

**Governance Workgroup**  
**Draft Transcript**  
**June 4, 2012**

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## **Presentation**

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Thank you very much, operator. Good morning, this is Mary Jo Deering in the Office of the National Coordinator for Health IT. This is a meeting of the Health IT Policy Committee's Governance Workgroup. It is a public call and there'll be a chance at the end for the public to make comments. I'll begin by taking roll. John Lumpkin.

**John Lumpkin – Robert Wood Johnson Foundation**

Present.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Laura Adams.

**Laura Adams – Rhode Island Quality Institute – President & CEO**

Present.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Laura Bailyn.

**Stefaan Verhulst – Markle Foundation**

Stefaan Verhulst for Laura Bailyn.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

John Blair, Neil Calman, Tim Cromwell, Doug Gentile, Jonah Frohlich.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

Here.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Leslie Harris.

**Kate Black - Center for Democracy & Technology**

Kate Black on behalf of Leslie.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

John Houston. Arien Malec.

**Arien Malec – RelayHealth Clinical Solutions**

Hello.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Michael Matthews. John Mattison. Wes Rishel.

**Wes Rishel – Gartner, Inc.**

Here.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Jan Root. Judy Warren did email me that she can't participate. Would staff on the line please identify themselves?

**Mackenzie Robertson – Office of the National Coordinator**

Mackenzie Robertson from ONC.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Okay, back to you, John.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, so this is our final meeting before the presentation to the HITPC, and so what we're going to want to do is walk through the comments that will be made on Wednesday morning. I'd like to thank all of the three workgroups for a lot of hard work over the last couple weeks. I think today what we're going to do is start off with the document that was sent out by Mary Jo last night and walk our way through the questions that we focused on.

So the first item on the document if we can put it up is on the general overarching comment. I think that I'll take any questions, but it looks to me like the last sentence, there's a question that Mary Jo raised and I think it needs a little bit of wording in that I don't know that we have concerns about the fact of monopolies being abused. I think we're probably concerned that they might abuse their market position.

Anyone object to deleting that last clause, so it doesn't limit it just to imposing fees? Hearing none—

**Stefaan Verhulst – Markle Foundation**

This Stefaan Verhulst from the Markle Foundation. I think it might, given the fact that this is a up front comment starting off with that concern, it might be valid, but it might also be useful to perhaps restate as the governance working group did in a previous prior to the RFI, restate the goal of governance; i.e. to ensure trust and interoperability, and then say that in order to ensure trust and interoperability, you want to make sure that there's transparency, and also that any abuse of a dominant position that may harm interoperability in achieving the objectives should be limited. In other words, it might be useful to put it in a broader context as it relates to put that up front as the main concern of the working group.

**Laura Adams – Rhode Island Quality Institute – President & CEO**

This is Laura. David Blumenthal said it so well when he said that the data should follow the patient and I think that's the spirit that we're looking for here is for that purpose.

I would also suggest that that last sentence, not the last clause, but the last sentence says that de facto monopolies aren't being abused, it sounds like what's being abused is monopolies. Actually, I think we're talking about the monopolies of using their market position, not that they're victim of abuse.

**John Lumpkin – Robert Wood Johnson Foundation**

Do we want to make the statement, I think Stefaan's comments are right, spot on, but do we want to just make that statement that fundamentally the basic test of success is that for any patient in the system that their data will follow them and be accessible for them and their caregiver when decisions need to be made?

**Arien Malec – RelayHealth Clinical Solutions**

This is Arien. I think that's correct. I'd also note that the workgroup number one answered question three, which is really about the intent of governance in a very different way where we noted that—sub workgroup one where we noted that the main value of governance, we didn't find at least at the present time evidence of abuse or lack of protection from patients in current day interoperability. Instead what we found is indeed an overabundance of governance, and that the main value of a federal governance effort would be to lower the cost of interoperability by establishing a national governance framework that could remove the need or limit the need for individual information exchange efforts to establish redundant local governance.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay.

**Wes Rishel – Gartner, Inc.**

I wasn't on the discussion that led to this last sentence in the paragraph, this is Wes, but was it the intent of those to imply that there are in fact, de facto monopolies now, or that there might be an insufficiently diverse market to permit price competition to let market forces control the price they charge, because first of all, it doesn't have to be a monopoly to have the problem occur. Second, I'm just not aware that it's happening, that anybody has that much prominence right now.

**Laura Adams – Rhode Island Quality Institute – President & CEO**

Wes, what's on, I think that this might stem from is that there have been announcements made of people that are putting together "private HIEs" with the idea that as the ACO is their case, that that will be a private HIE meeting, it won't be connected in. I actually have seen that behavior in various markets that I've been working in.

**Wes Rishel – Gartner, Inc.**

I in fact believe that that ... is inevitable, but if this is meant to be broadly focused at that, then focusing merely on possible abuse of prices seems like not clearly expressing the concern. I would like to see that this expresses the concern at the level that it exists.

**John Lumpkin – Robert Wood Johnson Foundation**

So can I suggest wording that may accomplish that?

**Wes Rishel – Gartner, Inc.**

Sure.

**John Lumpkin – Robert Wood Johnson Foundation**

If we just put a period after consumer interests are protected, because what we're calling on them is to monitor, develop more information in the market forces and perhaps we would add in and monitor the HIE connectivity space to ensure that consumer interests are protected.

