

Information Exchange Workgroup
Draft Transcript
May 16, 2012

Roll Call

MacKenzie Robertson – Office of the National Coordinator

Good afternoon everyone. This is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Policy Committee's Information Exchange Workgroup. This is a public call and there will be time for public comment at the end. The call is also being transcribed, so please be sure to identify yourself before speaking. I will now quickly go through roll and then at the end, ask any staff members to also identify themselves. Micky Tripathi?

Micky Tripathi – Massachusetts eHealth Collaborative

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Micky. Hunt Blair?

Hunt Blair – Deputy Commissioner Division Health Reform Department of Vermont Health Access – Medicaid

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Hunt. Tim Cromwell? Jeff Donnell? Judy Faulkner?

Peter DeVault – EPIC Systems Corporation

Peter DeVault for Judy Faulkner.

MacKenzie Robertson – Office of the National Coordinator

Peter DeVault, thank you. Seth Foldy?

Seth Foldy – Center for Disease Control & Prevention

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Seth. Jonah Frohlich? Larry Garber?

Lawrence Garber – Reliant Medical Group

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Larry. Dave Goetz? James Golden? Jessica Kahn? Charles Kennedy? Ted Kramer? Arien Malec? Deven McGraw? Stephanie Reel? Cris Ross? Steven Stack? Chris Tashjian?

Christopher Tashjian, MD – River Falls Medical Clinics

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Chris. Jon Teichrow? Amy Zimmerman?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Amy. And is there any ONC staff on the line who could also identify themselves?

Michelle Nelson- Office of the National Coordinator

Michelle Nelson.

MacKenzie Robertson – Office of the National Coordinator

Thanks Michelle. Okay Micky, I'll turn it over to you.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, great, thanks. Now did you earlier say that Cris Ross was on, I didn't hear him respond.

MacKenzie Robertson – Office of the National Coordinator

No, he's not.

Micky Tripathi – Massachusetts eHealth Collaborative

He's not, okay. Okay, great. Hi everyone, this is Micky Tripathi and welcome and thank you for joining the Information Exchange Workgroup. Today we're going to begin our conversation about the Governance RFI that was posted, I believe last week, by ONC and have a few things that we want to accomplish today. One is, if you could advance the slide please, where are we? Yes, okay. One is that what we'd like to do is sort of address the overall RFI, which, as we'll discuss, is sort of a series of questions related to the structure and individual components of what would be a proposed voluntary accreditation process for participants in the exchange, in Nationwide Health Exchange. What we'd like to do, because there are sort of a number of questions related to that, what we'd like to do is divide into some subgroups who can, with a smaller group of people, sort of have more focused conversation about a certain set of questions and then bring that back to the overall workgroup for discussion and for broader workgroup conversation.

There's a couple of sections, and we'll walk through that, what those sections are and if all of you are thinking about, I know you're all dying to sort of figure out which of those subgroups you're going to want to volunteer for; and for those who are most eager, which would you like to lead. And then, if we have time, we'll start to dive into the first section, which is section A, of the RFI, establishing governance mechanism. But, we'll see how far we get in this workgroup call today. The most important thing, I think, is for us to as a workgroup, sort of have our arms around what do we need to accomplish over the next set of meetings, by way of various issues that need to be tackled and then, getting those sub-workgroups up and running. So, let me just pause here and see if Claudia had anything that she wanted to add, before we move ahead.

Claudia Williams – Director – Office of the National Coordinator

No, that sounds great. I'm sure I'll have just clarifying points as we go through. And, like I said, don't think just because you're the only great people who showed up, that we won't nab volunteers from the broader group, so, we can just talk at the end about what our process will be for confirming participants in each group.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, great. Next slide please. Oh, we don't have those slides up, are we going to put those up or should we...

Caitlin Collins – Altarum Institute

We can in just a moment.

Micky Tripathi – Massachusetts eHealth Collaborative

We could do it either way. We're going to go through a slide deck that all of you just got, I apologize that you just got that. And, it looks like it's coming up. And so, in this deck what we've done is there are just some introductory slides about the RFI in general. Hopefully all of you have had a chance to look at it, or,

at least to look at Steve Posnack's helpful presentation that he's given now at a number of places. He has given it at a couple of national webinars, then he gave it to... just for participating members of the IE workgroup yesterday; there were a few of us who were on that call. But, I think that presentation has been circulated, so hopefully you've been able to at least look at that. If not, please do. Slides, still don't have that up yet.

But, let me just start talking a little bit about some of the high level, because I don't think that we need to spend a whole lot of time on the high level. As I think all of you know, the RFI, while I believe it's not necessarily anticipating an NPRM, I did see some language in there that said something about an upcoming NPRM, so, that just may be some loose language as ONC was flipping back and forth between whether this is actually an ANPRM an Advanced Notice of Public Rule Making, which would be essentially stating that there will be a Notice of Public Rule Making, versus a simple RFI, which is just asking for information from the market with the question still being open about whether there would actually be an NPRM. And I believe it's more an RFI right now, right, I mean, it's called an RFI even though there is that language that's still in there somewhere. Is that correct Claudia?

