



HIT Policy Committee Interoperability & Health Information Exchange Workgroup Final Transcript October 9, 2014

Presentation

Operator

All lines bridged with the public.

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

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Interoperability and Health Information Exchange Workgroup. This is the first meeting of this workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Micky Tripathi?

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Here.

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

Hi, Micky. Chris Lehmann?

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

Good morning, Michelle.

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

Hi, Chris. Arien Malec?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Howdy.

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

Hi, Arien. Barclay Butler? Beth Morrow? Brian Ahier?

Brian Ahier – President – Medicity

I'm here.

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

Hi, Brian. Carl Dvorak?

Carl Dvorak – President – EPIC Systems Corporation

I'm here.

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

Hi, Carl. David McCallie? David Whitlinger? Deven McGraw? Jitin Asnaani? Kitt Winter? Landen Bain?

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium

I'm here.

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

Hi, Landen.

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium

Hi.

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

Larry Garber? Marc Probst? Margaret Donahue? Melissa Goldstein?

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

I'm here.

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

Hi, Melissa.

Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability - Veterans Health Administration

Margaret Donahue is here, too.

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

Hi, Margaret, thank you.

Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability – Veterans Health Administration

Okay.

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

Shelly Spiro?

Shelly Spiro – Executive Director - Pharmacy e-Health Information Technology Collaborative

Hi, Michelle, Shelly Spiro, I'm here.

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

Hi, Shelly. Tony Gilman? Wes Rishel? And from ONC, do we have Kory Mertz?

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

I'm here.

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

Hi, Kory. And are there any other ONC staff members on the line?

Lee Stevens – Policy Director, State Health Information Exchange Program – Office of the National Coordinator for Health Information Technology

Hey Michelle, it's Lee Stevens.

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

Hi, Lee. And with that, I'll turn it back to you Micky and Chris.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great. Well thanks Michelle and thanks everyone for joining the next version of the Interoperability & Health Information Exchange Workgroup we're now called. So first important question, are we going to be called the IO Workgroup? Is that...Michelle and Kory; is that what you've been calling us internally?

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

No, I've been calling it I think IE, I don't know, we can call it whatever you want, okay.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

All right, that's going to be our first workgroup decision is what are we called?

M

The Internet Explorer Workgroup.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I thought of I double E, which I thought was kind of cool or double I-E, yeah.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

The double I-E workgroup. Oh, so we could do that, the Interoperability and...okay, I've been calling it the IO workgroup because it's faster to type, IOWG.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Cool...

M

On the website it's listed as IIE.

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

Yes, I didn't want to do IHIE, so I did IIE, but we are happy to do whatever you want.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

All right, we'll consider that a "to do," to figure that out. That's an important one. Okay, well welcome everyone, thank you for joining and I think we've got a lot of really cool work and a lot of work ahead of us over the next six months anyway, which is what the roadmap, or at least...I'm not going to use the word roadmap, which is what our plan has.

And we've sort of reconstituted ourselves to bring in a different group of voices, try to get a lot of representation from different types of organizations and different people, so welcome to those of you who haven't been...who weren't on the previous group before we restructured. And we're delighted you've been willing and able to join and look forward to working with you. And in that vein, I want to welcome and thank Chris Lehmann as the Co-Chair and delighted that Chris is willing to make the time to help us here. So let me see if Chris, if you have any introductory remarks or want to introduce yourself a little bit and then we can get started.

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

Thank you, Micky. Let's see if you still will say that in a couple of weeks from now. I'm Chris Lehmann, I work at Vanderbilt and I am on the HIT Policy Committee because I represent vulnerable population, in my case that's children. And I very much appreciate the opportunity to Co-Chair this with Micky and I just got finished Co-Chairing with Carol Robinson the Governance Sub-Workgroup and we will talk a little bit about the results today.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Great, thanks Chris. So why don't we dive right in; if we could go to the next slide here. Mine hasn't moved I don't know if anyone else's has. So what we want to do today is review the charge and the work plan for the group itself, we'll try to cover that pretty quickly. And then we want to get into what Chris just mentioned, which is the Governance Sub-Workgroup recommendations on HIE governance. So, just a quick background on that and then we'll dive into the first part of the agenda.

There is a sub-workgroup that is, and Kory and Michelle, correct me if I say any of this wrong. There is a sub-group that was focused on HIE governance that is technically a sub-workgroup of this group, the IO Workgroup, I'm going to call it the IO Workgroup for now, of the IO Workgroup. So technically it's a sub-workgroup of this group, but because this group hadn't been formally reconstituted and we were...and I personally was in the Co-Chair of the JASON Task Force, the thought was, well let's not...it'll be sort of structurally a sub-workgroup of this workgroup, but we won't sort of have that formal process of sub-workgroup reporting to the workgroup and that whole hierarchical process for the recommendations that come out in the first round here, just because of the timing of it and because we wanted ONC, I think, in particular and the Policy Committee at large wanted a focus group focusing on these governance questions.

So, that got launched, it is technically a sub-workgroup of this workgroup, which is why they're going to be presenting their recommendations here. But they will be going on to present these recommendations or, based on feedback that we give them here, these recommendations on October 15 at the joint Policy and Standards Committee meeting, the all-day meeting on interoperability that the JASON Task Force also is going to be reporting there and I think there is probably some other stuff on the agenda as well. But the Governance Sub-Workgroup will be presenting there.

After that, this workgroup will essentially be taking the recommendations from the JASON Task Force and the Governance Workgroup and anything else that we want to bring to the table to form the work that we're going to be doing going forward that I'll talk about in the work plan related to the ONC roadmap and then also a little bit further down the road, the review of the NPRMs, both on the certification side and the Meaningful Use side.

So with that said, so we're going to get the presentation now from the Governance Sub-Workgroup a little bit later in this meeting, they're going to be presenting to the joint meeting next week. One just sort of caveat I wanted to make is that we, because of sort of the timing of this and we're just getting this presentation and all of a sudden, Monday at 10 a.m. Michelle is telling us we've got to have all this stuff done, I just want everyone on the workgroup to recognize that we are going to be revisiting all of this after October 15.