**Laura Adams – Rhode Island Quality Institute – President & CEO**

That would do it for me, because that's really what I'm caring about here is that the data is allowed to follow the consumer, or the patient.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

John, would you repeat that, please?

**John Lumpkin – Robert Wood Johnson Foundation**

So that last sentence would say "The workgroup recommends that ONC develop more information on market forces and monitor the HIE connectivity space to ensure that consumer interests are protected."

**Wes Rishel – Gartner, Inc.**

That works for me.

**Arien Malec – RelayHealth Clinical Solutions**

I think that the point of information following the patient is one of the primary ways in which the interests of the consumer can be served and for others and I think it's important enough to call out.

**John Lumpkin – Robert Wood Johnson Foundation**

I think that sentence perhaps would precede that one.

**M**

Perfect.

**W**

I'm sorry.

**John Lumpkin – Robert Wood Johnson Foundation**

The sentence that saying that the ultimate test of governance is to facilitate or to enable flow of information, such that it follows the patient, enabling them and their caregiver to make the appropriate decisions.

**Stefaan Verhulst – Markle Foundation**

This is Stefaan Verhulst. I would also add trusted flow.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay.

**Stefaan Verhulst – Markle Foundation**

So that this in governance I believe has also additional goals just to make sure that it's not just a flow, but it's a flow that can be trusted.

**Arien Malec – RelayHealth Clinical Solutions**

I also think there's a positive side to governance, again the positive side is reducing cost of exchange by establishing a nationwide governance removing the need, or at least reducing the need for entities to pursue redundant local governance. Farzad has a phrase that he uses of data moving at the speed of trust, that governance has a function of increasing the flows of data by increasing the baseline of trust. So I think it's important to look at governance not primarily as a negative that is impeding bad market actors, but also as a positive.

**John Lumpkin – Robert Wood Johnson Foundation**

So we need to, Mary Jo, do you have enough to—

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

I think I've got quite a bit.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay.

**Wes Rishel – Gartner, Inc.**

This is Wes. I, having heard all of the discussion here, I appreciate the original language a little better. It's also specifically targeted to avoid sub-segmentation, which is less about costs or fees than it is about simply holding on to patient's data.

**W**

Right.

**Wes Rishel – Gartner, Inc.**

Now that I appreciate that, I'm not sure that we've gotten there, but I think it would be good if we could see some language before we discuss it more. I guess we don't a chance to discuss it more.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

No, no, you don't, and Wes, would you very succinctly state what you think is missing? I'm not sure I see what you think is missing.

**Wes Rishel – Gartner, Inc.**

Well, I think that the, I'm just going to try to state the idea without making it fit into the language. The concern is that the formation of private HIEs may serve to corral the patient's data in the health information exchange or of a commercial entity, such as an ACO or something like that; and it's important that the governance enable and encourage the patient data being able to follow them when they change from one little ... to another.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

We have added one sentence that says, "the ultimate test of governance is to enable the trust and flow of information, such that it follows patients."

**Wes Rishel – Gartner, Inc.**

I think that's an important part of it.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

And then we could say, "follows patients across," do we need to add the concept of following the patient across any boundaries, any organizational or technology boundaries?

**Wes Rishel – Gartner, Inc.**

Yes, yes.

**W**

Yes, I agree with that, too.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Okay.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, so we've been doing this now for about 20 minutes and we haven't gotten to number one, so we're going to need to pick up a little bit of speed. If we can move on to number one, the second paragraph, Mary Jo you felt, I'm sorry the—

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

In the third paragraph.

**John Lumpkin – Robert Wood Johnson Foundation**

Third paragraph, that you said could benefit from more clarity, could you—

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

I'm not sure—well, it says, as the policy levels CTEs—and remember we don't have any yet, we're recommending them, describe policy objectives, not explicit validations of those objectives, that first clause is also confusing to me, because no CTE in and of itself expresses validation. So I'm just not quite sure whether you're simply saying that once we add a new layer of policy objectives, we need to also make sure we describe a specific process for developing, maintaining and revising accreditation and certification criteria associated with the policy level CTE. Is that the simple thrust of this sentence?

**Arien Malec – RelayHealth Clinical Solutions**

Right, so the concept is that there be policy level CTEs, A, and B, that we recognize that the associated implementation guidance standards and certification criteria and accreditation criteria can and will change even when the associated policy level CTE doesn't; and that there'd be a process for revising, maintaining and updating the more detailed criteria.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Or at the implementation level.

**Arien Malec – RelayHealth Clinical Solutions**

At the implementation—that certification, accreditation level, as well as the for interoperability CTEs, as well as the standard and interoperability guidance, or implementation guidance level.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Okay, I will work on this and I think that also comes out elsewhere, so when we're done, I'll take a look at this. I think there's at least one more place that that is mentioned and I'll try and get it crisp.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay. Any other comments on one? Okay, then, let's move on to two. So we've seen, I believe, this language in two before, which also addresses two, four and seven. Do we have any changes to the language in two?

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

That was just a note that I thought in our notes we felt that you indicated you might want to go back to this, so the real question is have we sufficiently captured what you wanted as far as success criteria?