Claudia Williams – Director – Office of the National Coordinator

It's an RFI.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, so, the overall goals of establishing a governance mechanism, oh, here we go. Next slide. This is just sort of a depiction of the overall goals, and I think, hopefully we're all familiar with these; namely to provide a foundation for improved care coordination and quality improvement; trying to advance electronic health information exchange, in particular, the concept of trust, which is, I think that all of us know, is a foundational element of health information exchange. Trying to get our arms around a common set of rules to create a consistent trust baseline and then finally, recognizing or trying to address what ONC has said is things that are going on at the sub-national level, perhaps state and regional level, where policies and other governance mechanisms are sort of coming into play that may be sort of in conflict with what are thought of as facilitating elements of electronic health information exchange. So, those are kind of the overall goals as ONC has been thinking about them, by way of thinking about what a governance mechanism could benefit Nationwide Health Information Exchange.

Next slide please. These are some other objectives; again, I won't go down these in detail, I think all of you are pretty familiar with these. So, let me just flip to the next slide. Your two acronyms that hopefully you're familiar with now; one is NVEs, which is NwHIN Voluntary Entities. The idea is that this would be a voluntary accreditation process for those organizations that agree to abide by these conditions for trusted exchange, which is the second acronym, CTEs. And, the process would be a voluntary process where the idea is that those who... that voluntary process may be enough to get enough interest among participants to form sort of a... some kind of trust fabric or trust relationship among those who choose to participate in this, and would provide at least a foundation set of principles that every other participant would know that the other participants have agreed to at some level.

So, the conditions for trusted exchange, these CTEs are divided in three categories as depicted here; there's one set related to safeguards, another set related to interoperability and another set related to business practices. And, that's how we're thinking about dividing up, roughly how we're thinking about dividing up some of the workgroups, sub-workgroups. So, next slide please. Our charge, as we think about this, and this is really just sort of a straw man more than anything else, I mean, and open to any workgroup comments about anything that they would like to add as a part of our charge, but, the charge is to think about how the governance approach outlined in the RFI can have some impacts on the market related to widespread participation, this is voluntary as we said, so, what thoughts do we have about the overall approach as well as the specific CTEs and thoughts about how that may or may not facilitate or provide incentive for widespread participation. What do we think about their ability to reduce burden and complexity of exchange to produce confidence and trust, both for consumers and providers, and finally create an overall environment or ecosystem where electronic health information exchange can become commonplace. Let me pause here and see if all of that makes sense. I mean, it's pretty high level, so hopefully there's no disconnects here.

Okay, next slide please. So, each of the workgroups has been sort of given some specific sort of guidance related to what we should focus on, and as I think you can appreciate, there's a lot of gray area and so, there will certainly be overlap in workgroup conversations and considerations, but, this has been, I think helpfully sort of divided up among the workgroups so that we're not all focusing on the same thing. And our workgroup, as depicted here, would focus on those aspects of the RFI that are related to the impact on the states, the market, organizations and CTEs specifically focused on business practices. The other workgroups will deal with some of the ones related to privacy, Standards Committee ones will deal with standards types of issues, and then our focus will be on, as I said, on the state's market organizations and business practices. It doesn't mean that we won't stray into those other areas, but, at a high level that's where we want to start, anyway. And these are the areas where we have, are considered sort of the priority or primary respondents, with respect to the overall comments.

There are areas that we will be considered sort of secondary respondents, to the extent that we have time and are able to comment on those; which again, doesn't limit us it's just a way of saying that this is what the Policy Committee is expecting that we'll focus on first and foremost, so that we have an appropriate division of labor across the all of the workgroups. So, unless there are any questions on this slide, let me ask to move ahead. Okay, and our comment, as said in the title, will be presented on June 6th, at the Policy Committee.

Next slide please. So, what we'd like to do is form three teams with 3-4 members in each. The idea would be, as a matter of process, that each of those teams will drill down into the specific area of that team and just be able to spend a little bit more time with a smaller group of people, thinking a little bit more deeply about the questions at hand than we as an entire workgroup would be able to; and then come back to the workgroup with some type of presentation. It doesn't necessarily have to be a formal presentation, but some type of presentation of what the issues are, what the key issues are, what some of the considerations might be with respect to those key issues, and a set of draft recommendations for the workgroup to consider as a whole. A number of the other workgroups have used this in a variety of ways and I think, it always works a little bit differently, from my experience, in each of the workgroups, but I think it is an effective way to get our arms around a large set of issues and have some meaningful discussion within this pretty limited time frame that we have. And ONC, the ONC staff, will help those sub-workgroups with the logistics of setting up calls. I think right now the idea is that each of the sub-workgroups would have two one hour phone calls that can be organized by the staff.

Next slide please. So, somehow I got corralled into leading the first one, which will be the establishing a governance mechanism, and what we want to do . . . and each of these is going to have, I think, I forget how many CTEs are there in total, does anyone know?

Michelle Nelson- Office of the National Coordinator

There are 66 questions, but...

Micky Tripathi – Massachusetts eHealth Collaborative

Oh, questions, right. Okay.

