



HIT Policy Committee JASON Task Force Transcript June 18, 2014

Presentation

Operator

Lines are bridged.

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

Thank you. Good morning everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the JASON Report Task Force. 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. David McCallie?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Here.

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

Hi David. Micky Tripathi?

Micky Tripathi, PhD – President & 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. Andy Wiesenthal? Arien Malec? Deven McGraw?

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Here.

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

Hi Deven. Gayle Harrell?

Gayle B. Harrell, MA – Florida State Representative – Florida State Legislature

Here.

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

Hi Gayle. Keith Figlioli? Larry Garber?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Here.

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

Hi Larry. Larry Wolf?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Here.

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

Hi Larry. Troy Seagondollar? Wes Rishel?

Wes Rishel – Independent Consultant

Here.

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

Hi Wes. And Kory Mertz from ONC?

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

Here.

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

And Debbie Bucci from ONC?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Here.

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

And are there any other ONC staff members on the line?

P. Jonathan White, MD – Director, Health IT - Agency for Healthcare Research & Quality (AHRQ)

Nobody from ONC but Jon White from AHRQ is here.

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

Hi Jon and with that I will turn it back to David and Micky.

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

Okay, great.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Good, you want to go in Micky? Good.

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

Sure, yeah, we didn't coordinate in advance on who is going to do what, so, yeah, why don't we go in. Welcome everyone to the first meeting of the JASON Report Task Force. This is a summer long activity, what we did on our summer vacation activity, to do a review of the JASON Report and how it aligns with various initiatives already underway at ONC to both reflect on the recommendations and look at that alignment with ONC current and future plans.

And today we're going to really just have the introductory meeting where we look at the charge to the Task Force, we look at the high-level schedule right now and then we're going to get an overview presentation from Jon White from AHRQ who can give us an introduction to the JASON Report.

I'm delighted to Co-Chair this with David McCallie and first off I'm going to turn it over to David here in a second for any introductory remarks he might have but first off want to thank everyone who volunteered to be on this Task Force I know all of you are way over subscribed in your public service duty on these committees and working groups and we really appreciate your setting aside some time for this really important work. David?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, thanks Micky, I also appreciate everyone's time, I know for the west coasters this is really early, I think some of our follow-up meetings won't be quite so early in the morning for you guys, hopefully, but thanks for making the effort to be here.

At the HIT Standards Committee meeting yesterday there was quite an extended discussion about two of the ongoing S&I Framework activities the structured data capture group and the data access framework group, the conversations around those two groups and their work circled in and out of references to the JASON Report, oh, numerous, dozens of times I would guess during the course of the morning's discussion.

So, the subject is hot off the press and is of great interest to the Standards Committee as a whole and I assume to the Policy Committee as well. So, I think our ability to go through the work and extract from it the lessons that we should carry forward into our broader deliberations is very timely and it is actually fairly exciting. So, Micky, back to you.

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

Okay, great, why don't we go ahead, if we could go to the next slide, please? So, today, as I said, we're going to look at the – we'll just look at the membership, look at the high-level work plan which is going to be, you know, sort of an ongoing activity it's pretty short turnaround activity that we have here so we'll be very much in tactical mode, you know, from meeting to meeting figuring out where there are gaps and then trying to fill in those gaps as we move to the next meeting, look at the high-level charge and then we'll get the overview of the JASON Report from Jon White. Next slide, please.

So, these are the members, David and I Co-Chair it from the Standards, respectively from the Standards and Policy Committee sides and then you can see the other members, again, thank you, all of you for joining and as the note at the bottom indicates there are a couple of other invitees or gaps that we're trying to fill but, you know, this is the bulk of the membership of the Task Force right now. Next slide, please.

So, this is the work plan as we've currently defined it where, you know, today we're just going to, you know, do our kickoff here and, you know, identify at a high-level what it is we're going to do. One of the things that we identified in the organizing, you know, sort of call for this is that we're probably going to need the opportunity to dive down deeper into the JASON Report to understand more of the background and the context for the report than what is available in the written report itself.

How we would actually do that is, you know, something that we need to figure out because the JASON process does not, you know, sort of identify specific individuals who are involved in the advisory activities so there is, you know, no single person from the JASON advisory group who could respond or provide, you know, more detail.

That said, you know, with ONC staff we're trying to identify how we might be able to get some answers to questions that I think are inevitably going to come up as we dive down into the report and want more specificity around some of the definitions and some of the key assumptions, and the overall context, you know, behind the report that, you know, may not be obvious or maybe, you know, ambiguous or open to interpretation if we didn't get a little bit more, you know, background.

So, you know, as I said, we're working on, you know, how that might work, if we can identify individuals, you know, who might be able to present a more detailed presentation for July 1st – can I ask that everyone mute their phones unless you're speaking please? We're getting a lot of background noise.

Or, you know, one alternative approach would be that if we can't identify a particular individual or individuals who can give sort of a more formal presentation for greater detail we could generate questions in the time between this meeting and July 1st and be able to synthesize those and have ONC help us to vet those with the appropriate people who have a better understanding of the JASON process and the JASON Report and then spend the July 1st meeting, you know, going through responses that we can get in a variety of ways. So, I think that's still an open question right now about how we would do that but the intent is to have a little bit more time to do a deep dive.

And then as the schedule sort of indicates we've got to then figure out what the details are going to be in terms of our next set of meetings, you know, I think this will be a combination of, you know, sort of presentations from specific other key activities or experts who could represent, you know, a variety of different perspectives that may not be represented on the Task Force itself, that will be something that we'll identify as a Task Force going forward is who those people are or those different domains are that we would like to get more information and we can use these meetings to have them come and present or, you know, do a Q&A more informed Q&A whatever, you know, whatever is most appropriate.

And then also the opportunity to review some of the existing work that's already been done that will be relevant to this like the PCAST Report and the evaluation of the report on the PCAST Report that a previous ONC or Policy Committee Working Group had done a formal evaluation of and there are a variety of other things as well. Let's see, David, anything I missed or anything you want to add?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

No, sorry, I was on mute, no I think that covers it, just in our planning session we discussed the possibility of a hearing where we could get additional outside input in a more focused session or longer session than this call, but we, at the moment don't have anything like that planned. I think if we felt the need for that we could try to work it in. The other – yeah, I think that's basically it.

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

Okay, great, next slide, please. David, do you want to cover the charge?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Sure, we were, some of us at the beginning of the call before we were live were beginning to dive into what we thought this meant, so, I'm glad we have a slide to bring us back to that discussion. So, as many of you know, Karen DeSalvo has made several references to the JASON Report and has tied it into the 10-year vision that was just published and I think the broadest charge we have is to dive into how those connect up, how do the recommendations that surfaced in the JASON Report impact on ONC's strategies and with the new lead for ONC those strategies are obviously being reviewed and evaluated.