**Arien Malec – RelayHealth Clinical Solutions**

Rereading it. Unless we might just want to say that among others ... the criteria ... approach that among others or that among, yes, make sure that it's a representative list; not an exhausted list.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

That it includes, but isn't limited to.

**M**

Yes.

**Stefaan Verhulst – Markle Foundation**

You may also want to reference the principles that the previous working group suggested.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

We certainly can. They're mentioned in the preamble to the RFI, and we can reference them.

**Stefaan Verhulst – Markle Foundation**

So yes, I would cross reference them as opposed to copy and paste them here.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Right.

**John Lumpkin – Robert Wood Johnson Foundation**

Any other comments on two? Moving on to three, and this is where we talk about governance having the capacity to reduce costs, so that by not repeating infrastructure at every unit of exchange.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

This was previously approved by the workgroup.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay. Any comments on that? Question four is part of two as is question five, where do we say yes and question seven, so any question six, we've already seen, so unless there's comments on that.

**Arien Malec – RelayHealth Clinical Solutions**

That workgroup one is highly efficient.

**John Lumpkin – Robert Wood Johnson Foundation**

Yes, thank you. That takes us to eight.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Now I would like to remove my comment. I was again misreading it, and I at least understand what I thought I didn't understand yesterday, so you can act as if my first comment is deleted, but the one about examples of other private entities is still a comment on the table.

**John Lumpkin – Robert Wood Johnson Foundation**

So what examples of private entities that may have to play a significant role in adoption would we want to toss on the table?

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

This is Jonah. I would think that they would play the same role that they might play for example in the EHR certification after the meaningful use program. You can have a private entity that is acting as a validation body.

**John Lumpkin – Robert Wood Johnson Foundation**

So this would be an EHR certification body.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

Well, it would be a validation body in this case; it wouldn't be an EHR certification body ....

**M**

The same entity that would be the certification body.

**John Lumpkin – Robert Wood Johnson Foundation**

Right, so when we say other entities, such as what is currently an EHR certification body could also play a role in validation.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

Yes, for example they could or another body that is playing a role similar to what the EHR certification bodies are playing today for the meaningful use program.

**Arien Malec – RelayHealth Clinical Solutions**

Right. This is Arien. We have other comments relating to the need to accredit to more policy oriented CTEs? So I think when we talk about an accreditation body, we need to be clear the level at which an accreditation body is sought. So for example from facilitation oversight across an accreditation body, I believe in the context, Jonah, you're talking about the DNC-type accreditation body.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

Yes.

**Arien Malec – RelayHealth Clinical Solutions**

But we'd also—I think when sub workgroup one was looking at this, we'd also see the need for accreditation bodies of the same sort, but we also have certification bodies that were under the oversight of the overall accreditation body.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

Yes. That is exactly right, it's very clear.

**John Lumpkin – Robert Wood Johnson Foundation**

Did you capture that, Mary Jo?

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Yes, I did, I got it.

**John Lumpkin – Robert Wood Johnson Foundation**

Great, okay. So that brings us to question nine, which we haven't discussed. Any comments on that and the two recommendations? Okay, question ten, should the validation methods vary by CTE and of course, we say yes, and I think a critical comment is that these methods may change over time.

Okay, any update from group two?

**M**

No.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay. Let's move on to question 11 where we list a number of both within outside of health care and in health care. Okay, question 12 is not ours, which moves us on to question 13, eligibility criteria. ... say no.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

I was asked to just put on the table the concept of Joe's Auto Body applying for MBE status. I thought I had an answer myself to the question, but I was asked to just sort of put that on the table.

**Laura Adams – Rhode Island Quality Institute – President & CEO**

I have to say Mary Jo, it's Laura, seeing it print here, I feel a little less comfortable now, certainly with Joe's Auto Body.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

This is Jonah. I still have a hard time coming to a place where, I mean this is a slippery slope question. Where do we define where that line is?

**Laura Adams – Rhode Island Quality Institute – President & CEO**

Yes, and how would we make sure?

**Arien Malec – RelayHealth Clinical Solutions**

We're answering this question at perhaps a different level than the question was asking, which I don't think is a problem to answer. The question could have been a little bit more clear, but if the intent is to limit the organizations who can participate in exchange to those that have at least a reasonable need to participate in health information exchange, I think we're asking for uses of purposes of exchange rather than as an activity rather than limiting to organizations that at least have a valid claim who need to participate in the exchange.

This came from; at least the intent here came from the Tiger Team and Policy Committee's existing recommendation that created a broad list of organizations that engage in health care. I don't know exactly the precise language that the Tiger Team used where the Policy Committee has already made these recommendations to ONC, but if the Policy Committee accepted these recommendations, we'd actually be going against already existing Policy Committee recommendations.

**M**

Was it okay, I mean, it's just that we should be aware of that?

**Arien Malec – RelayHealth Clinical Solutions**

Yes.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Hold on. Let's see if I can—

**M**

Mary Jo, the question that the Tiger Team's answered was in the context of who should be getting certificates.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Right.

**Arien Malec – RelayHealth Clinical Solutions**

What kind of organization should get a certificate, which is I think is more or less the same question of what kind of organizations have a ... thought they need to participate in health information exchange.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

So we're not modifying the answer as it stands.