Michelle Nelson- Office of the National Coordinator

We're actually not... I think there are a small number were not addressed.

Micky Tripathi – Massachusetts eHealth Collaborative

So, in those questions mapped back to CTEs or something.

Michelle Nelson- Office of the National Coordinator

Yes.

Micky Tripathi – Massachusetts eHealth Collaborative

So, there are 66 questions overall and we've taken a swag at dividing up those questions. So, at least with each of the sub-workgroups, they'll be able to know exactly which questions we need to focus on. So, maybe what we'll do is rather than asking for volunteers right now, it might make more sense to go

through all of them, since people didn't have a chance to look at the deck before, and then we can ask for volunteers so people can see what all the sub-workgroups are.

Michelle Nelson- Office of the National Coordinator

Micky, the only thing I might suggest, this is our only chance to discuss that first set of questions, we're not having another session on that, so another thing to think about would be to use the rest of the time to talk about the first set of questions, and then we can follow up by email to get volunteers; whatever you prefer. So in other words, our last agenda item was actually to have a discussion about this first, your team.

Micky Tripathi – Massachusetts eHealth Collaborative

Um, hmm.

Michelle Nelson- Office of the National Coordinator

But, whatever you prefer. You could also just delegate that conversation to your workgroups if you prefer.

Amy Zimmerman – Rhode Island Department of Health & Human Services

This is Amy for a minute. So the workgroups are going to split up on these topics, have conversations and come back to the big group, so Claudia, in your saying that we were going to discuss these questions first, was that so, this is like a team 1 meeting in addition today, or that's just to kick off the conversation.

Claudia Williams – Director – Office of the National Coordinator

The main issue was that for the other topics, we're going to have a dedicated session where the workgroup gets to bring back a comment; we're not going to get to do that for this set, so we kind of flipped it and we're thinking we'd have a... also these are the overall set of questions that frame governance, so we thought it would be helpful to have a broad conversation with the whole group. So, we flipped this one, because we didn't have enough meetings to accommodate having its own meeting for this topic. Does that make sense?

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Thank you.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, I mean, I think...

Claudia Williams – Director – Office of the National Coordinator

But you know what, we're dealing with the reality which is that there not a ton of people on the call, and maybe it's better just to, like you said, go through the process, get volunteers and then just do that offline.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah. I think the hard thing is that at this point, people haven't had a chance to really look at this stuff and, it's fairly detailed, so, I think we may just need to set up this first one, just like the other sub-workgroups and just set up a couple of calls if there are volunteers for this. So, why don't we just keep moving ahead here, so, if we could, I'm sorry, I was tracking off line. So, if you could go to the next slide. So, the first one is the questions related to establishing a governance mechanism, and as you can see, here's a set of questions, might be a little bit easier to see if you're tracking off line. But, overall, this is sort of the most high level set of questions related to the governance mechanism overall, in terms of what kind of governance approach... what's the color coding here?

W

The red are the questions on which we are the prime respondents. The blue are additional questions that we identified that we think are also important, probably important because they're overall framing

comments. So, red are ones where we're the main, like we have been identified as the workgroup who is the lead and I just used blue because I think there are some additional questions here that we need to answer to get to the question of, "Is this going to work in the market?"

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. So, is it sort of priority 1, priority 2, priority 3? Red, blue, black?

Claudia Williams – Director – Office of the National Coordinator

Yes.

Micky Tripathi – Massachusetts eHealth Collaborative

So, overall it looks like then if I look at the reds, there's a lot there, two out of three of them are really related to the question of state governance versus what and how state governance would be affected or would affect this nationwide governance mechanism, from what I can see. So, that would be a lot of sort of the questions there. And then, the next set of questions it looks like are one level down, as it relates to different sort of levers of the governance mechanism with respect to validation approaches and other levers related to the governance mechanism. And then, 56 I would think would apply to all, I don't know if that's focused on just the smaller set of questions, but this says, which CTEs would you revise or delete and why? Are those mapped to a particular set of CTEs?

Claudia Williams – Director – Office of the National Coordinator

It's just these are the broad, overall questions for the whole RFI.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Claudia Williams – Director – Office of the National Coordinator

So one option on that one would also be to mirror those questions into each of the other groups.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Okay. So I think hopefully you can get the flavor of what topics we'll be covering in this team. So, unless there are any questions, maybe we should move to the other two, so people can take a look at what those are. All right, so team 2 is, sorry. If we could advance the slide, and then advance it one more. Okay. Team 2 is focused on the safeguard CTEs, the so-called safeguard CTEs, that I'm a little bit less familiar with myself; but, are mostly going to be related to, it looks like, security aspects of the CTEs.

Claudia Williams – Director – Office of the National Coordinator

So the tactical security requirements as well as some policy requirements around things like authentication. There are two slides actually, so there's a second slide I believe. Could we go to the next slide? So, there's a lot of questions here, but there are not too many on which we're the lead.

Micky Tripathi – Massachusetts eHealth Collaborative

So the ones, oh.