There are, also as we mentioned a minute ago, many existing programs in the S&I Framework effort and other efforts that ONC is pushing forward that are affected by the JASON Report so the second bullet there is to assess the feasibility and the impact of the JASON Report on these programs, what impact does it have for example on the data access framework S&I Group, should it influence and inform how they think about data access since that is obviously a key angle in the JASON Report.

Use cases and lessons learned from current experience, I'm not exactly sure how that will play out, I think the JASON Report itself makes mention of a few examples although I think it's rather few compared to a sweeping scope of their recommendations we may wish to supplement their thinking with some of our own examples that we think reflect the spirit of the JASON Report.

And then put recommendations together that could fit into or would fit into the broader strategic framework, obviously, specifically focused on interoperability, although I think the JASON Report also touches on some other areas around patient consent, privacy and even though they try to stay away from the notions of an implementation architecture it's hard to go deep into it without raising some questions about how you would actually deploy an architecture like JASON.

So, there is quite a broad range of things that we could touch on. I think the core recommendations may turn out to be fairly straightforward but the devils in the details and the degree to which we can help move the process forward by flushing out our deeper thinking on those details, maybe that will be our contribution. Anything to add to that Micky?

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

No, I was just going to suggest that we pause here for a second –

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

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

And see if members of the Task Force have, you know, any other thoughts on the charge here? Obviously, we'll be tweaking this along the way so it's not like we're locked into this, but it would be good to, you know, start off on the right path anyway.

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

Hey, this is Arien, I just want to note that I am on the call and have been for a little while, but missed the roll call.

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

Great, thanks, Arien.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Welcome, Arien.

Gayle B. Harrell, MA – Florida State Representative – Florida State Legislature

Micky, Micky, this is Gayle I do have a question. The ONC just came out with its 10 year vision and I wanted to know what do you think or how do you think that this JASON Report and whatever our recommendations are going to be will fit into that?

I think we need to keep that 10 year vision in mind as we move forward and as we work on these recommendations. You know, yes that vision maybe tweaked, as a result of these recommendations, but we do need to really look at that as well and see where ONC has some really future thinking on the issue and make sure that – how it all dovetails.

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

Yeah, I agree I think that's very important. I think it's covered by, you know, by bullets one and four which is, you know, that a big part of what we want to do here is discuss the implications of the report on ONC strategies and, you know, think about how such recommendations might be integrated into ONC's strategic framework and certainly the recently released 10 year vision is, you know, sort of a key document that we need to be aware of and make reference to.

Wes Rishel – Independent Consultant

Yeah, this is Wes, I was going to raise the same issue, seen it in the bullets here, it's been my experience – and I haven't done any more than flip through the pages of the 10 year document at this point, but it seems to me that those documents as a rule tend to – the process of going through them tends to be like the blind men looking at the elephant everybody carries something a little different out of the massive stimuli in the report and do we need in our tactics here approach to get some sort of a unified presentation of it or a minimum of a Q&A session about it in order to accelerate our ability to interlace recommendations here with the existing report?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Wes this is David, are you questioning whether we should get someone to present the 10 year vision, is that what you –

Wes Rishel – Independent Consultant

Yeah, yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay.

Wes Rishel – Independent Consultant

Or at least be a resource for Q&A but maybe a short presentation. Presumably we can all read it and should have by now, but I would think that there is going to be a lot of people taking different things away from the same text and it would be helpful to get some way of identifying the different viewpoints and reconciling it.

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

Wes, this is Michelle, we can certainly cue that up for the next meeting.

Wes Rishel – Independent Consultant

I'll let the chairs work on the timing, but I think it would be helpful.

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

This is Arien with an actual comment. So, on the first, I guess the first two in the last bullet I do think there are – there should be a broader responsibility than just impact to ONC strategies. There may be policy efforts at CMS or other HHS agencies, or offices particularly ACO programs and other kinds of value-based payment programs.

I also think it would be useful to look at the broader ecosystem and establish whether there is market failure or not relative to some of the findings in JASON to see if there are any commercial actors or trends in commercial actors that are addressing some of the feedback. So, is there a need for ONC policy or federal policy in general?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Hey, this is Jon White and I was going to say actually exactly what Arien just said, so I am simply going to be, you know, supportive of that, but you know my experience since this has been out is that I've heard – number one, yes I do think – ONC is an important, you know, group for you all to advise, I do think the implications for the recommendations go, you know, beyond them and to the other folks as Arien exactly observed.

And I also would say that I've heard – and this may be wrapped up in the use case part, but I think because – I think there is a lot of activity that is happening the private sector that is pursuing the same lines as these recommendations and I think it's really valuable to call that out. So, thank you, Arien.

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

Okay, great, thanks Arien and Jon, you know, I think that makes sense, assuming the rest of the Task Force agrees with that as well and we can tweak it to include that.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, this is Larry Wolf, I want to encourage sort of the two parts that I see our conversation heading in, one to really look broadly at the large landscape in which all of this activity is happening and second to look for where there are appropriate details, technical specifications, standards, etcetera that we should be identifying and bringing forward.

I think the risk here and I feel like in some ways both JASON and the PCAST Report fall into this is they get very wrapped in a technical approach and solution and we lose the logic that took us from this is the broad vision to this is the technology and then brings us back to then how the technology actually enables the vision.

So, I think we need to start with that broad piece as well and recognize, given our timeline, that we shouldn't try to boil the ocean on that front that there is a lot of good work already out there we can work on.

Wes Rishel – Independent Consultant

Yeah, this is Wes, what Larry just said has kind of stimulated a thought which is that there is typically some assumptions in reports that if you need a certain goal the best way to get it is to arrange things so that market forces achieve whatever it is that's needed as opposed to trying to create it through a specific identified government program and we all believe in that.

The difficulty is that it's hard to assure oneself that the market forces are going to go where you want the market to go rather than where the market wants to go. And I think that to the extent we can identify the thought process that makes people believe that market forces will go towards the goals of interoperability and use of information that are described here the better we are able to talk about what could supplement, help shape it and things like that, end.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David; these are great comments, really good stuff. One additional factor that we've discussed briefly in the planning call but didn't really come to a hard resolution on is the focus of the JASON Report is obviously, at least in large measure, driven by the need of the research community and clinical effectiveness research and the like, and I don't think we have anybody on our call today that particularly – on our Task Force currently that particularly reflects that viewpoint.

I may be wrong, I don't know everybody and what they work on in detail, but I think that may be a gap that we either might want to supplement with invited presentation or even add someone to the group.

Where did we land on that discussion Micky? I know we talked about getting someone from the IOM community, the learning healthcare community on the call but I don't think we came up with a specific name did we?