So we certainly want to have the discussion, have some feedback here that Chris and Carol can take and incorporate, but I just want everyone to recognize that this isn't our last sort of review and ability to engage in this topic, or on these specific recommendations that we will get this again once it comes back to us after October 15. So, I think it's a little bit lower bar for us in terms of today and we certainly want to provide guidance and anything will be helpful for Chris and Carol. But I don't think we need to worry about it being a formal review as formal output from this workgroup, again because of the way this thing got structured to support the meeting on October 15 and because we'll be able to weigh in again afterward.

So Kory and Michelle, did I say all that right.

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

Yeah.

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

Micky, if I may jump in.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah.

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

I just...I appreciate you laying this out and I think it's important to point out that one of the charges of this group will be not just to revisit what the Governance Sub-Group suggested, but also look at the JASON Task Force and then take two recommendations, two reports that might be congruent in parts, but not...pretty guaranteed not to be congruent 100% and find out how to put them together and come up with a recommendation that combines the best parts of both of those sub-groups. So, I think that's important to know, that there's a lot of work in figuring out what the final recommendations will be.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup, absolutely. Okay, great. Well with that as sort of a prelude here, why don't we just dive in and get through some of the initial administrative stuff for this workgroup and then we can turn to Carol and Chris for the presentation on the governance work. So, next slide please. Now, my slides aren't advancing, is it just me?

David W. Whitlinger – Executive Director – New York eHealth Collaborative

Nah, I've got a spinning wheel and nothing else.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, well, so I'm just working offline, all of you should have received this presentation so I'll just keep going, assuming you can work locally and then hopefully this WebEx will come back.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

Just shout out the slide numbers.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Sorry, yeah, I'll call out the slide numbers. I'm on slide 2 now, the HITPC Workgroup and Chairs. I'll give a high level and Kory, tell me if there's anything else you want to say about this. But there has been a reconstitution of the workgroups that I think all of you are familiar with, Karen and Paul both still Chair and Co-Chair or Vice-Chair the Policy Committee itself.

And then there have been a number of groups that either like ours, just got reconstituted, but are basically focused on the same thing, Privacy and Security is in the same vein. But then there are some others that are sort of addressing issues that perhaps are now more at the forefront and need some workgroups and some other workgroups went away. But as you can see here, there's one on Strategy and Innovation, one on Advanced Health Models, Implementation Usability, ours, Privacy and Security and then a Consumer one. And I think there's an executive committee somewhere in here that's playing a little bit more of a role in helping to prioritize and align the work of all the different workgroups, is that right Michelle?

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

That's right, but it won't be public calls, it will be administrative calls doing that.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. Right. Okay, is there anything else that I should mention on this slide?

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

No, I mean, we just wanted to show this slide to really say that this is an opportunity to restructure and align with ONC initiatives and ONC's strategic thinking going forward. And it really is more than just a reconstitution of the old groups, but making sure that we have the right perspectives and experience in all the groups and making sure we're in alignment with where ONC is headed.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great. Or change the direction of where ONC is headed. We're an Advisory Committee.

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

Yes.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

So, okay, I'm on slide 3 now. In terms of the charge, I won't go down each one of these; I think all of you pretty much know that...what the basic portfolio is here of things we're going to focus on, some of the examples are on the bottom. And I think like with almost all of the workgroups, at least the ones I've been involved in; a whole bunch of it starts to become somewhat tactical as well. Issues arise, some things may pop up in other workgroup that we're then asked to look at for a couple of meetings. So, a lot of that sort of happens along the way. We'll talk about the work plan in a minute, which we'll talk a little bit...which gives, I think, a much better flavor of what our charge is overall.

So on slide 4, this is more for those who are new to this workgroup and perhaps new to the workgroup process itself. I don't know Michelle, do you want to run through these because some of these are more sort of administrative in nature.

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

Yeah, so we just for those members that are new; and most of this group is people who have participated in the past. But we did implement a few new guidelines and we also shared with today's materials standard operating procedures for all members. There's a PowerPoint and a Word document. So I just wanted to highlight a few key points that we expect of all of our volunteers. We're hoping, as I mentioned earlier, to have diverse perspectives, experience and diversity of person in all of our groups.

That said we want to make sure that everyone is participating the way that we had envisioned for each group. So there will be summaries shared after each meeting and in that summary will be a list of attendance and there will be any members who aren't parti...who have missed more than 5 meetings will be asked to be removed from the list because we want to make sure that everyone is actively engaged and participating the way that we had expected. We'll be revisiting membership on a quarterly basis to ensure that we do have the right perspective on the group and we may need to add additional participants based upon where we are at and the charges for the groups.

So, also on us is hopefully we'll be able to get material to you much sooner, at least 24 hours in advance, hopefully even sooner than that. And we are hopeful that we give you enough time so you're able to review materials and come and have a thoughtful discussion. So, thank you to all of you who have agreed to participate. We know this takes up a substantial amount of your time and we greatly appreciate it.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Great, thanks Michelle. And as always, we get terrific support from Kory and Michelle, so I want to thank you up front for all that you're going to do for us in the future...so, I'm on slide 5. In terms of the membership, we talked about me and Chris but just so everyone knows everyone else who's on the group and what their organization affiliation is here. Some people have been on the group before and as we said, the idea here was try to get as much cross-representation as we can along multiple dimensions so that we're getting a good, sort of holistic perspective on HIE policy areas.

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

Micky, I just want to note...so, I'm not sure, I can see the slides online, but I'm not sure if they've updated for other people. What you can see online...what was sent out we just made an update to. We have a couple of members that we've added as liaison members that were part of the JASON Task Force but also can assist us following the charge on October 15. And that's Deven McGraw and David McCallie. And the ex officio members weren't initially listed on the membership list and so those are also there, so if you can't see them, that's Kitt Winter, Margaret Donahue and Barclay Butler.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Right.

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

So, just a little note, thank you.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great. Yeah, and I actually can see the WebEx now so for everyone, we can turn back to that now. Next slide, please.

So this, in terms of the FACA milestones, which is sort of aligned with our work, there are two big pieces here for this workgroup. There's...for this workgroup, there's really nothing formal or engaged that we have to do for next week's meeting. We're going to provide input to the Governance Sub-Workgroup, that's really the only sort of responsibility that we have. On October 15, Carol and Chris will be presenting their governance recommendations, David McCallie and I will be presenting JASON Task Force, and again, there will be other stuff there.