Claudia Williams – Director – Office of the National Coordinator

In this domain, both the Standards and the Policy Committees that are devoted to privacy and security will be the leads. I think part of the challenge of our group is we're trying to identify how all of this adds up to deliver trust in the marketplace. So, while we're not being asked to be the lead on the individual items, we still have to make an assessment on what the impact is at the end of the day, if that makes sense.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

M

So, just to be clear. We can respond to reds, blues and blacks, is that correct?

Claudia Williams – Director – Office of the National Coordinator

Yeah, we just... given that this is a rather large task for a short period, we kind of have an obligation to respond to the red, because we are the main group responding. We can get as far as we can on the other ones, but, if we don't respond, it's okay.

M

Okay.

Claudia Williams – Director – Office of the National Coordinator

So, it's more just our ability – I know you guys all will want to do it all, but, we just wanted to make very clear that if folks end up not being able to cover it, they should start with the red ones, and if they can't cover everything, that's okay. The other...this is more maybe a judgment call Micky, for you and for the group, but, we're at a very early stage of development and, let's say that there's a fabulous, far-reaching conversation that results in a bunch of thoughts and suggestions for how to think about moving forward, that don't necessarily congeal down to one single recommendation, maybe even are different ways of looking at something, that could still be very helpful, so, that's another thing to think about, Micky, as you charge the lead, would be to say, this may be a place where, maybe you don't feel that way for Stage 2, because you know exactly what the next step is and the next step is the final step and all of that; here we're at an early stage, so even if we can't come up with the single thing that we recommend, saying here are the things that we thought about as we discussed it that should be considered, would be very, very helpful.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Okay. Well...

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, this is Amy, as I look at this, on team 2 there's really three very specific questions and a lot of other questions, which is kind of different from team 1 which has more reds and more global reds...

Micky Tripathi – Massachusetts eHealth Collaborative

Yup.

Michelle Nelson- Office of the National Coordinator

I you're looking online, there's actually one more slide...

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yes there is...

Michelle Nelson- Office of the National Coordinator

...and that whole page is pretty much red, so... just be cognizant of the fact that team 2 is going to have the heaviest load of the work.

Micky Tripathi – Massachusetts eHealth Collaborative

Oh, could we flip to that slide?

Amy Zimmerman – Rhode Island Department of Health & Human Services

All right, because that's good, because team 2 looked like the lightest one...

M

Oh, there it is.

Micky Tripathi – Massachusetts eHealth Collaborative

Darn, we should have asked for volunteers before we flipped (laughter).

Claudia Williams – Director – Office of the National Coordinator

We've got to get our story straight before...

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, well, we'll see who we can entice with window #2. But some of these, but even though there are a lot, a lot of them seem... they're very specific.

Claudia Williams – Director – Office of the National Coordinator

Yes. I think team 1 has a lot of very broad questions.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, right. That's what it looks like. So, team 1 is . . .

Claudia Williams – Director – Office of the National Coordinator

... (indiscernible) grasp the whole thing to answer them.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. So, why don't we move now to window #3, and see who we can attract there. Next slide. All right, how many slides are there with this one?

Claudia Williams – Director – Office of the National Coordinator

I think there's one more.

Michelle Nelson- Office of the National Coordinator

Yes, there are two slides.

Amy Zimmerman – Rhode Island Department of Health & Human Services

And are there reds on the second slide?

Michelle Nelson- Office of the National Coordinator

Yes, but not as many. I think there's only one, with lots of points underneath it.

Claudia Williams – Director – Office of the National Coordinator

And this is when we're, as a policy committee, we really don't necessarily need to weigh in on the standards specified. But, I do think they're critical overall questions about will this approach to transport and exchange kind of work in the market that should be considered by this; which isn't exactly a discrete question, but it's kind of what we are uniquely positioned to address.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, again, 66 seems like it's pretty broad, almost for the entire workgroup.

Claudia Williams – Director – Office of the National Coordinator

Yeah, that's actually not one, I'm sorry for mislabeling, that's a separate set of domain of questions, it's not one of the interoperability...

Micky Tripathi – Massachusetts eHealth Collaborative

Right, but it's a, you've grouped it under team 3, right?

Claudia Williams – Director – Office of the National Coordinator

Right, it is right.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah. So this one,

Amy Zimmerman – Rhode Island Department of Health & Human Services

I have a question on that one. Is the question really just asking for what data is already out there in those areas, or what data should be publically available?

Micky Tripathi – Massachusetts eHealth Collaborative

No, it's saying... it's asking for comments and asking for people who comment to cite publically available data like research studies, whatever, to support...

Amy Zimmerman – Rhode Island Department of Health & Human Services

...their position. Okay, thank you. I think I was just reading the sentence wrong.

Micky Tripathi – Massachusetts eHealth Collaborative

So, this one, I mean the only red... so there's no red in the interoperability CTEs, but...

Claudia Williams – Director – Office of the National Coordinator

This could be a lot of time and effort.

Micky Tripathi – Massachusetts eHealth Collaborative

This could be a lot of time and effort, is that what you're saying?

Claudia Williams – Director – Office of the National Coordinator

Yes.