**Arien Malec – RelayHealth Clinical Solutions**

I actually would advocate for the existing Policy Committee language.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

So we should reference existing Policy Committee language.

**Arien Malec – RelayHealth Clinical Solutions**

That's my personal opinion

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

I'm not this familiar with the language, so I'd certainly be open, this is Jonah, I'd certainly be open to it. I just haven't seen the language and the group hasn't has a chance to look at it and discuss it.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

I'm trying to see if I can find it. I thought I saw it in the ....

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

We discussed this; this is not a flippant answer. We discussed this at considerable length and part of our recommendation was based on the premise that we did not believe that having a stated purpose criterion for having a relevant reason would necessarily deter bad actors from participating, and that bad actors weren't necessarily limited to those that didn't necessarily have a valid purpose.

**John Lumpkin – Robert Wood Johnson Foundation**

Right.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

It didn't feel like there was additional value in stating that you had a singular purpose, a valid purpose for exchange when you had of these other criteria that would be necessary to be validated.

**M**

If you reread it as a request to say should there be some limit on organizations that are accepted for participation in an information exchange, would you answer the question differently?

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

I would. I think I would. I don't know how the other workgroup members feel, but I would.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

And your answer would be no?

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

No, I think my answer would be that they should. I mean Joe's Auto Body might have a valid reason, again with the constraints of law about how employers can participate if they are a self-insured employer. I think it, again, by way of example, this is one of the reasons why we didn't create a litany of potential actors, because we did not—at least the discussion that we had, and this is what my takeaway was, we did not want to necessarily assume that we knew every single actor and could list them in one criterion for those who should be engaging us.

**Wes Rishel – Gartner, Inc.**

This really gets sticky in the model of ... usage where a query happens, where something is being sent directly, then you count on the sender to make a HIPAA based policy decision whether to send it to the receiver or not. But when we give it up to free access, then there's some other way that you have to protect against that, would people be less willing to give up data to free access if Joe's Auto Body could be a certified entity?

On the other hand, there are definite bad actors, definite good actors and a big gray area in between and there's good actors going bad. I almost think it's worth leaving it as it is, just to rattle people's cages.

**Laura Bailyn – Markle Foundation – Senior Director of Health Initiatives**

You know, I thought about that, this is Laura. I think it will do that and we may get some different perspectives or opinions on that, because I recognize all the conversations that we had in the last, during the workgroup and this it's just pretty sticky, so that might be a good idea.

**M**

I think it also might even worthwhile to throw in Jonah's comments, that Joe's Auto Body might also be a self-insured employer. That hit me. I had to pause when I heard that.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, so what I'm hearing is that we think that there's an important principle that the problem is okay, conceptually you might wonder about some players; but how do you put criteria in there that will actually do something, other than gum up the process and may very well exclude legitimate exchange purposes, and that we don't believe that there's clear evidence that this kind of approach would deter inappropriate exchange.

**M**

Right.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, so we'll toss that at them and since we're not a rulemaking body and we believe there's a lot of comment and conversation, we'll just leave it the way it is. Is that kind of where we're at?

**M**

I believe so.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay.

**M**

Nobody disagrees.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, great.

**M**

Given that it's an election year, can use something other than Joe?

**John Lumpkin – Robert Wood Johnson Foundation**

Okay.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

I'll lend you Mary.

**John Lumpkin – Robert Wood Johnson Foundation**

Fourteen, any comments on fourteen? Okay, that prior experience is not a criteria. Question 15, other eligibility criteria, we don't think so.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

This was a concern first raised by John Mattison and I believe others, I think Jan Root among others joined in, those from large organizations.

**John Lumpkin – Robert Wood Johnson Foundation**

So basically what we're saying is just that that rather than looking at even things like past violations is that the NVEs would have a way to identify and enforce policies about individual bad actors within their own entities.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

Yes, essentially it is that it's more important that as part of the accreditation certification validation process, and John brought this up in the context of very large organizations that despite whatever policies they may put in place, still may have one or two bad actors amongst the good actors, i.e., Tiger, an organization like that. And that it is more important that that entity have a set of policies in place that is sort of consistent and aligned with what is trying to be attempted here; and that they actually observe and enforce those, i.e. if there is some sort an inappropriate use of information or breach or of exchange capability by an individual within that organization that that organization then follows the procedures and does what it describes what it's intending do with individuals who violate policy, i.e. there's some sort of a reprimand.

**M**

Right.

**John Lumpkin – Robert Wood Johnson Foundation**

Any objections?

**Arien Malec – RelayHealth Clinical Solutions**

May I also note that there will be cases where there are monetary penalties for breach and that follows in the same category as sometimes that that's evidence of bad actor, sometimes that's evidence of a good actor done wrong.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, moving on to 16. We think that for-profits can do this; 17, the involvement of other stakeholders, including consumers. Okay, 18 we've already gone over, but that pesky MD person added a sentence and does that sit well with everyone? Okay, 19 we've already discussed, and there've been no changes. Same with 20 and 21 and that takes us to 37, which is on page number 24, and this one wasn't assigned to us, but we volunteered anyway.