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

No, I think that's where Deven is going to help us she has been somewhat involved in that so she is going to be trolling her lists to identify some candidates.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Good.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Yeah, no, this is Deven that's exactly right. I've worked with a number of researchers both through that IOM collaboration but also through Academy Health. Specifically I think it would be helpful to find folks who do this sort of observational research that utilizes electronic medical record data. So, there are plenty out there I think we should be able to find someone who can contribute to the discussion.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Hey, it's Jon White, I think that you are exactly on the right track. Deven, as you know, we fund the Academy Health work that you're talking about.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Yeah.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

You will obviously come across the PCORnet Projects as you go through that.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Yes.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

You might consider actually, you know, one of the PCORI staff or one of the folks from those projects, but Deven you are actually, at this point, deeper into that work than I am so at your discretion of course.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Yeah, no, and there would be – I think we will not – well other than schedules and people's availability to participate in a rather intense effort over the summer I think we will have no trouble finding good candidates to provide us with input.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yes, this is David, that's great because I think one of the interesting tensions in the report, to my reading, was the focus on the one hand on giving the patient or the consumer improved and greater control over how their data is used than is currently the case.

On the other hand, fairly strong statements that unfiltered data is what the research community must have and there is obviously a conflict in there if consumers are going to control how the data is used, but they have to provide it unfiltered to the research community. So, I think it would be interesting to dive into that tension a little deeper.

Wes Rishel – Independent Consultant

When you say, unfiltered are you implying, talking about a bias that maybe introduced through patients?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Wes Rishel – Independent Consultant

Yeah and do we actually know that? I mean, has anybody ever had an opportunity to look at how serious the issue – I mean, it's easy to speculate on that but you're speculating on things where the large numbers might apply and things like that. So, I just wonder if anybody has done any research on that.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

The field of observational research has considered that in depth. I'm not familiar with it.

Wes Rishel – Independent Consultant

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But that's exactly where Deven was going where we needed someone who is an expert in that space.

Wes Rishel – Independent Consultant

Okay, good.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

So, it's Jon again, the short answer is that the methods are novel and they are evolving as we speak. So, I think that it's a good – and I'm not going to say more, because I'm not the expert. So, I think it's worth pursuing.

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

Okay, great, thank you. Well these are all great suggestions and as expected the Task Force has some really thoughtful suggestions on how to, you know, sort of further refine and provide some clarity to the charge here and as I said I'm sure it will, you know, keep evolving.

Are there any other burning issues with respect to the charge, otherwise I would suggest we move to the next slide? No, okay and let me just point out one thing because I've already heard it on our call is software engineers like to call this the JSON Report just to be clear this is not a report on JavaScript this is the JASON Report. So, with that let me turn it over to Jon who is going to give us an overview presentation on the JASON Report.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And maybe we could call our group the Argonauts.

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

That would help, that would help there would be no confusion then.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Well, you know, where I come from we call ourselves the Argonauts, but, you know –

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

Wow that was quick Jonathan.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

You know it's the coffee. So, good morning everybody, this is Jon White, thank you – first let me absolutely echo what Micky and David have said, I am incredibly grateful for the deep and resourceful talent that is willing to take their time and apply their thoughts to this. You know I think this is exactly what I, and I will not presume to speak for Karen, but that I had hoped that the Policy Committee and Standards Committee would be able to do with these.

I think as you all heard me say before, I think this is an intriguing report, I think it's got some very interesting suggestions, I think they are worthy of some serious consideration but this is the exact right process to go through so thank you, thank you so much for your time and efforts.

So, the second thing that I will briefly say is there discussion at the top about trying to get a little bit deeper into, you know, what exactly does some of this stuff mean. I'm going to suggest a process for that which is I think it is probably, and I don't mean to kind of make myself the focus of it, but since AHRQ was the sponsor and I was the project officer for this I am probably going to be your point of contact for trying to get better clarity on what's deeper in there.

I think beyond, you know, just JASON, I think that there are a lot of folks that actually has – and we just heard about a lot of it, you know, folks that have some really great things that they had to say about this, you know, the recommendations and some of the content of the report and I think that, you know, their ability to put flesh on these bones is going to be, you know, far better than mine, but I can be in touch with, you know, the JASONS and try to get better details.

Generally, the way JASON handles these things is they raise their report, they give it to the sponsor and the sponsor is, you know, free to do with it what they choose and the sponsor is kind of the public face of the report. So, I think that's probably going to be the way to try to channel some of that input, but I appreciate the interest in getting that and I will do my best to get that kind of, you know, feedback loop for us.

So, the third thing I'm going to ask is that we've got – so we've got these slides teed up. These are presentation – this is basically the same presentation that I gave to the Standards Committee and the Policy Committee. I'm guessing that many of you have also taken a look at the report by now. How important is it to you all run through these slides or do you want to just kind of cut to the chase and let folks try to ask questions about it. Does anybody need me to present these slides in more detail?

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

This is Micky, I think it would be useful I'm just not sure who, you know, who was in attendance for any of the presentations and, you know, also people always also have different degrees of, you know, sort of engagement with the reports and different interpretations from it. So, I don't know if David you agree with that?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, Jon, I missed both of your presentations just for schedule conflicts so I wouldn't mind hearing you summary. I think you can make your judgment about which ones in regard to going deeper.

But before you jump in one question on your previous comment about getting in touch with the JASONS, there were quite a few people who participated in the report in some kind of a review capacity and they are actually named in the report on, you know, whatever, page 12 I think it is.

Is there value in contacting them, any of them in particular or is that – is it just better to try to go through your back channels to the report's creators?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Great question. I think that – so those folks that are listed on page 12 those are the briefers. The way JASON does the reports is they are given, you know, the charge from the sponsor, which are kind of the questions that need to be answered, they then assemble briefers to, you know, provide them information about the charge that, you know, that they don't have themselves.

So, I think you would be fine to, you know, get in touch with any of these folks and ask them to participate in this Task Force, you know, if they are available and interested, you know, I think that they probably all have, you know, interesting stuff and relevant stuff to say. So, I think that, you know, that part is totally fine and I think that, you know, actually those folks have some pretty deep expertise in some of this stuff as well. So, I think that's probably a good idea.

Wes Rishel – Independent Consultant

Jon, is it the case that the briefers did their briefing and went or do they continue to participate through and informing the consensus that arose for the report itself?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Great question, they give their briefing and then they're done. They are not involved with writing the report or the internal vetting of the report. So, you know, they can offer to you the piece that they gave, you know, if they want.

I will say that in the interest of, you know, trying to get as much of the full story as we can JASON briefings are off the record, they are not meant for, you know, public consumption to promote kind of free dialogue amongst the briefers and JASONS.

So, they may not necessarily want to explicitly say everything that, you know, they talked about, you know, just like all of us have, you know, conversations, you know, when we're sitting there and we're not on the air all the time.

But, you know, to answer the question specifically, no they were not involved in the writing of the report or the vetting of the report.

Wes Rishel – Independent Consultant

Thanks.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

So with that I will run through these. I won't be super brief but I think I can be focused on it. So, next slide. There we go.

So, the report was sponsored by AHRQ. There was significant collaboration from ONC and the Robert Wood Johnson Foundation. JASON is an independent scientific group that provides consulting services to the US government and it's been around for a while. David and others there are – JASON has written 700 reports like this over the years. This is not something that's kind of – you know, that they started doing, you know, last year.