Micky Tripathi – Massachusetts eHealth Collaborative

Because of the economic impact part.

Claudia Williams – Director – Office of the National Coordinator

Well, and it's also fine for the group to say, we don't really... you know, those are good questions, but we don't have data, but here's what we think... I mean, we're not really expecting you to go off and do primary data analysis or...

Micky Tripathi – Massachusetts eHealth Collaborative

Right, but we are the only ones who are really looking at this question.

Claudia Williams – Director – Office of the National Coordinator

And we will, I'm looking at Tari, because I think she's my, I was going to say victim, but I won't say that. We will do our very best to staff all of the workgroup calls, and have somebody online, so that if there is follow up that would be helpful, we can help with that, and note taking and things like that. So, you won't... will do our best to do that, can't guarantee that every single one will get covered, but we'll try really hard.

Peter DeVault – EPIC Systems Corporation

I'm sorry, this is Peter. I'm still having a hard time figuring out what team 3 is. Is it just question 66, and by just I mean looks like it's everything, or, what exactly is it?

Claudia Williams – Director – Office of the National Coordinator

So all the black ones are ones on which we're inviting and we want IE workgroup input, it's just that we don't have any where we're like committed that we have to, so, I still think that this group, because of the perspective being broad from folks of implemented exchange have critical input to give on the full set of questions for the interoperability CTEs. But the one red question is a big one too, so, I think this group is going to face a challenge in how do you divide your time, because I do think it would be very, very, very helpful for this group to weigh in on the other questions. Maybe you pick two or three of four that you think are the highest priority and you focus on them.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, I think that makes sense, I mean, that's a pretty heady list, the other interoperability ones, on the other hand, even though we're not the standards committee, there are lots of policy input to almost all those questions, that I think would be valuable. But to your point, we don't want to replicate what other workgroups are doing, if the Policy Committee is really expecting that we're the only ones who are doing the economic impact part. So, some of these questions are actually related to the conversation, Peter, that we were having yesterday on Steve Posnack's webinar with Carl, Claudia and Steve.

Peter DeVault – EPIC Systems Corporation

Okay.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, this is Amy again. I have, I don't know if this is the right time, but I have a general question and I will confess, I've started reading this, I haven't gotten all the way through it, and I was not able to make yesterday's call.

Micky Tripathi – Massachusetts eHealth Collaborative

You're the only one who hasn't read it end to end...

Amy Zimmerman – Rhode Island Department of Health & Human Services

I know. So, when it comes to sort of conceptually the definition or the range of entities that fall under an NVE, is there any more definition, or has there been any more discussion about who and what an NVE is.

Claudia Williams – Director – Office of the National Coordinator

Yes. I'm going to try to pull it up. There's a whole section devoted to what's called actors, and we're not addressing those questions, so we didn't include them here. But, I believe in that section, they cite a bulleted list of potential participants, and I'm just going to turn to that page and let you know what page it is . . .

Amy Zimmerman – Rhode Island Department of Health & Human Services

Now you'll know how far I didn't get ...

Michelle Nelson- Office of the National Coordinator

While Claudia looks that up, does everybody know what an NVE even stands for?

Amy Zimmerman – Rhode Island Department of Health & Human Services

I only know because Micky said it before.

Michelle Nelson- Office of the National Coordinator

Okay.

Claudia Williams – Director – Office of the National Coordinator

You know what, actually I think, let me go a different route, I believe Steve Posnack's slides, let me say, off the top of my head, because I remember, but, then, I'll look at his slides, we... it's an entity that's facilitating exchange which could include an EHR, a RHIO, a national network, AHIP, and if you remember in this model, what we're saying is it's a voluntary approach where you might have different kinds of services to which different CTEs attach; so whether it's a directed approach to exchange or whether it's query-based approach to exchange, you might be getting voluntary certification or accreditation against a specific set of services. So, it's a very catholic definition. There are other workgroups that are specifically tasked with looking at that definition or questions around, should it be a non-profit, I think, we did not, in the RFI say, yes it should, but that was a question; are there other qual – I think we said where you're enabling exchange within let's say an enterprise, that wouldn't really count as facilitating exchange externally. So, there are, and I will look at Steve's slides now to see if I can find the slide on which he talks about that.

Peter DeVault – EPIC Systems Corporation

But Claudia, so that I can exercise my recent knowledge about this and validate that, it specifically... an NVE is specifically not a health care provider who might be the source or recipient of the information, is that right?

Claudia Williams – Director – Office of the National Coordinator

I mean, you could imagine a scenario where an IDN is the one also facilitating exchange and building the infrastructure and doing all that, so, it's not limited to, but...

Peter DeVault – EPIC Systems Corporation

But not in its role as the healthcare provider.

Claudia Williams – Director – Office of the National Coordinator

It would be in its role as an entity that's building exchange, right, correct.

Peter DeVault – EPIC Systems Corporation

And the corollary to that is that the governance model actually doesn't address the actions of healthcare providers in their role as healthcare providers and recipients and sources of data, it's a governance of those facilitators, as you put it.