**Arien Malec – RelayHealth Clinical Solutions**

I know for context that the Information Exchange Workgroup noted that there are many commercial purposes that involve de-identified data that at least in my eyes are wholesome and proper, and I can throw out a number, including benchmarking services, to use de-identified data to create a model diabetic to look at natural history for the purposes, natural history of a disease progression for the purposes of clinical improvement. There are a whole host of uses of de-identified data for which some actor may provide a service and charge for that service that could fall into the broad category of disclosing de-identified health information for commercial purpose.

**John Lumpkin – Robert Wood Johnson Foundation**

So do we have modification to what's here, which looks more like a comment? I don't see that—

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

It sounds like the short answer is no.

**Arien Malec – RelayHealth Clinical Solutions**

But I just would like to note that people jump from user disclosed data, like health information for commercial purpose to examples, such as IMF, the relationship that PBMs have with IMF health, which I think is always useful to know. It doesn't have anything to do with health information exchange at all, but could. And yet, there are under this broad notion of user disclosed de-identified data for commercial purpose, you cannot define it that way and exclude only selling de-identified data to an actor that is not involved in the process of health care. It eliminates a large number of activities that I think entities should and would want to participate or do if they have the appropriate data use arrangement.

**John Lumpkin – Robert Wood Johnson Foundation**

So are we basically saying that in the general case that the answer is no, but that we could foresee specific cases where the answer could be yes, but that there would need to be a way for those to be reviewed in such a way that protects individual's personally identified health information? Or are we just saying no? Not hearing any comments, I think what I'm hearing is no.

So if that's the case, then in the clause that Mary Jo has highlighted, we basically would drop that second clause, they can envision a scenario will send or receive ... separately agreed that data could be de-identified and sold for commercial purposes.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

I think that whole clause comes out of it, because I think I've heard you say that, I think the whole sentence comes out. It's not just the clause.

**John Lumpkin – Robert Wood Johnson Foundation**

Right.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Yes, right.

**John Lumpkin – Robert Wood Johnson Foundation**

Anybody want to keep that sentence in? Okay.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

What I would suggest is then that the answer being no, there are many commercial purposes that involve de-identified data that are appropriate and then since we weren't asked that we might bump up to our answer the last sentence in yellow, the workgroup does support TTES-5, which is ..., so I'll move that up to part of the answer.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay. So that jumps us ahead to 52 on financial preconditions. Any objections to 52 as written? Okay, how about 53 on the fees?

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Any examples?

**John Lumpkin – Robert Wood Johnson Foundation**

Examples, other approaches to transparency.

**Arien Malec – RelayHealth Clinical Solutions**

I suggest if we don't have any other approaches for transparency that we're suggesting that we take out the clause.

**John Lumpkin – Robert Wood Johnson Foundation**

Any objection to that? Okay, moving on to question 54. Okay.

**Arien Malec – RelayHealth Clinical Solutions**

I'm just wondering whether the workgroup, this is an issue that's been hashed out through another workgroup, so I won't comment then.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay. Question 55 on data collection, okay; 56 and there we make a comment on S-10. So is there a chart below, Mary Jo?

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

It comes at the very end after the end. I mentioned it here because this is the question which ... mentioned, it got tacked on at the end.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, so that's the chart on the recommended changes.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Correct.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, okay, so we'll cover that when we're done with these. Any comments on the comment on S-10? Okay, and that's in the chart. So that takes us to 57, which we are not asked to comment on and 58—

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

We never quite got to this, so this has never been discussed.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, anybody want to propose candidates?

**Arien Malec – RelayHealth Clinical Solutions**

I think we, sub workgroup one, explicitly addressed this issue or at least tangentially addressed this issue and noted that particularly for interoperability CTEs, that interoperability CTEs should be modularly certified. I would think that there may be safeguard and business practice CTEs that are if not specific to at least more appropriate to certain interoperability CTEs, such that they might be packaged together with those. So I think you can draw a straight line from our answers to an answer that says yes, it does make sense to bundle CTEs modularly. I think we'd also note that there are cases where safeguard and business practice CTEs might be accreditable even in the absence of any certified interoperability CTEs.

I also think that our comments would suggest that a one size fits all approach to accreditation and certification wouldn't be appropriate, again, particularly for interoperability CTEs, but you could also imagine a number of situations relating to the safeguard and business practices.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Just to get your creative juices flowing, there is a possibility that a question will be thrown out that says, that actually takes you back and says but could you envision any single minimum package, which is a totally different question, but a single minimum package applicable to all.

**Arien Malec – RelayHealth Clinical Solutions**

So I answer it's possible that a combination of safeguard and business practice CTEs would have common applicability. As I noted there are cases that I can imagine where an entity may be accredited without being certified for any interoperability CTE. As a general principle it seems plausible. I'd have to look ... to determine whether the appropriate minimal list.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

You can start thinking about that and if it gets thrown out later, then you'll be ready.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, other thoughts on 58?

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

We had captured Arien's comments in general.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, so we'll put those in there; 59 on safe harbors.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

That's not ours.

**John Lumpkin – Robert Wood Johnson Foundation**

That's not ours, so that's one of our safe harbors then. Update to CTEs, we've talked about those on our last call, and there's been no change to those. Anybody have any regrets? Okay, 61 on pilot CTEs; 62, process outside of advisor committees; 63 is not ours.