But coming out of that, we want to take those two key inputs, the JASON Task Force and the governance output, as well as again anything else that we think is important, to do two key things. One is providing input to the Interoperability Roadmap and as you can see there, by mid-Decemberish, we want to be providing input and recommendations and feedback back to ONC on the Interoperability Roadmap. And then the second...let me just pause here, we're going to be getting on October 15, is there going to be a new version of that that's released and that's what we'll be digging into? Is that right, Kory or Michelle?

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

So, Micky at October 15, Erica is going to be presenting kind of a high level overview of where we are with the kind of a very early, like 0.5 version of the roadmap. And the idea is, before developing the kind of first version that we're going to put out in January, we want this group to take those two inputs and others that you just talked about and then form the development of that full version.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Okay. And the idea is that that full version is what gets posted in early January?

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

Yes.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. And then the sec...well actually I said two, I didn't really notice the Federal HIT Strategic Plan, could you describe that a little bit, I'm not that familiar with that.

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

Yeah, so I'll speak to that. So there actually are three major milestones coming up for the FACAs. The Interoperability Roadmap, the Federal Health IT Strategic Plan and commenting on MU3 or the Certification Rule. Unfortunately the timing of those is they're all probably going to overlap a little bit, so we'll need to figure out the best place for people to take on that work. There probably will be lead workgroups assigned to different things, but the Federal Health IT Strategic Plan is the role of ONC for all of our federal partners and that will also be posted for public comment. The Interoperability Roadmap is actually just one piece of the Strategic Plan.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

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

So there may be a piece for this group to weigh in on as well, but this group will certainly be the lead group commenting on the Interoperability Roadmap, so you may not have time to weigh in on that. We'll have to see, depending on timing.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. And then the last thing, as Michelle said, is the comments on the NPRMs, both on the Meaningful Use side as well as the Certification side, which I assume are going to...well, I guess this suggests, with a lot of fuzziness around the edges there, late Novemberish, early Decemberish release and a mid to late Februaryish deadline for comments back on those. Okay, so for the next 6 months we certainly have our work cut out for us, but I think we'd all agree it's all very interesting and important work. So, I think that's why we all volunteer to be on these committees.

Are there any questions, comments on this? No, okay. Next slide, please. I don't know that we need to go into this detail, it seems like we covered it at the higher level, so why don't we go to the next slide.

So in terms of the schedule, we've got this meeting kicking us off, and where are we, October 9, and then I guess we've got another one on October 21, and that's where we'll be able to take into account, we'll get a review of the JASON Task Force recommendations, we're doing governance today, we'll do JASON Task Force then. We'll take in the feedback from the October 15 meeting, from the governance...on the governance work and the JASON Task Force work and then we'll start to figure out the plan for the Interoperability Roadmap. Oh, and we'll have Erica's presentation as well, those are sort of the three key inputs that we'll have at that point. And then it looks like we have one, two, three, four, five meetings before we have to present to the Policy Committee on December 2 on the roadmap.

And then that last...this last point, I think, and Kory correct me if I'm wrong here, on December 16, both the Governance Workgroup as well as the JASON Task Force have recommendations related to ONC's playing a more assertive role in monitoring interoperability, monitoring what...how would we actually measure in some meaningful way what the state of interoperability is, both in terms of state as well as in terms of trajectory. So, I suspect...I assume that that's what that meeting is about, for us to be able to provide some input based on those recommendations and any other wisdom and guidance we can bring to bear to help ONC think about how one would actually do that.

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

Yes, exactly Micky. And I think...depending, I think, on how much you get into that and some of the feedback leading up to December 2, maybe we won't need that call on December 16, but I thought it could be an opportunity for ONC to come talk about some of what we've been thinking as far as measurement and have that conversation and get feedback and input from the workgroup.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great. Okay, unless there's anything else on the administrative side, I am delighted to get off the stage and turn it over to Chris and Carol to talk about the Governance Sub-Group. No, no other questions. So first let me just say, Chris and Carol, thanks for setting aside the time. Well Chris, you're required to be here, but Carol, thank you for setting aside the time to join us. And I know this has been...you were handed one of the thorniest issues in all of interoperability and were given what, like 3 meetings to figure it out before you have to present to the country, right? So, we really appreciate all the hard work that's gone into it and really appreciate you're providing these recommendations here for discussion.

Carol Robinson – Principal – Robinson & Associates Consulting

Well thank you very much. Chris, do you want to kick us off?

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

Sure, why don't we do it this way that I start out with a little bit of an introduction of the work process and what we tried to accomplish. And talk a little bit also about the complexities and the challenges that we encountered.

So as Micky already pointed out, one of the tasks for the subgroup was to come up with some rules of the road about governance related to HIE and interoperability going forward. And the big overarching question that we coalesced to, about halfway into the discussion when we realized we were trying to bite off a little bit too much for the short period of time that we had, was that we focused on one particular question. And I think if you go ahead and move to...I'll go into the membership in a moment, one particular question was that we wanted to identify with the current governance approach that ONC has been taking, will we be able to, as a community, as patients and providers, will we be able to reach the 3-year goal that the ONC put out there, that patients and providers will be able to send, find, receive and use a basic set of essential health information across the healthcare continuum.

So the question was can we, with the current governance, reach that goal? And the answer to that question was to inform our subgroup to define what governance tools should or shouldn't be added to the list of tools and abilities that ONC currently has. So the membership of this subgroup, Carol Robinson, who is on the call, has been doing the leading, this is my first involvement with an ONC...with the ONC process and I'm very grateful to Carol for taking me by the hand and making sure I didn't go completely astray. And you see on the current slide, the membership of the subgroup and we are very appreciative to everybody who participated.

There is an important point that I would like to make, just as you see on the slide, this is a very diverse group and when you are tasked to come up with a proposal, usually the proposal boils down to the smallest common denominator. Something that everybody can agree upon and that doesn't impact the special interest or the potential conflict that any of the group members have in regards to the way...how they perceive and see interoperability should be achieved. So, especially when it comes to governance there are very strong opinions, depending on where you're coming from and what your perception is of the appropriate way of doing it or what business interests are represented.