Most of their reports are on matters of defense or intelligence. So, therefore much of what they have written in terms of reports are classified and therefore not available to the public. However, you know, a couple of 100 of them are available to the public and if Google JASON the Federation of American Scientists that's where most of their public reports are published including this one. Next slide.

So, the charges are laid out here, the bolding is mine, I chose to highlight certain words in this and I won't...

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

Jon, Jon?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yes?

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

This is Micky just one quick question. So, did AHRQ ask for this study? AHRQ and ONC asked for the study?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yes, AHRQ and ONC asked for the study.

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

Okay and this was the specific charge that AHRQ and ONC gave to them?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yes.

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

Okay, thank you.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yes. So, you can see the questions written out here and these are probably going to be familiar to many of you, you know, how do we pull together real-time integrated datasets of large scale.

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

So, I'm going to interrupt you one more time, sorry.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yeah, oh, no problem.

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

Can I ask when the charge was given to the JASON group?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yes, early 2014, late 2013, early 2014.

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

Okay.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

No, no, sorry, I'm sorry, I got my years mixed up, I am so sorry, so late 2012 early 2013 and yes, actually Micky that is particularly relevant so I'll digress for just a second.

You know after the – as this report was being developed, so for example funding opportunities for the PCORnet Projects were out there. So, PCORnet Projects did not exist at that time when the report was being written, but, you know, then subsequently evolved in the months after.

So, just as an example and I'm not going to – I can't crosswalk that with Policy Committee and Standards Committee or other things off the top of my head because I haven't been going to all those meetings, but, yeah, I mean, you know, as we all know our role doesn't flux rapidly so that is the point at a time in which this report was charged, conceived and written. Is that helpful?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think that's fascinating that helps me a lot.

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

Yeah.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Good.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And the delivery date – excuse me, the delivery date for the report was November is that right? That was on the inner page?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yes, we received the report in November, we – you know, you may recall we had a transition of national coordinator so before we, you know, posted the report publically we wanted the national coordinator to be able to absorb, you know, the recommendations in the report. So, that's why the report was published in April, but we received it in November.

And by the way, also worth saying that, you know, the sponsor is, you know, free to do with the report what they choose it's a deliverable to the federal government. We choose to publish the report in its entirety, okay, so, you know, some sponsors, you know, publish excerpts of it or some, you know, in classified cases don't publish it at all.

In the interest of a full discussion of it, you know, kind of warts and all the whole thing is available. So, that's also probably worth saying.

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

All right, okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay.

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

So the charge was given December 2012, January 2013 they spent at that time between then and November on creating the report and then it was released on the schedule that we know?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

You got it.

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

Okay, great, thank you.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yes, no problem and actually thank you for interrupting because that's actually very helpful for context and something that I probably would have glossed over otherwise. So, okay, so the charge has been up there for a while, is everybody good with the charge, any questions anybody want to ask about those questions in particular?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Jon, so David McCallie, the notion of real-time what was the particular thought around that as opposed to using words like interoperability or was the notion of real-time meaning in the process of care is kind of what was implied by that?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

I think it really depends on why you're developing the dataset, right, that real-time matters or not. I think the interest was in, you know, both in terms of, you know, care that is being delivered or assessment of performance, or understanding of, you know, at a more basic level, you know, why things are happening the way they're happening. I think that – you know, could you substitute the words near real-time in here, probably, right, I mean, you know things don't, you know, some things occur very rapidly but some things don't.

So, you know, but I think that in some ways, you know, the ultimate fantasy, right, is that as things happen that, you know, information about them get incorporated into the calculus of the large datasets. Does that make sense?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yes and the context that made me focus on that was just to put this – when we do our report we'll probably want to position this in contrast to existing efforts so if you look at something like say the Query Health Project which from the researcher's point-of-view has kind of a similar goal but was clearly not real-time, I mean, you know, that was a batch mode approach.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, calling out real-time differentiates it from that. That was the reason for my interest.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Okay, perfect, yes, and, you know, the obvious difference being between data that is a year old versus data that happened in maybe the past week, right, or the past, you know, couple of days sort of thing, you know, that's the glaring, the obvious one that I think, you know, you wind up, you know, kind of mincing things very finely when you say does that mean exactly right now or within the past day, right?

So, good, any other questions about the charge that was laid out?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Yeah, this is Larry, hi Jon, Larry Garber.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yes?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

One of the things I notice on here is that it doesn't appear that there was any recognition of, you know, this looks like, okay, if you were to start from scratch how would you build a system, it doesn't look like it was asking "okay, here's where we are today how would you build a system or evolve to a system" is that correct?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

So, that's an interesting question. So, I think that if you look through the report and the folks that came to brief JASON I don't think that the assumption was that you were going from ground zero. I think that, you know, I suppose that if you look at the charge per se you could say, oh, well there is – this has never happened before how might you, you know, create this moon shot.

I think the reality that, you know, we all understand that I think is reflected in the report is that there are things that are happening and that have happened, you know, for those of you who have read through the report, you know, a couple of times I'm sure you've seen the judgment laid out in there and the findings that were made.

So, I don't think that I would say that there is an assumption that nothing had happened but that I think the push was to look, okay in the future if we want this to happen, you know, how may we get there technically speaking?

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

This is Arien, I think that that's probably appropriate, it's somewhat marred by what I would consider to be inaccurate or, you know, just factually inaccurate statements in the report in terms of what the current state is.

I do think it's fair though to say that relative to where the JASON Report believes we need to go the current state isn't there but I think Larry's point is right on that I don't consider it a transitional path or an evolutionary path and didn't consider any set of incrementalism, it effectively creates a set of conclusions that were broad and kind of revolutionary instead of evolutionary.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yeah, it all has –

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

However –

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Sorry, it's Jon real quick, I'll just add that, you know, you don't see anywhere in the charge, you know, we should throw everything else out and start bringing others, you know, the word revolution is not mentioned in this charge. So, I don't think that was necessarily what we were looking for, but, yeah, we're looking for kind of, you know, some kind of candid views on that I think is what the desire was.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Well, you know, it's interesting, this is Deven, I actually thought that this report did a better job, although arguably not complete, of mapping a pathway from current state, at least from a technical stand-point, from current state to where they want us to go, much more detail than for example was provided in the PCAST Reports of a couple of years ago that called for a different architecture for exchange of information.

So, you know, whether the pathway is built on accurate assumptions, whether the pathway is realistic I think it is worth diving into as part of this Task Force but there are part of the report that try to provide some more detail on that or at least that's what I thought I read. I just read it once.

Gayle B. Harrell, MA – Florida State Representative – Florida State Legislature

This is Gayle, I just, you know, would like to address in the charge there seems to be no notation of privacy or security issues. I know in the report they do address it and do highlight it, but, you know, to me it was somewhat striking that in the charge itself there was no reference to building a system or how would you construct a system to make sure that you are protecting the privacy and security of the patient information.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

That's a fair question. I do not think it is not because I don't love privacy. I think that it was our assumption and I think it wound up being born out through, you know, the final report was that it was clearly an issue that would come up because, you know, you can't do this without trying to address privacy issues. So, I don't think it was an intentional oversight. Like I said, ultimately I think it is in the final report.