**W**

I don't know if it's just me, but I'm only seeing page 57 with question 56 on it.

**M**

....

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Someone, could you advance the slides, please? I think we just finished question 61, right, which is about what, page 36 or something.

**John Lumpkin – Robert Wood Johnson Foundation**

Yes. We just finished 60, we were on 62, page 37 and at the bottom top of page 38.

**M**

As we move down to the table at the end—

**John Lumpkin – Robert Wood Johnson Foundation**

Yes, so that's our next item is the table. Okay, this should be page 40, so no recommended changes to S-1. We're recommending clarifications of concepts of authenticated authorized and directly or indirectly for ...

**M**

That's the entire sentence.

**John Lumpkin – Robert Wood Johnson Foundation**

I'm sorry.

**M**

We see no changes, except that we don't understand the entire sentence.

**John Lumpkin – Robert Wood Johnson Foundation**

Yes. Well, I think what we're saying is we don't want to change it, you should.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Or we could just write no changes and we could add the need for clarification.

**John Lumpkin – Robert Wood Johnson Foundation**

Yes, I think that would be—

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

To make this sound a little better.

**John Lumpkin – Robert Wood Johnson Foundation**

Yes.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Yes, the same for the next one.

**John Lumpkin – Robert Wood Johnson Foundation**

Yes.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Now I think this was Jan who did this, and she has not probably been tracking the Tiger Team's work on meaningful consensus like many other people might have. So I think that it's safe to say that this term is the Tiger Team is going to reiterate its clarification of the meaning, so we can certainly keep this in.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

I think the Tiger Team's clarification of the meaningful and their definition of meaningful choice or meaningful consent should address the first sentence. I do think the second sentence is absolutely and always an issue and I think deserves to be said.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Okay.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

The ideal explanation to patients may not be possible given limitations, economic limitations in the patient's ...

**John Lumpkin – Robert Wood Johnson Foundation**

So that's, are you going to keep it the way it is?

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

I'm suggesting—

**John Lumpkin – Robert Wood Johnson Foundation**

I mean the way our—

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

We strike out the second sentence and then include the third.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

I'm sorry, I only see two sentences. So we would strike the clarification or should we leave it—

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

No change to the sentence for—

**John Lumpkin – Robert Wood Johnson Foundation**

Okay.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

I agree.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

I'm flying it like a computer scientist would of anything between a capital and a period.

**John Lumpkin – Robert Wood Johnson Foundation**

Except that's a colon.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

Oh, so it is.

**John Lumpkin – Robert Wood Johnson Foundation**

So I think everything after that is a comment anyway, so strike need clarification and then just have then the final interpretation of meaningful must take into account. That's it, okay with everyone? Okay. No changes on four, so on five, I think consistent, we'll just say the to whom does not require the publication of its customers, should not require.

**W**

Yes.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, six. This seems a little bit inconsistent with what we said earlier.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

I think her comments obviously were meant to be negative, and I think we came down on the side of no, that we did not support this.

**John Lumpkin – Robert Wood Johnson Foundation**

Right. Is that what we did?

**M**

Yes.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

We said no, although we made, because we made the observation that there could be appropriate uses of de-identified data for commercial purposes.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

And we could strike this whole suggested change.

**John Lumpkin – Robert Wood Johnson Foundation**

Yes, so we just say I think that was 37, wasn't it?

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

It was question 37.

**John Lumpkin – Robert Wood Johnson Foundation**

Yes, so what we want just do is just strike that, okay. Seven?

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

It's a capital D, define ....

**John Lumpkin – Robert Wood Johnson Foundation**

S-8, that one size fits all.

**M**

Scroll down, please.

**John Lumpkin – Robert Wood Johnson Foundation**

Thank you. S-9, recommending delete?

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Just a little bit of context on eight and nine, as most people will recognize, this is basically a mirror of the access and correction under HIPAA and moving into the electronic context and applying it solely to that instance ... and unique set of IHI is created that can't be where the patient couldn't access or correct it via any given provider and wherever this new entity is is truly the only source of seeing that new information and—

**Arien Malec – RelayHealth Clinical Solutions**

Where this becomes an issue is that unless the MDE is creating a mechanism for literally updating the information, in many cases the only entity that can actually do the correction is downstream; and so you create a situation where somebody is correcting information upstream. The information is then corrected downstream and so you actually haven't addressed what the individual wants, which is their record to get updated.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

So would that be a move to strike it or to add that as a caveat?

**Arien Malec – RelayHealth Clinical Solutions**

I think I agree with the comments that we've made.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, anyone disagree with this? Then let's move on to S-10, so we're recommending a revision.

**Laura Adams – Rhode Island Quality Institute – President & CEO**

This is Laura. I'm a little confused about how this reconciles with previous where we talked about not having anyone need to have a reason for—

**Arien Malec – RelayHealth Clinical Solutions**

I would agree and I can imagine many situations for uses of a query service that are appropriate where there is no existing treatment relationship, although there is a treatment or operations purpose, and I give an example to another situation, a pharmacist dispensing who wishes to look at the medication list and allergy list; a care coordinator or care navigator who is assisting in transitions of care.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

Right, was the Social Security Administration trying to administer a benefit?