Claudia Williams – Director – Office of the National Coordinator

There are places in the rule where we ask how deep should the requirements go, so for instance, authentication, I believe it says that the assumption is that the facilitator will ensure that there is authentication of end-users, but it may be doing that directly or delegating that function to somebody else. So, there are various places where the question is asked as to whether there should be a sort of spill-over requirements all the way down to the end-user or not, if that makes sense. But in general, yes, you're right.

Micky Tripathi – Massachusetts eHealth Collaborative

It is hard to just cleanly parse some of this, so I think we're going to have to just take that into account when you're thinking about it. But for example, it's hard to think about what's the potential number of entities that would seek to become NVEs, you really have to be looking at that question of actors and affection to really have some sense... or to provide additional context to answer that question.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Micky thank you, because that's exactly where I was going. I was struggling with thinking how these questions are answered depending on who the actors are or what the definition of the NVE is. And, I think we want to think about how do we do this work without a lot of spinning and churning of chicken and egg; which is going to be, I think, a little bit of a challenge.

Claudia Williams – Director – Office of the National Coordinator

Yup. I think one thing we might want to build in is once we've identified the lead, as questions come up in the various workgroups that feel a little foundational, we might just... Micky you might just encourage them to send an email, either to the whole group or just to the leads, so folks can at least have a common set of assumptions that we're working from.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So Claudia, on that question, and then I'll get off this particular line of questioning, if states are, I mean, I'm not sure that it applies in Rhode Island, but for states that are sort of facilitating exchange through direct, through whatever, I mean, are they categorized in here state government or not?

Claudia Williams – Director – Office of the National Coordinator

I think there's some judgment call that the groups going to have to determine, but, I would guess that it would be... if they're contracting with a HISP that it would be the HISP.

Amy Zimmerman – Rhode Island Department of Health & Human Services

And for states that are serving as a HISP, it would be themselves?

Claudia Williams – Director – Office of the National Coordinator

Whatever entity is serving in that function, yup. I think there's some interpretation... it would be helpful where there are sort of these gray areas, also to say, we identified this gray area, here's what we think is the right answer. Some of it's not necessarily going to be found in the word.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Okay, so then is it fair to say that not all the questions, and I'm not even just talking the red questions, not all the red questions will apply to all instances of facilitated exchange.

Claudia Williams – Director – Office of the National Coordinator

I'm not...

Peter DeVault – EPIC Systems Corporation

I think that's exactly right Amy, that's part of the conversation that Micky was referring to that we had yesterday, which is, in non-intermediated exchange, there will be several factors that might, in the general case, aren't present and therefore some of these questions might not apply to it.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Right, so for instance, if there's one on patient matching whatever, but the exchange is all just directed exchange...

Claudia Williams – Director – Office of the National Coordinator

Correct.

Amy Zimmerman – Rhode Island Department of Health & Human Services

...it's not going to apply. So, I'm just trying to clarify that not every question will apply to every kind of exchange or actor.

Claudia Williams – Director – Office of the National Coordinator

So the concept is a voluntary accreditation process, where you're being accredited with respect to different packages of services.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Okay.

Claudia Williams – Director – Office of the National Coordinator

You might be accredited for directed exchange kinds of services, accredited for query-based... you know, whatever those... yeah. So there would be service layers associated with particular CTEs. What we were trying to do in this initial RFI... what it says in the RFI is just laying out a set of common building blocks that might be common across those different, for this first round, for those different things.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Okay, thank you.

Micky Tripathi – Massachusetts eHealth Collaborative

Umm, okay, now's the fun part, who's interested in what?

Claudia Williams – Director – Office of the National Coordinator

Can we start with leads, just to like... no, that's not fair.

Micky Tripathi – Massachusetts eHealth Collaborative

And again, we can, yeah we'll do this via email as well. So, it's not like the burden's going to fall on those starry few of us who were foolish enough to join the call. So, let me just open it up and see if people have thoughts, any other scoping questions about either what the remit would be in general for the teams and then maybe about the scopes of each of the teams, but, primarily, if anyone has interest in being on one of the teams, would love to have you speak up.

Lawrence Garber – Reliant Medical Group

So this is Larry. I'm interested in being on #2, but this is just the wrong time for me to have the bandwidth to actually lead it. So, I am interested in team 2 though.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay.

Peter DeVault – EPIC Systems Corporation

And Micky, I'd like to be on your team, if only because that ensures that I won't have to be the leader of it.

(Generalized laughter)

Amy Zimmerman – Rhode Island Department of Health & Human Services

Well, I was... this is Amy, I was actually going to suggest Micky that I be on your team, not only for that reason though, but I just think the interface with the state governance issues is, from where I sit, would be one thing I think would be important to talk about.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. And Dave Goetz also had volunteered for team 1 off line.

Claudia Williams – Director – Office of the National Coordinator

So this is what's happening, where we already have a lead, we're getting volunteers now.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I mean the truth is, I'm in the same position; the next month is a horrible month for me to take on any sort of lead role here. So...

Claudia Williams – Director – Office of the National Coordinator

And we could also report back to the group that team 1 is... that we're really, please volunteer for #2 and #3, I mean, we're not going to prohibit people from doing #1, but...