So it made a very tough charge, very few meetings to come up with a governance straw man. It made it very complicated and difficult and as I said, what we are presenting to you today represents the lowest common denominator of the group. I'm going to stop here and see if Carol has anything to add to that.

Carol Robinson – Principal – Robinson & Associates Consulting

No, you're doing great. I think you've expressed it very clearly in terms of the challenges.

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

Then let's go to the next slide. So, you heard me say that the underlying question that we were supposed to answer was to...first of all, we were supposed to answer the question, are we on the right path, are we going to get there in three years? And then the overall charge that we had was to identify the substance, the scope and the process or processes that ONC should use to define the approach to establish rules of the road, you know, the traffic rules necessary for information to flow and to have providers like me, who get patients from other hospitals in the middle of the night, get the data that they need.

And we should...we were tasked to address key problems related to trust and exchange across diverse entities and provide...look at misaligned and inconsistent policies and procedures, look at privacy policy and practices as well as inconsistent policies and technical agendas of different governance bodies; so, a very big charge that we set out to. All right, next slide. And Carol, feel free to interrupt me at any time.

So, you heard me say we revised our goal when we realized that we were not going to come to a resolve that was going to address all of this. And we asked...we were asked to respond to those two questions, number one, is what we're doing today, and is this sufficient? And number two...and it kind of implies that the answer to that maybe, maybe not, probably not; number two is, what focused actions should the government and ONC take to best protect the interest that the public and the providers have to improve healthcare, improve the health of the public, reduce costs all through health information exchange. So we were tasked to think about what's in the best interest of the public in order to get health information exchange going. Next slide.

And, timeline, you can see the only two items is today we are reporting to this workgroup and then on Wednesday we hopefully will have the final recommendation to this workgroup to the joint meeting. Next slide.

So you've heard me talk about this now multiple times. We argued this question and debated this question for quite a while, and go to the next slide, please. And the answer is, as you can see in this slide, it's complex. So I think it's fair to say that there are two...that there were two major perceptions of the current process. There was one group that believe that the velocity of change, so the change that we're seeing health information exchange being implemented and then data actually reaching the appropriate recipients, that the velocity of this change is not sufficient. And who came to the conclusion that without additional government involvement, the industry is unlikely to solve the key governance problems themselves. And the key governance problems are focused on that 3-year goal that we're talking about.

This group focused on the fact that the industry is currently implementing standards in a variety of ways. I don't know how many of you saw today's publication in JAMIA about how many beautiful ways there are to have C-CDA created. That there are a variety of policy approaches to key governance questions and this group also felt that there was a need to have additional government involvement to drive consensus and move on.

There was a separate group also within the workgroup who felt that the current velocity of change is adequate and who believe that the industry would reach the goal of interoperability within 3 years, assuming that there are additional targeted initiatives. So, these folks felt that there was a great variety of interoperable networks and approaches and that stakeholders actually were actively coming together to approach and solve those key problems. And while these folks believe that there's an important role for the government to play, that it's...that the current balance...the current approach that the government has been taking for lots of years is the right balance between action and inaction.

So, and a lot of the current issues we're seeing really as really as challenges in implementation issues and that the approaches to be taken need to be nimble and should be slowed down by a larger government role. So you can see, we started out from very different ends of the spectrum in our perception of what is going on in the field. And I think those perceptions, to be fair, are driven by the individual subgroup member's experience in their work. People who have their sleeves rolled up and working on exchange every day may have a different experience than people like me who are providers who are not experience any meaningful exchange as of to date.

So, to summarize this, there was an overall perception, however, that ONC is required to enable all the communities that are involved to reach a 3-year goal and that there is...there are different ways of approaching with targeted initiatives or with a more active governance role, depending on where you came from and how you were perceiving current velocity. I'm going to take a pause there; Carol, anything that I forgot in this slide?

Carol Robinson – Principal – Robinson & Associates Consulting

I think you've represented it very accurately Chris, thanks.

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

Thank you, next slide. So the next question that we...after we realized we weren't coming to a wholehearted agreement on what the current state and the current approach, where it will get us in three years, the next question we approached was, what governance focused action should the government take to protect the public interest in seeing HIE blossom and take off, to include the improving of healthcare, improving the public health and reducing cost in the immediate future? Next slide.

So again, even though the opinions were varying, I think there was an overall consensus in the group that the ONC definitely should continue its current approaches and should have the opportunity and should be handed tools to expand and build on them for potential mechanisms that may include, but are not limited to. So, we did not want to slam the door shut on anything that the ONC might deem in the future necessary, but there are certain things that came up to the top as potential things to address.

So, in regards to legal and business frameworks, there was the proposal that building on the Governance Framework for Trusted Electronic Health Information Exchange the ONC could develop a formal set of governance principles. To address implementation issues, the ONC could issue guidance on important interoperability issues to support an alignment across the industry and a convergence in the marketplace. Examples included the Direct implementation guidelines to assure security and interoperability, for example.

It was discussed that regulation, if utilized, should be undertaken carefully. And the majority, I think, felt that a light touch should be used to remove impediments to create an environment for opportunity and to provide the national goals. There was a clear opinion that the federal activities should be better aligned. Federal activities aligned should...means guidance that is issued should encourage consistent marketplace adoption and use. So, that was something that was relatively, I perceived, uncontroversial.

Moving on...and we are now coming to another recommendation that was discussed. And the devil is always in the details of formulating, but I think all fine, I think we reached consensus that a public-private collaborative consortium might be a tool that the ONC could use to help with designated governance authorities. So one of the things that was discussed extensively is, we don't want the consortium to be a bottleneck that will slow down, but ONC could start to establish, identify a public-private collaborative consortium that should be modeled from best practices, based on other non-profit government deemed organizations, and there are some examples on the slide.

And the role of the consortium could be identification of issues, prioritization of issues and then evaluation of these issues; and they can be technical, operational, financial and policy. And these issues that impede interoperability or threaten security, privacy or threaten the development of active exchange, these could fall under the purview of the consortium and that has the opportunity to apply government levers where they're needed, coordinate across multiple industry consortia, coordinate and with standard development organizations, state, federal and private sector initiative.