**Arien Malec – RelayHealth Clinical Solutions**

Sure.

**W**

Right, right, yes.

**Jonah Frohlich – Manatt, Phelps & Phillips, LLP**

I agree with you both. This is Jonah.

**John Lumpkin – Robert Wood Johnson Foundation**

So do we think that the language we have under there adequately captures?

**Laura Adams – Rhode Island Quality Institute – President & CEO**

No, I think it conflicts with what we said above.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

So ... back to the issue of not taking any limits on purposes that are changed?

**Laura Adams – Rhode Island Quality Institute – President & CEO**

It was the issue about people having to say what they were using the, it's Joe's Garage.

**M**

Right, for the purposes of validating NVEs.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, anything else in S-10? Okay, moving to interoperability I-1. Is everyone okay with that?

**Arien Malec – RelayHealth Clinical Solutions**

So I believe the intent of I-1 was to describe directed exchange, although I'm not sure that the language exactly says it. The notion of the extender and receiver at least implied directed exchange, but I think the exchange required by law is a great counterexample to its applications direction. I think the applications direction was intended to, although it says an and rather than an or, was intended to cover cases where the patient themselves is, for example, under transmit functions as part of the certified EHR technology where the patient themselves was directing the directed exchange, although the use of and rather than or makes that problematic as well.

**John Lumpkin – Robert Wood Johnson Foundation**

So do we think our comments adequately reflect what we just said?

**Arien Malec – RelayHealth Clinical Solutions**

I think the first one is expanding what I think the intent of the question is from directed exchange to query retrieve, and the second one is absolutely valid.

**John Lumpkin – Robert Wood Johnson Foundation**

So we want to modify the first one to say that this CTE should more appropriately reflect the concept of directed exchange.

**Arien Malec – RelayHealth Clinical Solutions**

I think so.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

I think some other, what you might want to bear in mind is, and I think even we have said it, or maybe I'm thinking of the IE workgroup area, I think there's comments in some workgroups where they're saying that you shouldn't specify specific types of exchange. This seems to say that if you're not doing directed to the exchange, then there's no call for you to facilitate secure electronic exchange. In other words, the only people who have to facilitate secure electronic exchange are those who are doing directed exchange. Everybody else doesn't have to facilitate secure electronic exchange. You're in the IE workgroup, so I certainly don't want to put words in their mouth.

**M**

I think it's actually good to have some variation or variability between the workgroup, so I'm trying not to over-constrain to what we said in the IE workgroup.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

I think that's where we're jammed. I guess my point is Jan who doesn't know what it was supposed to say is leading it in a context and saying, and so that's what she was—

**M**

I think it's absolutely valid comment that says I'm not sure it says what we think it wants to say.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

So we might add the clause that this appears to describe directed exchange only, and also I heard you suggest, Arien, that it should be or rather than an and.

**Arien Malec – RelayHealth Clinical Solutions**

Correct.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Okay, I can add that.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, anything else on one? How about two? Okay, and three?

**M**

Could someone please scroll down?

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, so on scrolling if we could catch us between the two pages.

**M**

Thank you.

**John Lumpkin – Robert Wood Johnson Foundation**

There we go, great, thanks. Okay, so what types of data exchange would be governed by the NwHIN government structure.

**Arien Malec – RelayHealth Clinical Solutions**

I think the intent here is to describe a record locator service; and if you presume that interoperability

CTEs are explicitly modular I think that addresses the second concept or the second question.

On our first comment, I'm not sure it would make sense to suspend the notion of record locator service as a valid operation that might be certified. I think the second paragraph is really getting into the issue of modularity.

**W**

Yes, I think so, too.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Okay, I'm not sure what you'd like to add or change here. I think I'm hearing that you want to delete the phrase "expand, needs more thought," or not.

**Arien Malec – RelayHealth Clinical Solutions**

I would have the general comment that interoperability criteria need to be modular, and I think I would comment that the notion of a record locator service seems a useful one to place under governance or is a useful one to place under governance. Although I also agree with the comment that it's hard to comment on these three particularly without the process for determining what the interoperability CTEs should be. I don't think we're saying that this is an exhaustive list or the appropriate initial list.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

So it's hard to comment without knowing what the interoperability objectives are, or because these are the three, so these are the three interoperability CTEs, so I missed something that you said there, Arien.

**Arien Malec – RelayHealth Clinical Solutions**

Well, absent a process for determining what the appropriate starter set is, it would be hard for me to say this is the appropriate starter set. I don't know why you would certify for a record locator service, but then not be able to do anything with the identity that you discovered, unless you include inability to locate a potential source, also includes the ability to retrieve that source of information. Again, the general comment is we need a mechanism for determining priority interoperability, policy level interoperability goals. We've already made that comment. But with respect to this one, I guess my comment would be assuming it's modular, a record locator service seems like a good thing.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Okay.

**Arien Malec – RelayHealth Clinical Solutions**

That's just my personal comment.

**John Lumpkin – Robert Wood Johnson Foundation**

Well, this is not a shy group, so if anyone has problems with your personal comments, they should speak up.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

At the end then we believe this should be kept because again, absent of process we're determining what the proper set is, a record locator service is one that certainly seems appropriate to be included under governance.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, on to business practices. The recommendation is, is that the federal government should not be setting pricing rules and that's consistent with our earlier recommendation that talks about monitoring the market. Any other comments on that? Okay, number two under business practices.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

This is considered a really big deal by the way.