I'll add that I also agree with what Deven said, I hope that's not inconsistent with what I said before, but I do think that there are more specific recommendations, certainly more than in the 2010 PCAST Report and probably even almost as good I think the 2014 Report said that actually – the 2014 PCAST Report that was just released that mentions this JASON Report, you know, whether or not those recommendations are ultimately what we all think is the right thing to do, you know, and I think that Deven is exactly right I think it's well worth diving into the details and saying is this already happening, is this actually really a good idea.

I do think that it puts, you know, more details in and puts something out there to be able to talk about how we get from A to B. So, yeah, I would agree with you Deven. Okay, is it okay to move past charge?

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

Yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yes.

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

Yes, so you know Jon, you know, we have until 10:30 so there is still, you know, 40 minutes, 45 minutes leaving time for public comment, so, I think we will be totally fine on time.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Okay, good.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Great.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)
I appreciate that I will do my best not to unintentionally consume all your time if I can.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Well, I think this is the only agenda item and it's worth, you know, we need to go through it in detail, so
–

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)
Okay, all right, that's cool. All right, next slide. Okay, here is the list of the briefing organizations. There is, as David observed earlier I think, specific folks were named or maybe that was Wes, specific folks briefers were identified in here. You know there is a limited amount of time that JASON has to get folks to come, so I think that, you know, the briefers are not necessarily meant to be exhaustively comprehensive.

I think that they are meant to try to get a sampling of folks that are out there. I'm sure that this group will be able to describe folks that may or may not have been adequately represented in these briefing organizations but again that's part of the FACA process that I'm grateful for. So, next slide.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
This is David, I will note that there are no EHR vendors or HIE vendors listed amongst the briefers and I think some of the shortcomings of the report could be possibly attributed to that.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)
Yes and I will stipulate that. So, okay. So, in their consideration subject JASON identified a number of challenges to achieving the charges that were laid out to them, they're listed out here. They also said that within JASON they did not feel like they had the expertise to address all of these but they felt like they were able to tackle seven of them.

Does the underlining work here if you hit the next button does it go to the next slide or does it underline them? Okay do that six more times for me. Perfect, perfect, thank you.

So, these are the particular challenges that JASON addressed and their subsequent findings and recommendations, but they recognized that beyond these the not underlying challenges are pretty important to be able to achieve.

So, again to the extent that the folks on this Task Force and, you know, kind of beyond are comfortable trying to tackle some of those other challenges or bring them up and at least have a good discussion of them I think that would be also extremely valuable.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
Yeah the one that jumps, this is David, the one that jumps out to me that is not addressed and was not listed as something that they didn't address is what we tend to call governance and maybe that's spanned by a couple of these things, but, you know, the issues that I've seen that have emerged from attempts to scale up interoperability often run afoul of the shore of governance maybe pushing my JASON and the Argonauts metaphor too far.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)
No, I don't think it is pushing it too far actually, so, you know – so for what it's worth, you know, in my job at AHRQ I have funded health information exchange efforts for, you know, the past decade I would agree completely governance is pretty critical.

You know we talked a little bit earlier about cross referencing this work with things like the 10 year interoperability framework. I think governance is called out there and it is certainly called out in a lot of other places for, you know, where ONC and the community more broadly, you know, try to deal with these things. So, I do think that that's pretty important.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

It's Larry Wolf, I'll reinforce that message it's also in Karen's Blog post where she talks about discussions of governance of the exchange and interoperability infrastructure.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yes, good. Okay, next slide. So, there are several findings in the report. These were what they identified as key findings and I broke them out here I think they may have been in two bullets and I broke them out into four, but basically current lack of interoperability is an impediment, major impediment to the unencumbered exchange of health information and the development of a robust health data infrastructure, you know, that can be, again that can be read to say, interoperability doesn't exist now. I think all of us know that this isn't the case that there is a degree of interoperability.

I think we would all probably also be willing to agree that it's not what we would like it to be and at this point probably is not at the point where we can do the kinds of large dataset assemblies and analysis that we hope will lead us to better information to be able to lead to better choices to lead to better health, but, so the second finding of JASON was that what I'm actually very curious to hear the Task Force thoughts on which is that these issues can be resolved only by establishing a comprehensive transparent, overarching software architecture for health information.

You know, again in the work that I've funded over time and the, you know, the folks that I know and you all are as deep in this as anybody else, I think that there are arguments to be made on both sides of it. I think that this is where JASON came down on it, they said, you know, we don't see how you can do this without going through this kind of approach.

Third, the twin goals of improved health and lower cost will be realized only if health-related data can be used in the public interest for both clinical practice and research. And that fourth, to do this it's going to require implementing technical solutions that both protect patient privacy and enable data integration across patients.

So, those are the key findings. Like I said there were several other findings that were listed out but those are the ones I wanted to highlight. So, questions about that?

Wes Rishel – Independent Consultant

Yeah, so I'm trying to figure out how to ask a question so that it doesn't appear to be taking us to the debate downstream that we need to have, but fundamentally everything that gets written about the future tends to fall into one of two categories either there needs to be a comprehensive overarching architecture that makes sure we get the data right up front so that we can use it or we need to be highly adaptable to the different state of the acquisition of data in different – and I use the term business systems where the business of healthcare is doing clinical things and that is such a broad range of sort of how controlling the overarching software architecture is that the statement as summarized here in a single sentence is not very meaningful.

Is it the case that if I read the report in depth I'm going to feel satisfied that they really described a degree of overarchingness for lack of an 8 syllable word that I should be using?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

I like overarchingness. So, the short answer is I think you will find more detail as you go deeper into the report and certainly in the next couple of slides there is some more information about the architecture. They propose as an example architecture I think that the report tries to be clear that this may not be the – but that this is what seemed to make sense to them based on their take on it. I think it's –

Wes Rishel – Independent Consultant

But, yeah, I guess – well, I guess I should read the report, but the question that arises is how much do existing operational systems undergo required modifications in order for the system that's envisioned to operate and if so who funds those? But, I'll leave – I was more interested in stimulating thought than getting that question answered just right now today.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

That's the exact right thought to stimulate. Why don't I get through the, you know, some of the rest of the slides then we can come back to it because I'm sure we will.

Wes Rishel – Independent Consultant

Okay.

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

Before you get there this is Arien and I've read the report a few times I don't think this is in there but reading this slide really raises the question of what specifically did the JASON group believe wasn't getting done right now that should be?

And that's a somewhat leading question because I think you can point to, for example, large scale genotype/phenotype correlation studies that are being done by a number of leading edge organizations drawing straight from EHR data. I think you can point to population management datasets that are being collated from those claims and clinical data at the moment. You could argue that those things aren't more broadly deployed.