It was very clear, and you heard my concerns about working in this complex, multi-stakeholder environment that we are currently in as well, the appropriate structure, criteria and balance of members in the consortium is going to be critical. Because it will determine whether a consortium actually will take big steps to move things forward or whether they will be stymied by the different conflicts of interest and different perceptions of its members. And so the consortium should have the ability to strike the right balance of government involvement in the consortium itself. So, it's going to be critical to the success that we have the right stakeholders from industry and government and states, etcetera, and patients and provider representatives to have to buy in and to move this forward.

For the consortium, the group felt that the design principles that ONC should consider should be that the consortium work should focus on market-based use cases and it's very clear that this is not going to be a static thing that this will evolve significantly over time. The consortium should partner with the relevant organizations and that will change as well over time as relevance will increase or decrease over time. And the experience that was had with the National eHealth Collaborative and other governance initiatives should inform the consortium in designing the operating and governance principles for this group.

Carol I'm going to pause for a moment and see if you want to jump in or have anything to add.

Carol Robinson – Principal – Robinson & Associates Consulting

Sure Chris, thanks. I think that one of the or a few of the key comments and points that we'd like to make about the difference between the recommendation that you're seeing around this and some of the former collaboratives that have been sponsored or funded through ONC such as NeHC in the past is that we are leaving the door open in terms of this recommendation for ONC to consider regulatory or sub-regulatory types of authorities to be built into this...the bylaws or the charter of this type of consortium group.

And that would be quite different than what has occurred in the past either from the FACAs or from the groups like AHIC and NeHC in the past that have done great work in terms of bringing people together, trying to find collaboration around tough issues and consensus around directions and new policies or procedures. And groups that have also done terrific work in terms of providing education opportunities, really bringing people together for learning collaboratives and those types of things that have been so valuable in the past.

I think that where we really came down on this particular recommendation was that if it is not the full consensus of the group that the current direction of ONC would get us to the 3-year goal within an Interoperability Roadmap of send, find, receive and use health information at every point along the continuum of a person's care, then how would you prioritize that...the work that would need to be done and how would the industry and the various parts of government that could...that need to come together for these kinds of decisions. How would that prioritization occur? How would those next steps of whether there is...are there levers that we'll show you a little bit later in the slides, that need to be pulled quicker, faster, harder?

And so that's really where we were trying to differentiate this from previous types of funded consortium groups in the health information sphere...exchange sphere I should say. And the other thing that I think is important to note, there was a lot of discussion around the...in the absence of federal organized governance of some type, that states are taking this mantle up individually and either through legislation or through other sub-regulatory policies across the country are setting rules of the road for health information exchange within their own state boundaries.

And this is...while it may be considered to be a responsible response on the part of states, to make sure that the security and privacy and fidelity of the health information networks occurring or operating within their states are set up in ways that are very responsible, of course, it also creates a patchwork quilt of rules and operating policies for organizations and many, many healthcare organizations function in different states, in multiple states. And patients don't receive all their healthcare in one state, as we all know, so this was also an intentional response to think about how the country as a whole could consider the issues a little bit more cohesively across states. And so state representation would be certainly something that I think should be considered in the future, in terms of representation on this type of consortium. So, I'll pause there.

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

Thank you, Carol. I think that is a really valuable add that you did there. You know, as a pediatrician, I know how painful and cumbersome it is that the members of my professional organization have to report to 57 different state and territory Medicaid programs and every one has a slightly different Meaningful Use regulation and different data elements that they want to see. So, I think the notion of pre-empting 57 different state and territory rules is a very important one in this discussion.

Well, then let's go to the next slide, please. Other suggestions and items that came up was education. Education was something else fairly uncontroversial that ONC could consider, an education campaign to encourage providers, vendors, payers, patients, etcetera to adopt and use. And as part of that, the recommendation was to publish studies or encourage the studies that look at the benefits of health information exchange that could be case studies, return of investments, etcetera. So, that was something that I think was easily agreed upon by the group.

And another thing that came out of the discussion because we had such varying perception of the state and the velocity of health information exchange, it was clear that there is a need to measure and report HIE progress. And as part of the Interoperability Roadmap, it was suggested that the ONC could develop and deploy a national measurement and reporting plan to track and measure progress in adoption and use.

And you can see the couple of sub-points, looks at...established and defines core set of standards, the standard HIE measures for vendors, payers and providers. Articulate and prioritize the use cases that have high value and measure progress toward adoption. Establish a current benchmark of the state of HIE between varying EHRs and organizations across HIE networks. And look at a timeline with realistic milestones that considers the maturity of implementation and use of HIT. So all of these really boil down to is we want quality measure reporting for HIE. And that was something that I think was fairly easily agreed upon, too. And next slide.

And we said from the very onset that the group did not want to place any restrictions on the Office of the National Coordinator in the tools that they should be able to use in the governance process. However, there are a couple of things that percolated to the top and that members of this workgroup thought might be good federal levers that ONC might use, and these were ones that found endorsement by some, if not all of the members of the group. Using leverage of the government as federal benefits purchaser, through the federal benefits purchaser requirements, through federal agency requirements, incentives and penalties and there are a number of examples on this slide, you know, the government as a provider through the Department of Defense or VA, as a purchaser CMS for example through the Medicaid Program, Meaningful Use, also as a purchaser through Medicare, as a grantor, so looking at the different granting agencies. As a regulator and you see regulating groups there, and as a researcher, which goes along with the grantor part, except that it might be done in-house.

There is the possibility that if ONC doesn't take the governance approach quickly, decisively, that Congress may act, we already heard that states may act, but there is the possibility that an Act of Congress will look at HIE and look at the governance of it. There are other federal devel...non-regulatory tools that could be used, frequently asked questions, toolkits, implementation guides, testing suites and etcetera. The ONC could work as a market convener and you see some examples there. And we already discussed communication, outreach and education. And one of the things that was discussed that current regulations and other levers in place today should be evaluated and examined to see actually if they are favorable or a disincentive to desired behaviors that we want to see in the HIE market. And then that ONC uses that review to align the incentives with market-based use cases.

So, these were other recommendations that the group discussed and where at least some of the members of the group were in favor of, but it was...I think it's critical to say that we did not exclude anything that is not on the slide, we didn't exclude any other possible ways for the government, for ONC to get involved in the governance process. I'm going to pause for Carol to add any comments that she might have.