**Arien Malec – RelayHealth Clinical Solutions**

Again, I'm not sure the question gets at the intent. The intent is limited to directed exchange and limited to the need under the direct specification to identify the certificate for your counterparty's exchange. That if you do not expose the public fees for the entities, which are facilitating information exchange, or if you expose them only to selected parties, you're breaking what you might call an ... neutrality criterion. That can be another way for you to limit who can and can't interact with the entities that you are facilitating exchange for.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

By the way, the workgroup does not need to reach consensus. If there are two differing views, it's quite okay if people hold on their different views, it's quite okay for the workgroup to say that it didn't reach consensus on this.

**Arien Malec – RelayHealth Clinical Solutions**

And we cannot comment and that doesn't indicate that we agree with the CTE.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

That's right. You can just say nothing if you prefer.

**John Lumpkin – Robert Wood Johnson Foundation**

So other thoughts on this, do we want to put in both comments?

**W**

I feel more comfortable putting in both comments than not putting in any, because I think that doesn't accurately reflect sort of the feelings of this group, or at least raise some of the issues that we thought were important, so I'd rather see both comments as opposed to no comment.

**John Lumpkin – Robert Wood Johnson Foundation**

Okay, anybody opposed to that? Any other comments on two? On three?

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

I would point out that is actually inconsistent because we said that as long as the metrics and the operational aspects of collecting the data could be resolved, we felt it was appropriate for them to report non-aggregated data to the government, or at least identifiable data to the government. But it did say that any data collected could only be reported publicly in an aggregated format. So I may be wrong, I want to go back and check that, but I thought we said that we didn't mind them having to report in detail to the government, as long as that was kept private.

**M**

I'm getting confused as to what group I commented what under. I agree with that comment. I'm just not sure if that's—

**John Lumpkin – Robert Wood Johnson Foundation**

Which one, the—

**M**

The one that Mary Jo just said.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Let me go back and see if I can ... where we made that. One more question that might, that probably toward the end, so let me see. Let me see, ... was saying to ... here. Okay, it was question 55, the workgroup supports the principle of reporting transaction data, but has several concerns, and then we state our concerns, the end users and its proprietary. Then the concluding sentence is if the metrics issues are resolved, individual NVEs could report data to a governance entity, but the entity should only publish aggregated data.

**John Lumpkin – Robert Wood Johnson Foundation**

So can we just reference our response in 55?

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Okay. Since it was, actually, it wasn't the same workgroup that did this. I don't know that Jan was in on the other, so what I think what Jan is saying is that she would prefer that even the data reported upward was only in the aggregate.

**John Lumpkin – Robert Wood Johnson Foundation**

I think it's a question of where the aggregation occurs. Does occur at the NVE, or does it occur at the higher level? If it's fine with us, then I think that we would say that this is again is a two level response.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Meaning that some people believe that the NVEs should only report, that the aggregation should be at the lower level and some are not comfortable with it not occurring at the local level.

**John Lumpkin – Robert Wood Johnson Foundation**

As long as it's aggregated at the higher level at the level of the government's entity. So I've run out of numbers and pages.

**M**

Yay.

**John Lumpkin – Robert Wood Johnson Foundation**

Mary Jo, are we done?

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

I think we're done and before we go to public comment, let me just say that I will do my best to actually turn this around in the next half hour. I have another obligation. So I will in the body of my message call your attention a couple areas where I already know in my head it's going to be a little problematic. I'd like to make sure I've got the opening statement right and I think the very important sense that Arien has several times communicated about the relationship of the policy level CTEs to the others and the need for having processes that are responsive to those appropriate levels. So those are the two in particular where I know you'll need to look closely to see whether I got it.

**John Lumpkin – Robert Wood Johnson Foundation**

Maybe we can start opening it up for public comment and let me, while we're doing that, say that it seemed to me that were three overarching concepts that I would do as part of the introduction to my presentation. That one of the goals of governance is to reduce cost of doing this differently at every local level, and that the importance of data following the patient, so it's available for the patient and their caregiver to make the appropriate decisions.

I think another overarching thing is that that we're dealing with a nascent technology and that this process needs to not be restrictive of change and evolution of the process of exchange.

**Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor**

Okay, operator, did you open the lines for public comment and do we have any public comment?

## Public Comment

### Operator

If you'd like to make a public comment and you're 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 do not have any comment at this time.

### John Lumpkin – Robert Wood Johnson Foundation

Okay. So the next step is to present this in a much more abbreviated form to the Policy Committee on Wednesday.

### Mary Jo Deering – Office of the National Coordinator – Senior Policy Advisor

I hope that people could give me feedback. If I do get this out by 12 noon, I'd be very grateful if you could give me comments back by either the close of business tonight or by 6 a.m. my time tomorrow for you night owls, so that we can then finalize it, knowing how much of a burden we've already placed on you in so many ways. I'm shameless in placing another one on you.

### John Lumpkin – Robert Wood Johnson Foundation

All right. Well, thanks everyone. This is really a tremendous amount of work in a very short period of time and I appreciate everything that you've done.