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, I think that's right and I think it's fair to say, team 1, we can accept one more or something like that, but we need #2 and #3.

Claudia Williams – Director – Office of the National Coordinator

Who else is on the line?

Micky Tripathi – Massachusetts eHealth Collaborative

We should give some advantage to those who took the time to join the call.

Hunt Blair – Deputy Commissioner Division Health Reform Department of Vermont Health Access – Medicaid

Right, so, this is Hunt and I definitely want to participate, but not as a lead, because I'm in the same situation time-wise, and what I'd like to do is send you an email like after I have a chance to read through the questions, because I've been driving and, wasn't actually reading while driving, so...

Claudia Williams – Director – Office of the National Coordinator

That'd be great Hunt. Thank you.

Christopher Tashjian, MD – River Falls Medical Clinics

This is Chris Tashjian, I'll join the second one two with Larry I think, safeguarding fits well with clinical practice.

Micky Tripathi – Massachusetts eHealth Collaborative

Great. Thanks.

Seth Foldy – Center for Disease Control & Prevention

Seth Foldy is willing to be assigned to any team, so long as it does not involve a leadership position.

Claudia Williams – Director – Office of the National Coordinator

(laughing) you guys are a tough group.

Micky Tripathi – Massachusetts eHealth Collaborative

We're going to have a lot of leaderless teams.

Claudia Williams – Director – Office of the National Coordinator

We cannot lead, so let's just put, ONC is in an observation/taking notes only role. So, Seth would you be willing to do team 3.

Seth Foldy – Center for Disease Control & Prevention

You know, I must confess like Amy, I have not read the Guidance; I barely understand what we're talking about. I look forward to being forced to read the Guidance and answer some difficult questions that I can barely even appreciate now.

Claudia Williams – Director – Office of the National Coordinator

We put you on for 3 then.

Seth Foldy – Center for Disease Control & Prevention

So my answer is yes, I have no idea what you're signing me up for, wherever you think my skill set will work the best.

Micky Tripathi – Massachusetts eHealth Collaborative

Great. Is there anyone else on the call, who at this point has decided definitely not to speak up?

Claudia Williams – Director – Office of the National Coordinator

Let me just read back what I captured. Team 1, the lead is Micky; we have Peter, Amy and Dave Goetz; Dave's not on the line, but he volunteered. Team 2, we have Larry Garber and Chris Tashjian, and neither wants to be a lead. Team 3, Seth Foldy's willing to be put there and Hunt's going to email us later. Nobody wants to be a lead except Micky.

Micky Tripathi – Massachusetts eHealth Collaborative

And just to clarify, want is a... let's put quotes around want. Okay. Well, first off, thank you everyone for volunteering for something here and I think that's a great start and I think we can do it via email and if we don't get any leads, then maybe we can just do a little bit more offline work to see if we can try to promise

some additional support, for the leadership role, just to get someone to at least help facilitate either of the other two.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Do we have any idea of, or do you have any idea of how many calls you think we're going to need in the next month to get through this, as the sub-groups and then as a full group?

Micky Tripathi – Massachusetts eHealth Collaborative

I think the idea was two calls per sub-workgroup but frankly, I think we can take that, each sub-workgroup can decide how they want to work. If they think they can work most effectively via email or any other sort of technology like that, then that's fine; but, I think we're going to set up 2 one hour calls, just so we have them and I then I forget what the workgroup schedule is.

Claudia Williams – Director – Office of the National Coordinator

So basically we have weekly meetings and the way it'll work, if you look at the slides, you'll see, but, team 2 is presenting their recommendations next week, team 3 is presenting their recommendations the week after. Then we have one more meeting where we're going to look at all of the comments together and offer added suggestions. Team 1 is going to iterate its comments just by email, to get any input; we're not going to have a separate call for them. So, those are the calls that would involve potentially everybody and then each little workgroup would be iterating on its own; we would set up 2 calls, but those could be cancelled by the group if you have another way of working, but we just didn't want you to have to worry about setting those up.

Seth Foldy – Center for Disease Control & Prevention

So, for example, two meetings to prepare for a presentation in two weeks for team 3.

Claudia Williams – Director – Office of the National Coordinator

Right. We would of course hope that you also participate in the other calls, but we do understand that this is by no means the only thing you're working on or necessarily the thing you can focus on; so, this is, we are so in listening mode, I can't tell you. I mean, the input is going to be incredibly, incredibly valuable to us. We'll obviously get lots of comments from various groups, but, time on this, I would hope, will be very well spent. Okay, well Micky, how about we draft an email that would go out to ask for volunteers. I think we'll probably ask for those by the end of the day tomorrow. Team 2 doesn't have a lot of time, and we're a little bit concerned about that just because that one has to get going quickly, but...

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, I am too as well, so we may... okay.

Claudia Williams – Director – Office of the National Coordinator

I mean, we can ask for people to respond by noon and just hope that we do get that, but...

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Okay.

Claudia Williams – Director – Office of the National Coordinator

And we end up leaning on somebody to be a lead if we don't get volunteers, so...

