started in that category, we started in that category.

**Carol Robinson – Principal – Robinson & Associates Consulting**

So, this is Carol, in terms of that I do have a question, I agree that for most treatment use cases that if you added identity management and consent policies modules essentially that you would have that, but is there a secondary use module that would need to be added as well? Is that just too much of the apple to bite?

**M**

Well, then...so, since you asked I think you take those scenarios and you do treatment, payment and healthcare operations and then you do special populations, you know, like HIV, minors, substance abuse and again play them against those same use case categories.

And then you do other purposes, right, which could range, everything at that point from scenarios and I think probably your consent drags you there. I would like to opt into a clinical trial. I would like to opt into some commercial third-party thing. I would like to opt into some sort of research program, okay, I'm done with that now, you know, I think those things start to happen as you explode the consent space and it obviously is a very big hairy cliff, but...so I think you could just start in humble treatment and wander yourself right through the rest with just those modules tackling "more complex" as you go along.

You know, treatment says care coordination in its definition for HIPAA that's like jumping off a big cliff all by itself, but what is care coordination? When we wrote HIPAA we didn't mean care coordination in the sense that we mean care coordination now. So, I think there is plenty to munch on with just saying treatment for right now, but it becomes reusable work for the other broader scopes.

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Okay, well, great, so this has been a great discussion. I just want to point out we're almost at time and we still need to take public comment. Jodi or Carol I don't know if you guys want to give any closing statements before we jump into the public comment?

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Carol, I'd defer to you.

**Carol Robinson – Principal – Robinson & Associates Consulting**

My closing statement would just be thank you for a terrific conversation. I think, you know, as we walk through it that we'll all see, you know, as it's been described as thorny and hairy a couple of times, you know, that this is tough work and that's why it hasn't...you know, it's been done incrementally so far and will need to continue to be incremental work and that we need the expertise of everyone on this group, it's just a terrific group of diverse experience and knowledge base that I think we'll learn a lot from each other and thank you for your participation in the conversation today. And, I'll give it back to Michelle for public comment and I want to thank my Co-Chair Chris as well from Germany in listening in, he'll be much more vocally engaged in our next call I'm sure.

**Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology**

Michelle?

**Public Comment**

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Operator, can you open the lines for public comment and let the public know how to go about doing that?

**Caitlin Collins – Junior Project Manager – 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 phone and would like to make a public comment please press \*1 at this time. We do not have any comment at this time.

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Great, thank you. So, just one last thing to mention, as we talked...and this is Kory by the way, as we talked about it a few times during the call we are planning to hold some listening sessions moving forward to hear from a variety of stakeholders interested in this space, so we'll be having an administrative call over the next couple of weeks to get input and feedback on who we should invite and how we should structure those listening sessions. So, just be on the lookout for that coming onto your calendar and with that thanks everybody again. Thanks Carol and Chris for helping lead this and for everybody's time today.

**Carol Robinson – Principal – Robinson & Associates Consulting**

Thanks to you as well.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Thanks, everyone.

**W**

Bye-bye.