But I wonder, just in terms of the JASON Report itself, if there were specific findings of things that either weren't getting done at all that needed to get done or that weren't getting done as broadly as they needed to get done or had too much cost associated with their getting done, or if that just wasn't there and this was the finding and you know move onto the architecture?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

That is a penetrating and insightful question. Let me address it following this slide – so I think we would both agree that there are folks out there right now who are trying to do some of the things that we just talked about, they were doing it last year, they're doing it this year.

If you look at the list of the briefers it's folks like the Broad Institute, Vanderbilt University, Kaiser Permanente, right, these are folks that are trying to do some of this stuff and they are frankly leaders in the field, a lot of them, in trying to do this.

I think that the common message that was heard from the briefers is this is way harder than it has to be and it's not happening either fast enough or well enough for us to be able to do what we think we should be able to do with the data that are out there.

So, you know, again, I think that their efforts are, you know, getting at this, I think to get more granular about that, I think the best way to do that is to, as we said earlier, bring some of the folks that Deven knows that are working on these kind of projects on and have them be able to describe for us, this Task Force, that experience with them so we can kind of adjudicate, well you can adjudicate I'm just, you know, and advisory to you, about whether or not you think that's happening or not and whether or not it can be accelerated by other approaches.

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

Yeah that's an important finding so if it is – there are activities that are currently getting done that need – are in need of broader scale through reduced cost and complexity and architecture “x” provides reduced cost and complexity that to me is a very different frame than, you know, this isn't getting done and we completely need to change to a different architecture in order to get that. Those are very different, to my mind at least, very different points-of-view on the state of the world. The former one being I think more accurate than the later one.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, Arien, this is David, and again not to jump too deep into our detailed conversation but I think there are quite a few calls in the report that use various terms like public, open, standard-based, etcetera to refer to these architectural demands and I think the contrast is made to existing work which is not based on open, standardized, public components. So, I know that's one aspect why the current islands of work that are in fact inconsistent with this architecture has not scaled to national levels or at least that is one take away from me.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Hi it's Larry, Larry Wolf, I guess what I'm hearing and thinking back to the charge slide and to our current discussion what's on the findings that what's different here in the focus, I know you guys have already said this, but I'm a little slow to let it penetrate, is this is actually looking in part at assembling large scale data sets and that's different from the focus that is really in many ways been how do we support the specifics of the care, the immediate care interaction that's happening at this moment and transitions from one care setting to another which is sort of all very focused on how this health system interacts with patient data as the unit of the one patient and this is looking much more at how do we build large scale datasets so we can do big population studies, so we can do the kind of health research that might be possible if we could actually pull all this data together.

Wes Rishel – Independent Consultant

More than that isn't it about how can we spin that off from the operational and tactical kinds of systems that you were saying this is not about?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, so, yeah, so it may – there is a “and” we need to do here right? I mean, the very beginning comment about someone to add to the group was someone who is looking at the problem of taking data from EHRs and using it for research. So, I think that intersection is really important.

But maybe this is a good point to toss out three other thoughts that keep recurring for me which is it seems like we're back in the squishy world of EHR is the acronym that gets used however someone wants to use it and sometimes it refers to a specific application and it's data and other times it's used very broadly as kind of a virtualized conceptual dataset with applications that span multiple distinct systems. And so I think maybe some clarity around what we mean by some of the functional components might be useful.

There is a concept that I think has gotten lost over the years about degrees of interoperability and this was brought forward in the very early work around HL7 v3 and the development of the RIM and I think that's an important piece for us to bring back into the public dialogue because interoperability seems to be presented these days as black and white you either have it or you don't and I think it's important to bring back some shades of gray here.

And finally, there are some complexities of the underlying data model that are one of the reasons this has been so hard and why I think we need to look at degrees of interoperability and I think that some of those complexities need to be brought forward as well.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Larry, this is David, those are great points I'm taking careful notes here, but one minor point of contention with you on the – before you went to your list of three things was it's clearly also about real-time patient care, the JASON architecture, and not just about accumulating data for researchers even though they put a lot of focus on the researchers, the one use case that they actually worked through, as an example of how the architecture would work is the use case of a consumer doing a real-time check to see if she's allergic to a particular medicine and it implies that her mobile phone can real-time connect to her EHRs and figure that out for her as she sits in the pharmacy. So, it wasn't strictly about research.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

At this point.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But everything else you said I agree.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, good point. I guess what I'm hearing is it's specifically new in our focus here is the large dataset piece but thank you for pointing out –

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

That it doesn't ignore the individual care.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

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

It's funny that that's the use case because that's probably the use case that we're closest to being able to deliver in our existing ecosystem relative to challenges in how whether you have password-based authentication or OAuth-based authentication to a view, download and transmit portal, that's probably the use case that's closest to fruition of accessing the data as a consumer from one particular EHR and I do think we should decide at some point whether we're looking at an architecture that solves all needs or whether we're looking particularly at the challenges of assembling, to Larry's point, large scale datasets and the cost and complexity of doing that and, you know, focus on that problem because those would seem to be very different charges.

Wes Rishel – Independent Consultant

Yeah, that seems to me to be the Alice null of use cases, you know, the least incident set because it's clearly defined data that's frequently coded and there are standards available for how to code it. On the other hand if you take that set and apply it to the real world where you're dealing with a data that was collected under versions of software that were implemented and designed years before it's by no means trivial.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

So, it's Jon, all superb comments, thank you again for the thinking that you're applying to this. There are two – one response I want to offer and one additional thought that we haven't quite gotten to but we will, the response is, I think we all recognize that, you know, designing, you know, the ultimate system, you know, feels like something a little bit out of a Doug Adams novel and is probably not what you're after.

I think that the aspirational goal here ought to be that we're supporting more uses rather than all possible uses, that we're doing a good job with some things, but that, you know, we need to try to adapt to head to a place where we are doing a better job.

I will say that in terms of, you know, the question was brought up about whether what we've got now is going to be good enough or whether we need to move to a new kind of architecture. It may surprise none of you that, you know, JASON is not the only person or the only group to have thought about the kind of architecture that's described there that there are other folks that in the past two months have actually, including the Veterans Administration, who gotten in touch and said, you know, this looks – this idea of what they are trying to transition to is similar to how we've been thinking about our future.

So, again, to the extent that folks are already working on this I think that's really valuable to recognize and to, you know, say, you know, maybe if we can recognize that that's a path were folks are evolving to then what then can ONC or the federal family, or the private sector do to help us transition to that place.

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

Right, so –

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, this is David, I think that's, you know, maybe our – I'm jumping way to the end game, but if we can come out with a set of recommendations that highlights work already underway that is consistent with those aspects of this report that we agree with and think should be put forward, you know, again that's a valuable service and I think that we can do that, I could list them out for you right now but I won't tell you what I think the answer is –

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

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right yet.