Micky Tripathi – Massachusetts eHealth Collaborative

Okay.

Claudia Williams – Director – Office of the National Coordinator

So folks I think, I believe... it's not a long document and it is... there's sort of a... since this doesn't exist yet, it takes some digesting to sort of get what the gestalt of it is. It is a pretty easy read, but it just may take a little digesting so, I would encourage you to read the whole document. Also, Steve Posnack, I

believe his webinar, the recording of it, may be available on the NHIC website and you have the slides as well. But, I think it would be helpful to read through the document before digging into the pieces.

Micky Tripathi – Massachusetts eHealth Collaborative

Yes, that's right.

Claudia Williams – Director – Office of the National Coordinator

Was I delicate enough?

Micky Tripathi – Massachusetts eHealth Collaborative

It's an easy read, but each question is like a Master's dissertation.

Claudia Williams – Director – Office of the National Coordinator

Hey, you're the smarty guys that are on the...

Seth Foldy – Center for Disease Control & Prevention

Okay, so nobody comments who hasn't read what they're commenting on, I get it.

Claudia Williams – Director – Office of the National Coordinator

I'll tell you, I go to book group and I haven't read the book, so, we're not...I just think it will help situate the dissection for you in a way that might be... feel free to shoot us emails or questions if they're just things you come up with, you're like scratching your head and you can't figure it out, just shoot an email.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. And again, it's not like we have to come up with perfectly, incredibly... I keep coming to well thought out. We want them to be well thought out, but they don't have to be crystal clear, sharp recommendations about this or that, they can be about sort of the state of our thinking about any of the questions and, we kind of get as far as we get and I think the main part is that we're a group of people who represent multiple perspectives and have been thinking about this so, from what I'm hearing from Claudia, anything that we can provide will be helpful.

Claudia Williams – Director – Office of the National Coordinator

Right. Our workgroup in particular is blessed with having people who are on multiple other workgroups dealing with this, like Cris, I think Cris Ross is on three, as is Arien. So, we may have a couple of people who are stretched pretty thin, but, I think we'll be in good shape, we'll get great participation. All right.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay.

MacKenzie Robertson – Office of the National Coordinator

Do we want to open the line for public comment?

Michelle Nelson- Office of the National Coordinator

Before we do that, I'm sorry, we might... this is a bit of a side note, but we never followed up with this group regarding the Health IT Policy Committee on May 2nd and the comments for Stage 2. And I just wanted to make sure that this group knew that Micky has been asked to go over more comments on May 30th, so, just also wanted to be... in the thoughts of being transparent with everybody, that's also happening. So, Micky has to speak with the Health IT Policy Committee on both May 30th and June 6th, so, thinking about his time as well...

Claudia Williams – Director – Office of the National Coordinator

Yeah, thank you Michelle.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, thanks Michelle.

Seth Foldy – Center for Disease Control & Prevention

I'm glad you brought that up. I don't know if all committee members are aware that there's a well written list of the committees input into HITPC, that is part of the HITPC agenda for, I guess it's earlier this month, and I don't know that that document, I know we're all supposed to be able to figure this all out on the internet really easily, but, I thought it was a great documents and I was wondering if maybe it should be sent to committee members.

Micky Tripathi – Massachusetts eHealth Collaborative

Yes, that's a great point.

Michelle Nelson- Office of the National Coordinator

We'll make sure everybody gets it.

Claudia Williams – Director – Office of the National Coordinator

And these other conversations are just to finish up sharing our feedback from the letters and those documents. Correct? I hope that's correct.

Michelle Nelson- Office of the National Coordinator

So, essentially what we did was we divided some of the comments, some of them were a little bit more standards focused and so those standards comments are going to be what is talked about on the 30th meeting. So, even though it's a Health IT Policy Committee meeting, there will be members from the Standards Committee as well.

Micky Tripathi – Massachusetts eHealth Collaborative

And Paul Tang did tell me that they will be taking our entire letter and attaching it to the recommendations that go forward.

Michelle Nelson- Office of the National Coordinator

They did, yes.

Seth Foldy – Center for Disease Control & Prevention

Sorry, I know we have to leave time for public comment, but, I guess I'll shut up. . .

Micky Tripathi – Massachusetts eHealth Collaborative

Seth, feel free to call me or email me off line if you . . .

Seth Foldy – Center for Disease Control & Prevention

Yes, I'll send you a quick email.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, no problem. Okay, great. Why don't we... oh, the last thing I wanted to do before we get off is I wanted to appoint Peter vice-team 1 lead, it's a new position that I just thought up.

Claudia Williams – Director – Office of the National Coordinator

Excellent.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay thanks. I think we're ready for the public comment.

Public Comment

MacKenzie Robertson – Office of the National Coordinator

Okay operator, can you open the lines for public comment please?

Caitlin Collins – Altarum Institute

Yes. If you are on the phone and would like to make a public comment, please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We do not have any comments at this time.

Claudia Williams – Director – Office of the National Coordinator

Thank you all.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, thanks everyone. Bye.