Carol Robinson – Principal – Robinson & Associates Consulting

I think that you've summarized that effectively. I think that the only thing that I would add is that again, there are a lot of levers build into federal agency requirements and the alignment that you heard earlier of different federal agency policies that could drive interoperability and all kinds of different...in all kinds of different ways as a purchaser and grantor, etcetera. And I know that that's something that ONC and many of the agencies have set goals for in the past, but it's something that as a former state bureaucrat, that we look for and we kind of yearn for because we didn't necessarily have that ability without the federal drive toward that coordination of policies, to be able to drive our own state agencies in similar policies, to advance those interoperability goals.

And so I think that that's just something that I really wanted to add in terms of the downstream effect from the federal government into state programs and there's so much funding that is continuing. We know that the state HIE programs out of the HITECH act have wrapped up in terms of their funding, but there's a tremendous amount of funding and potential funding that will continue to flow to states, both through Medicaid and through CMMI, innovation funds as well as through many of the other granting programs of HRSA and AHRQ and NIH and of course, across SAMHSA, CDC and others. And so the importance of that, the kind of carrot and stick and alignment I think can't be understated in terms of its value.

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

Thank you, Carol. I think we reached the last slide, am I mistaken there, on my section? Yeah.

Carol Robinson – Principal – Robinson & Associates Consulting

Chris, I think there's just one more thing that occurs to me to add and that's really around the education and communication and outreach component of the recommendations because I think that the subgroup really had a number of conversations around, this is not educating certain populations or certain segments of the eco-space of medical practice, it's really around creating drivers from the bottom up and from the top down in terms of education.

And so really working from the largest kind of health system educational value proposition materials to individual patients and trying to drive behavior or different behavior differently, whether that's as purchasers of EHR products or whether it's purchasers of our own healthcare when we go to a provider's office and they're not on an EHR and they're not exchanging information, that we make it clear that that's our desire as patients. So, I think that was really something that was added. And then from the payer's side, I think whether that's purchasers in the employer space for their own employees or whether it's on the health plan side or it's from government as well, that the educational component of this was really quite broad as well. So, I'll stop there.

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

Thank you, Carol, these are good additions. So, at this point, this is the end of us reporting out and Micky, I don't know what...whether there was a plan to respond to this or discuss or...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, yeah. No, absolutely. So thank you, first off, for a great description of the deliberations and a wide variety of very thorny issues. And why don't I...I can start with a comment and then a question and then open it up for anyone else in the workgroup who has any other questions or comments as well.

So, one thing, just a point of note as I was listening to the presentation and going through it and thinking about the JASON Task Force recommendations, I think on a number of points it's actually very aligned, and even some of the language is the same. The points that struck me as being perhaps points of difference are on the point of regulation, on the question 2 response, and well I actually have a question, a follow up question on that that I would love you and Carol to elaborate on a little bit.

On the question of regulation and on the public-private collaborative consortium idea where on the JASON Task Force we do recognize the need for some type of collective action, but we step back from specifying that it would actually be an entity or even an infrastructure, but just noted that there are a variety of ways to solve collective action problems and didn't want to specify that it ought to be one way or another. But, those are just sort of points of note of where it just struck me, at least at first pass, where some specific differences might be. But overall I think there's a lot of alignment here as well.

The question I have is related to, it's on slide 17, the question 2 response related to regulation. The high level bullet says ONC should continue its current approaches to governance and expand and build upon them through potential mechanisms including, and then the first and the third bullets are essentially pulling levers that already...that ONC already has so those seem fairly clear. The second is that the regulation part, I'm not quite clear there if you're saying that...are you suggesting that new regulation ought to be considered or are you saying that to the extent that there are already regulatory levers in different dimensions, I mean, I don't...Meaningful Use is not a regulatory lever but CLIA, for example, is a regulatory lever that could be pulled. Or the kinds of regulatory levers that exist in LTPAC organizations, is that what you're focusing on there? Because I'm just trying to bridge the gap here between current approaches and here where it says, regulation, if utilized, are you talking about new regulation there?

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

So, it's actually quite a nice pickup Micky, of a very long and arduous discussion about the need for new regulation or not. And I think it was very clear that there are divergent opinions on this topic and I think the common denominator that we could agree upon was if ONC, and we are not excluding it, feels the need that additional regulation is required, then that kind of approach should be done very carefully. So the answer to your question is, we did not ask for new regulation but we didn't exclude it either. But if it's being used, the group felt it should be done very carefully.

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

Hi, this is Melissa Goldstein, I'd like to add something to that, if it's okay or...which ever works for you guys.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, go ahead Melissa.

Carol Robinson – Principal – Robinson & Associates Consulting

Melissa, I'm really glad that you are speaking up, too and I was going to invite any of the other workgroup members to chime in as well. So thank you for speaking up and yes, go, please.

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

First I want to commend Chris and Carol for doing a great job of summarizing what were some very long discussions, long and complicated discussions. On the regulatory front, we did not want to rule it out and so Micky your question was specifically about new regulations and I'm not sure if you mean new versus old. But the CLIA regs that you referred to briefly were amendments to previous regulations and quite notable amendments about individual's access to their own lab reports, right. So we didn't want to rule it out as a group.

There was the overall sense that, I'm sorry, I'm going to switch phones really quickly, the batteries on my phones die during these conversations, I guess that means I need new phones. So we didn't want to rule it out. There was the general sense that when Chris says light touch that's...it's not necessarily the final thing that would be done, but that there are a lot of, and you and I have had this discussion before and I think you were actually on the call when we had this discussion, there are a lot of sub-regulatory means that ONC will have, including guidance. And of course they have to have legal authority underneath existing regulation and statutory authority to issue guidance as well, but perhaps issue guidance before publishing a brand new regulation that has nothing to do with anything further. But the group really did feel like we needed to leave that as an option and not adamantly come out and say, no why, no how, never regulation. Does that sound fair, Chris and Carol?

Carol Robinson – Principal – Robinson & Associates Consulting

I think it's very fair.

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

I agree. Thank you Melissa for clarifying.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, thanks. Any other workgroup members have any questions, comments, thoughts?

Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative

Yes, this is Shelly Spiro. I also want to commend the work that has been done and my question is more related to slide 20. And really appreciate this particular slide and I feel very comfortable, especially from a pharmacy standpoint that this was included because there has been just a huge amount of work that has been done. And I was just wondering why you didn't add the word registries into here because registry is a pretty big adopter of standardizing health information exchange capture such as immunization information, although you do mention CDC, you mention the work that's being done with SAMHSA, especially for the Prescription Drug Monitoring Program. But these are initiatives that have driven national standards in place for this exchange and just wanted to know if...why you didn't use the term registry?

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

I am going to go and jump ahead of Carol, I think that honestly I think it's just an oversight.

Carol Robinson – Principal – Robinson & Associates Consulting

I would agree, I think it's a great add and I think that of course programs that are funded through CDC and any registries across the states and knowing the patchwork quilt that's in those, I think that again would be...that's a terrific add, so thank you for bringing that up and we'll bring that back and I think include it for next week.

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

Thank you.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

This is Dave Whitlinger, I have a question when it's appropriate.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Go ahead Dave.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

And apologies if I'm not catching up to the whole frame here, but was there conversation of the differences between governance around standard setting and governance around operating an interoperable exchange or network? Or is that obvious and I'm just not...and if so, how does that...the separation of those two things perhaps play into the work that's described here.

Carol Robinson – Principal – Robinson & Associates Consulting

Well I'll jump ahead this time, Chris and then you can add in. So Dave, I think that you really put your finger on one of the things that the subgroup struggled with to begin with because I think we were assigned, as Micky said, this enormous and very, very thorny task to look at this governance framework and come up with some recommendations in such a short amount of time. And as we started digging in and as we went through our five hours of listening sessions that some of you participated in, we really quickly came to the opinion that governance meant many things to many people.

And so I think that if you look at the recommendations around the consortium and you see the language...the wording in the second bullet on that slide, on slide 18, we really wanted to include technical, operational, financial and policy issues in terms of what the scope of this would mean. And so we were not trying...I think we were struggling early on and even when I presented on September 3 to the Policy Committee on our progress, it was a question that came up from the Policy Committee members, wait a minute, are you talking policies around operations? Are you talking policies around standards settings? And I think upon a lot of discussion through this workgroup, and I'll be glad to turn the floor over to other members to add or correct me, but I think that we really felt like that we couldn't narrow this word governance down and bifurcate this, because the interconnections are too deep.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

Hmm. Well, one thought is, we're apt to do is looking at other industries that are out there succeeding in interoperability. It's not uncommon to, as you look at the Telco market or the...they have standards setting bodies that are industry led and then they also have network operators that are not the same.

Carol Robinson – Principal – Robinson & Associates Consulting

And Dave, I totally agree and I think that you also will see within that same bullet that the notion that if there is such a government deemed or government established consortium that they would work with...across and coordinating with SDOs, with other industry consortia groups and we have played with the verbiage on this slide many, many times, but I think that there could be many ways to do that through contractual relationships, through sub-regulatory authorities in a number of different ways that you would work together with these. It's not intended to replace all the work, it's really intended to coordinate work better.

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

Yeah and on a little lighter side, we started out actually getting informed by other industry and I have to warn you of the dangers, after the presentation of the banking industry, I was ready to throw all existing HIE models out and go with a brand new one. So, there are risks associated with that, too.

Carl Dvorak – President – EPIC Systems Corporation

This is Carl. I thought it would be interesting to understand what are the cost models and pricing models in some of these other industries. I know that depending on which ATM I go to, I might get a fee that's free at my own bank or \$1.50 at some other different bank in town or a \$3.00 charge somewhere else. And also I know there are things like roaming fees if you're in the Verizon network it's one fee, if you have to roam on a different network, it might be a different fee. So it would be interesting to understand what are appropriate fee structures for HIE and what are inappropriate fee structures and it would be, I think, a great exercise to try to bring more transparency and to try to eliminate some of the misinformation that's out there. But I think some industry information gathering from other kinds of industries would be good in this case as well.

Carol Robinson – Principal – Robinson & Associates Consulting

I think that those kinds of next steps, research would be incredibly valuable and important.

Carl Dvorak – President – EPIC Systems Corporation

I think...

Brian Ahier – President – Medicity

This is Brian...

Carl Dvorak – President – EPIC Systems Corporation

...maybe to understand some of the cost drivers, too because I think that there are cost drivers and cost sharing in situations like roaming that are different than when you're on the cell tower owned by the carrier. So it would be good to think about not just the fee structures, but also the cost and the infrastructure models that go along with them.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

I think those are great points...this is Micky, and Carl just a warning, be careful of what you wish for because this work is all coming back to this group after October 15.

Carl Dvorak – President – EPIC Systems Corporation

Yeah, I know.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

So maybe we'll have you spearhead that task force. No, I think those are great points though. I thought Brian, you had a comment it sounded like.

Brian Ahier – President – Medicity

Yup, this is Brian and first I want to join in the chorus of praise for the workgroup, I think this...the sub-workgroup, I think this is really a great document and a good start on what we can do. On slide 20 I agree, that's a great overarching slide and in particular, I think when we look at as a regulator piece, with the FTC, CMS and the other federal agencies. And thinking about that and thinking about slide 18 talking about the public-private collaborative consortium, I'm wondering if the sub-workgroup had considered at all the work that's under way under FDASIA with both the FDA and FTC on the Health IT Safety Center as potentially being a part of this public-private collaborative consortium or is that something you see outside of that consortium. And then the other is, I know this is relatively new but just for future thought within our workgroup as we respond, the latest collaboration that's announced between the FTC and the ONC to promote competition and achieve health IT and healthcare goals.

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

So I think, Carol correct me if I'm wrong, I think this is...the first part of the question is the Safety Center involvement, is something that wasn't discussed or raised. That doesn't mean that it is not a very good idea, but I can't honestly report to you what the opinion of the subgroup was and on that matter personally I went into Informatics because I'm interested in quality and safety and safety is paramount to me. So, I think it's a great suggestion.

Carol Robinson – Principal – Robinson & Associates Consulting

Brian I agree with you in terms of adding FDASIA as just a possible another bullet on that list. So thank you for that add as well, so two great suggestions and that's what we're really hoping for today, so this is wonderful. Brian was there a second part of your question that we didn't answer?