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

So, this is Micky, I'm going to suggest – this has been a great discussion. I'm going to suggest that we move ahead, we've got about 15 minutes and I've seen this presentation, there is at least one slide that is going to spark a lot of conversation and I want to make sure we get to that. So, if you could keep going Jon? I'm talking about the graphic.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yeah, yeah that's probably a good one. Okay, so next slide please. So, architecture lots of people use it lots of different ways. For the purposes of this report a software architecture defines a set of interfaces and interactions among the major components of a software system, not a software application but a software system that ensures specified functionality. Again, you all are deep in this so I'm not going to, you know, discuss that too much but when JASON talks about architecture that's what they mean. So, questions about that?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David, I'll give you an observation rather than a question, which is that I found this to be an overly simplistic view of architecture perhaps limited, you know, because of the time and space that they were operating under, but, you know, absent some considerations of a deployment strategy you can't get too deep into your interfaces and interactions you have to anticipate something about a deployment strategy if you want a good architecture and, you know, you do your best to keep the abstraction there, but at some point you can't.

You know, the Internet as an architecture if you look at HTTP and HTML they had a deployment model in mind that guided the way those interactions and APIs were specified. Had they had a completely different model in mind say for example a centralized host that stored everybody's web pages you would have done a very different architecture I think so it's just the devil in the details point not a major roadblock or anything.

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

A more significant issue, this is Arien, is whether we're talking about the architecture of a single system or whether we're talking about the architecture of a national infrastructure and there are, if you read the ultra-large scale systems report there are pretty clearly different considerations that apply toward the architecture of a large scale – different considerations that apply to the architecture of the Internet than apply to the architecture of a singular EHR system and the definition that you posted I think refers – I think if the JASON Report wants to be more about the architecture of the Internet and is describing the architecture of a single system.

Wes Rishel – Independent Consultant

Yeah, I agree completely. I remember that one of the ultra-large system reports defined an ultra-large system as a system that's too big to be managed and I think that's exactly the difficulty I'm having in getting a credible vision from this report and I think if there is one thing we should do in addition to the specific things it's somehow create the distinction between that which is managed to happen and that which is encouraged to happen and define differentially how to treat those things I think we could do a lot of good here.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yes, I think that is exactly the kind of iteration that I'm hoping for.

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

Yes.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Okay, so, in the interest of time next slide. So, these are the principles that the report enumerates that underlies the architecture. I'll call out two in particular to you as I have done in previous presentations.

The first principle is that, you know, the patient owns his or her data. I think that everybody on the call will also agree that this is not unto itself the case. When a provider generates data about a patient the provider is the keeper of that data.

I think we'll also all agree that patients have the right to have access to that data and to, you know, get their copy of that data and you all know that from having done the work that you've been doing and I think that opens up an interesting discussion to be had about, so when we talk about ownership and stewardship what are the models by which we, you know, construct the architecture, who has that information and, you know, what are the different responsibilities of folks and the different ability of folks to share that data in the ways that achieve the goals, again, that we're all trying to get at with the things that are outlined in the charge. So, that's the first one.

The second is the one at the bottom that says provides a migration path from legacy EHR systems. So, Paul Egerman when we presented to the Policy Counsel I think called out that the term legacy here sounds pejorative and I just want to kind of lay that out. I think that it is a sentiment that – a reaction that a lot of people get when they read the report. I'm not here to, you know, kind of carry that, you know, wave that flag and I'm not trying to, you know, tell you that current systems are – out with the old in with the new. I think that we all recognize that is not kind of the case, but I just wanted, you know, to be explicit rather than trying to gloss over it saying that that's a principle that they put in there and so –

Wes Rishel – Independent Consultant

Jon, this comes as close as I've seen to something being written here that says "a" and you saying not "a." I mean, the interpretation of the last bullet, which is the issue you're addressing, it seems unavoidable that you're going from, and I don't mean from just in the way data flows, but from in terms of the architecture of the systems, from legacy EHR systems to something newer and that the authors don't believe you'll achieve all of these other things until you get to the newer thing.

So, either I'm misunderstanding what I'm reading or what you said, or I simply haven't been able to comprehend the insight you're trying to provide here.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Okay, so Wes, thank you for asking that question. So, there is something that I said early on in my other presentations about this that I've not said here for this point, but this is the exact right time to say this.

This JASON Report is not the official position of AHRQ or ONC, or anybody else in the federal government of, you know, what, you know, that we ought to be implementing everything that's in here, okay, this is consultation that was provided to the federal government. We asked them question and they gave us back their opinion, okay?

I think that there are a lot of great points in here, okay, and I think that with our, you know, things are probably worth, you know, looking hard at and trying to decide if that's the right way to do it. I also think that, you know, the Policy Committee and Standards Committee, and this Task Force are the exact right places for that to be happening. So, no I don't agree with absolutely everything that's in here and I don't want you all to have the impression that I do.

Now, that said, okay, so current systems, as we have them, current EHRs as we have them are not achieving the kind of ability to assemble those large datasets that I think we can achieve with a potentially different approach, okay, and I think that observation, and that's my observation, Jon White's, and I think that is going to be born out as you talk to the folks that are trying to do this now. I think they're making some good progress but I think they're also going to say, gosh, you know, this is – here are the barriers that we're running into, okay?

So, I think that, you know, then your job, as the Task Force and the advisory committee, is to say, okay, you know, based on this recommendation, you know, here's the way it's been proposed and keep in mind this is a principle, okay, that underlies this, but, you know, here's where we think our take on this and here are our recommendations and that's your job as an advisory committee.

JASON is not a federal committee, you are. So, this is, you know, where you step in and say, you know, based on – we've considered this carefully and here is our advice. Wes does that help?

Wes Rishel – Independent Consultant

Yeah, I think we're really – perhaps I'm guilty of sort of redundantly repeating what I've already said here, but I think the whole issue around what is the system, what is the target of this activity is it the systems that are being used transactionally in the care patients or is it something else?

All of those are things that we need to clarify or if we can't get clarification from the report then state assumptions if we're going to have any hope of being prescriptive of a path going forward.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Wes?

Wes Rishel – Independent Consultant

Yeah?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David, one is we're going to have to move forward so we can get to the controversial slide.

Wes Rishel – Independent Consultant

Yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But I will say that on the second reading of the report it dawned on me that when they used the phrase "EHR" they are really describing one simple capability of the EHR and that is its clinical data repository and sets of APIs into that data repository.

They really aren't focusing on any of the other myriad things that EHRs do and as somebody who makes a living selling these legacy systems, you know, you have to kind of get over the threat that this sounds like and realized they're just talking about adding some capabilities to get at the data that is managed by EHRs.

Wes Rishel – Independent Consultant

Well, that's –

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And look at them as kind of clinical repositories.

Wes Rishel – Independent Consultant

That – if in fact that bears out than that is very encouraging because my interpretation of the flow of the discussion, if not a careful re-reading of the report, is that their assuming a level of capability in the API that may very well be beyond the pale of many existing products that are being used in providing patient care and that the term legacy is meant to imply that there are systems that are incapable of providing enough discrete data organized in the right way dealing with negation and so forth in a meaningful way, but if I'm being over reactionary then that will be good news for me.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Hi, it's Larry, I know we're running long on this, but I think it's important to point out that I think that Paul Egerman's comment was about the tone of the use of the word "legacy" more than legacy like to use the definition legacy systems or anything that's operational and so that's how I diffuse that in my own mind.