Brian Ahier – President – Medicity

Well not really, that was more, I think, for the workgroup as we go forward and as these recommendations are being made to the Policy Committee that we're mindful of emerging collaborations between the agencies, just as this is a little too new for us to probably digest immediately and incorporate into your recommendations, especially as, I think you guys finished your work before the blog post that was written. Both the FTC and the ONC wrote a blog post just over the last few days about a new collaboration where they're going to work to strengthen competition to improve health IT and achieve our healthcare goals. And so if you haven't read that blog post, I'd commend everyone to take a look at it and for us to just consider that as another policy lever and to think about how we might be able to incorporate that into our thinking going forward.

Carol Robinson – Principal – Robinson & Associates Consulting

I think that actually does really speak as an example to where we kept talking about the need for federal agency alignment. So, I think it really does fit right within the recommendations as well.

Brian Ahier – President – Medicity

Oh yeah, agreed, yup, you guys covered it.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

So, this is Micky. Let me first ask, are there any other workgroup members who have a comment right now? I have a question. Okay, I'm going to ask, so on the public-private collaborative consortium, it seems like there are two levels of regulation that are being discussed here or rule or bylaw, whatever it is and may...that are worth parsing out. So one seems to be about, if I'm reading this right, about what authority would ONC have right now to, let me just make sure I'm using the words you used, to establish or identify a public-private collaborative consortium? That's the first sort of piece of that, what authority do they have to do that right now, I actually don't know so I'm asking the question, I don't know if that came up in the workgroup. I did have the benefit of participating in some workgroup calls, but I don't think this came up in any of the calls that I was on.

And then the second is about what authorities they could sort of designate that this new consortium, because they could do that, the first part, what authorities could they designate? And again, I don't know the answer to how that works, but I know the term deeming is used a lot, not just in this context but in a wide variety of places, but you have to have something to deem in order to deem it. And so the first...and ONC has very little regulatory authority over health information exchange right now. So, any designated organization that had any kind of power would first require that ONC establish the regulatory authority to have that power in the first place and then be able to designate an organization to execute on that. So, I don't know where...how much discussion the workgroup had around that but would love to get your thoughts on that.

And the second is, and maybe this can help clarify some of that is that I note that you have ANSI down here as an exemplar best practice organization, well HITSP is a part of ANSI, so what does HITSP...what did we learn from that? Is there something different that ANSI has done with HITSP that you're recommending here or are you saying that this should really be like HITSP?

Carol Robinson – Principal – Robinson & Associates Consulting

You know Micky, I think that I would take that question...those two questions and parse them separately. And I might ask Melissa to chime in, too in terms of evaluation of ONCs current regulatory authority. There were discussions with Jodi Daniel of course about this and I think the statutory authority that ONC has under the HITECH Act is something that would have to be, of course, evaluated more closely in terms of this. And we didn't, you know, I think that we left this very open in terms of the way it would be established, whether through bylaws or rule or other mechanisms, very intentionally for a next stage of discussion, because we just did not have time or necessarily all the right representation in our subgroup in order to dive that deep.

In terms of the examples of best practice review, certainly wasn't meant to be...that asterisk is not meant to be fully all inclusive nor is it meant to say that these are the organizations that are functioning in the best ways. We were really looking at the model and saying that models should be explored in terms of the relationship between government regulatory or other authorities, that's insisting of certain alignments or policies around government funding mechanisms or incentive payments or whatever those are, rulemaking in any mechanism. And we were just saying that much more investigation, in terms of models, would need to occur. And these are some varying models of organizations that may have some authorities within them, built into them, some are more closely linked to government than others and so we were just trying to put out some examples and I'll pause there. Melissa, did you have...would you be able to speak any more about the discussions around the legal authorities, because I know you're very knowledgeable in that area.

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

Sure. First I think you did a great job explaining the deliberations. I'm not 100% sure of this but I may have been the only person with legal training on the committee and I am a teacher, right, I'm not practicing law exactly, right.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

We've been calling you counsel to the committee, Melissa, what are you talking about.

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

Wait, let me start my list of disclaimers, right?

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

And I know your billing rates are being covered, right?

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

Yeah, exactly. Wait, I think I might raise the billing rate, too. So we didn't hear testimony from, you know, legal counsel and I have done my own examination of the HITECH Act, but we had really a very brief discussion with the folks at ONC on only one of the calls about the authority that they would have to even issue guidance. So we never really delved down deep enough. Certainly from an educational standpoint for us, from like the Office of General Counsel or anything, to get into what ONC legally is authorized to do.

You said that your perception is that ONC, I think I'm interpreting it right, it does not have an incredible amount of legal authority for health information exchange. Other people have different interpretations and of course those would have to be probably some pretty complex decisions and discussions to get to that point. So we, I think one of the other important things to sort of emphasize at this point is that the issue of whether or not to establish a public to deem, establish, create a public-private consortium was one of those areas, like Chris explained, that there were widely divergent views among members of the committee.

So some people sounded like they might have agreed more with what it sounds like the JASON Task Force came up with, although I haven't been following your deliberations that closely. But we wanted it out there as a possibility and as one of the options. The other things that people were talking about was establishing a process, a public-private process but more of one really than simply what we're doing right now, so more than the FACAs. So I think it's an area to be explored and I find it fascinating, perhaps the non-lawyers don't find it quite as fascinating, the legal authority. But I don't think we got deep enough into it to really answer your question fully.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, yeah no, that's fair enough. Are there other questions, comments? No, okay, it doesn't sound like it. Well Chris and Carol and Melissa also for your supporting role there, thank you very much for the presentation and we will be discussing this again on the other side of October 15. So I look forward to the presentation on October 15 and with further engagement afterward.

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

Excellent.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

So I think, unless there are other...any other thoughts from the workgroup as a whole, we can turn it over to public comment. Umm, doesn't sound like it, Michelle, I think we're ready.

Public Comment

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

Operator, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

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

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

We have no public comment.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great. Thank you everyone.

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

Thank you everyone.

Carol Robinson – Principal – Robinson & Associates Consulting

Thank you Micky.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

Thanks.