Wes Rishel – Independent Consultant

Yes.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes, we have a lot of operational systems and modifying something as operational takes a lot of work and you can really mess things up if you don't do it right.

I do think though that there is an inference that we shouldn't ignore that existing systems tend to be monolithic and proprietary and that this might be the elephant in the room that has gotten everybody actually a little bit bent out of shape in their reactions to the report.

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

Yes, okay, well this is clearly something we were going to want to, you know, dive down even deeper into and refine. Jon, let me turn it back to you to go ahead.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yes. So, in the next five minutes, you know, the small bomb will drop.

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

Right.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

All right, so, thank you good night. So, what is on here and I will – I do think that there are deeper conversations to be had about this. This is one diagram of a couple that are in the report. I do encourage you to go back to the report and read through it, okay, and I'll just, you know, kind of talk this through real quick if you want to try to discuss it great.

So, this is the example architecture at the high-level that's described in the report. On the left here where it describes this stovepipe legacy systems, stovepipe is meant to be – indicate that one these are at the institutions, care providers. Two, that they cover a lot of the layers of the stack that are described in the middle, okay, and legacy as you've seen before.

So, the foundation of this architecture is appropriately at the bottom. These are the data. They describe components of this architecture that are both the data storage in the logical and physical sense as well as the transport in the logical and physical sense.

They, the JASON, recommend that the data are encrypted both at REST and in transit, it is encrypted in transit now not necessarily at REST.

The central part of the architectural describes the layers of this here at the top, user interface and it goes all the way down to the data and they recognize both that for the purposes of analysis that it's important to be able to parse the data atomically with associated metadata and provenance, and stuff like that as well as from the view of an individual so that's the chart record on the left there. I won't go through the rest of the stack.

On the right are components of the architecture that span that stack and these include identity authentication and authorization, key and certificate management and then importantly this concept of patient privacy bundled management which I will talk about in the next slide.

The final thing I want to call out about this slide, and Wes this is probably important for you to see, is that the recommendations at the end of this say that there ought to be established APIs such that current, operational systems, I like that term, have defined ways of interacting with the other layers of this architecture and those are the dots there and the published APIs, that's what the dots are. So, Micky, do you want me to just charge ahead?

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

Yeah, I know we're getting very short on time but I think there is another important one coming up. I just have one clarifying question, why doesn't the legacy system box extend down to the lower three layers? I found that very confusing.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Good question, I don't know I'd have to go back and it should, because, right, it includes –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

No, no, they're describing – this is Larry Wolf, sorry to jump in, because I puzzled through that, they're laying out a new architecture which is the broad stack.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Oh, okay.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And they're identifying where the existing systems would plug into that because one of the things they're doing is breaking out the data store that those systems traditionally have managed.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yeah and –

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, they don't really –

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

To David's previous point they're really looking at the existing systems or the operational systems as transactional stores and this is really intended at getting the cross transactional store data together I think.

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

Okay, right that's what I thought it's not described that way in the slide, but that's the only way it makes sense.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And this is David, my – this is David, my perspective is that whole crypto layer thing at the bottom could be removed and we shouldn't waste any time on it, it's a given and it doesn't add anything to the conversation.

Data at REST – where is the data at REST now that's a relevant part of the question, but not should it be encrypted or not. I mean, we've had that debate enough.

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

What's funny about this architecture and this may not be the controversial slide, is that I can think of – I can't count – it takes more than one hand to count the number of organizations that are building implementations or have built implementations to this architecture and so you wonder where is the market failure or the architecture failure is it at the published API layer in which case the whole example architecture is a little bit of a red herring.

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

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well that's our deeper dive discussion. We are at 9:30 Micky what do we do here, do we want to do this privacy slide and then –

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

Yeah, maybe that makes sense. Does that make sense Jon to just do that one, the privacy slide and then finish up?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Sure, yes, that's good, all right, next slide. And obviously, you know, I'll be happy to come back to this and discuss it more. So, they described their approach, privacy and risk management, as a patient privacy bundle approach. They defined that as a collection of fine grain settings, a default permission and inheritance settings for access privileges to electronic health data.

The report suggests that both atomic data and metadata must be associated with those permissions and they stipulated that or they suggested that a patient controls access by electing a privacy bundle not on this slide, but indicated in the report is the fact that individual people are not going to be able to get their heads around all the complexity for bundles but perhaps trusted organizations might recommend that people adopt particular bundles, you know, whether it's consumer report, they don't say consumer reports, I made that up, but, you know, consumer reports or, you know, the American College of Cardiology or whatever, you know, different trust organizations.

The second bullet, a fine grained permission system is flexible and can accommodate many different kinds of security policies, but finally and importantly I think, the choice of a patient privacy bundle implies and assumption, by the individual, of different levels of risks in return for themselves – different benefits for both themselves and society, and like I said I can take that deeper later. And Micky do you want me to stop here?

Wes Rishel – Independent Consultant

Micky maybe on mute.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Yeah.

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

Yeah, sorry, I think we probably should stop don't you think David?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I think so to respect people's time.

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

Yeah.

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

Yeah, this is Michelle, we need to stop anyway.

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

Okay, okay. Well, I think, you know, what we can do now, we obviously need the public comment, but in terms of the next steps here, you know, as we said at the beginning the next meeting, which is early July I think, we, you know, sort of left open as a session where we are going to need to do more, you know, deep dive and clearly just based on this we need, you know, need to be able to do a deeper dive so we can work off line on what's the best mode to do that and perhaps getting some people who are more closely involved in the report itself that can help to answer some of our clarifying questions.

And, you know, as we saw on the call today it's hard to not start to jump into, you know, sort of our points of view on this as well, which I think is okay, I mean, we've got a short period of time so we just need to, you know, sort of move ahead and keep doing that and making sure that we're documenting it and having the ability to structure and synthesize that as we go along. Does that make sense David?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yes that's great and I want to thank everybody for a really terrific discussion, this has been one of the best discussions in a long time. I think it's great. I appreciate all the deep thinking.

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

Yes likewise. Okay, 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

Okay, just a quick note, the next meeting is July 1st and we'll probably send out a follow-up e-mail with next steps so we can get everybody on the same page before that meeting. Okay, operator can you please open the lines?

Rebecca Armendariz – Project Coordinator – Altarum Institute

If you would like to make a public comment and you are listening via your computer speakers please dial 1-877-705-2976 and press *1 or if you're listening via your telephone you may press *1 at this time to be entered into the queue. We have no comment at this time.

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

Okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

They just haven't heard about us yet.

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

I was hoping one of the JASON's would comment.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

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

Great, thank you everyone.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

All right, thank you.

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

Thank you everyone.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Thank you, bye.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Bye-bye.