



HIT Policy Committee Final Summary of the November 4, 2014 Meeting

ATTENDANCE (see below)

KEY TOPICS

Call to Order

Michelle Consolazio, Office of the National Coordinator (ONC), welcomed participants to the meeting of the Health Information Technology Policy Committee (HITPC). She reminded the group that this was a Federal Advisory Committee (FACA) meeting being conducted with an opportunity for public comment (limited to 3 minutes per person), and that a transcript will be posted on the ONC website. She instructed members to identify themselves for the transcript before speaking and introduced a new member representing public health—Anjum Khurshid, Louisiana Public Health Institute.

Remarks

National Coordinator and HITPC Chairperson Karen DeSalvo announced that she had been asked by the HHS Secretary to lean in and assist with organizing resources for the deployment and return of volunteers to Liberia. She thanked the ONC staff for their support and declared that they were capable of carrying out ONC's work for the duration of her new assignment. She introduced new Chief Privacy Officer Lucia Savage.

Review of Agenda

Vice Chairperson Paul Tang said that DeSalvo will continue to chair the HITPC. He asked for a motion to approve the summaries of the September and October meetings as circulated. Devin McGraw so moved and Gayle Harrell seconded the motion. The motion was approved unanimously by voice vote.

Action item #1: The summaries of the September and October 2014 HITPC meetings were approved unanimously by voice vote.

Data Updates

Elisabeth Myers, CMS, gave a brief monthly report on registrations and payments. As of September 30, 10,316 providers had registered, bringing the total to date in excess of 501,000. To date, Nearly 491,000 providers have been paid incentives. Regarding attestations as of November 1, 43,898 EPs successfully attested for 2014. 15, 481 are new participants; 11,478 attested to stage 2. 1,903 EHs successfully attested for 2014; 221 are new and 840 attested to stage 2.

Dawn Heisey-Grove, ONC, reported on the very preliminary attestation and stage 2 objectives data through September 2014. She showed a slide and reminded the members that, historically, many EHs do not attest until after the close of the fiscal year and many EPs wait until the close of the calendar year. She showed a slide with scores and rankings of new core measures. 87% took exclusions on summary of care and 48% on CPOE radiology. Regarding immunizations, 54% of all attesters (n=656) took exclusions. The overwhelming reason was that the provider does not give immunizations. 90% of attesting EHs

(n=258) are exchanging information with their respective public health agencies. 72% of them exchange information on all three objectives—immunization registry, electronic laboratory results, and syndromic surveillance reporting. Only 6% said that the agencies could not accept reports.

Q & A

Paul Eggerman asked whether it is correct to conclude that about 98% of the industry is still in stage 1. Myers cautioned him about drawing conclusions from these preliminary data. For EHs, until the attestation period is closed, one cannot project how they will make use of stage 1 flexibility.

Khurshid wondered what percent of state public health agencies cannot receive the immunization data. Myers replied that CDC collects information on the capability of the public health agencies. Sometimes it is not about technical capability but is more about staffing to be able to receive and attest to the message within 90 days.

Data Updates Continued

Vaishali Patel, ONC, gave a slide presentation on trends in perceptions of privacy and security, using data from representative national samples surveyed in 2012 and 2013. Although the majority of respondents reported concerns about privacy (75%) and security (69%) of their medical record, only 8% said that they withheld information due to those concerns. There was no significant change between 2012 and 2013. Concerns were similar whether the record was paper or electronic. A majority were also concerned about exchange of records, both electronically and by fax. Nevertheless, 70-76% of respondents want their providers to continue to use and exchange electronic records.

Q & A

Survey results will soon be published in data briefs and posted on the ONC website. McGraw commented that this survey is particularly important in that it provides information on consumers' attitudes on withholding data because of privacy and security concerns. The information can be useful in informing the Privacy and Security Workgroup.

David Kotz wondered whether the survey data will be available in a form for researchers to use. Patel offered to discuss the possibility with staff. She pointed out the availability of a dashboard.

In response to questions from Chris Lehmann and Harrell, she said that respondents' specific concerns about privacy and security were not explored. Nor were concerns about consent, third parties, or type of exchange explored. The survey use case pertained to sending data, computer to computer, to another provider for treatment purposes.

Policy Updates

Jodi Daniel, ONC, began with a slide that showed the upcoming schedule for commenting on the Interoperability Roadmap, HIT Strategic Plan, Stage 3 NPRM and Certification NPRM, all of which the committee will be involved in. She referred to the 10-year interoperability vision and then talked about community-based long term services and supports (LTSS), defined as a broad array of assistance needed by, and provided to, individuals with physical, cognitive, and/or mental impairments who never acquired, or have lost, the ability to function independently. As part of the Affordable Care Act, Congress has provided incentives to promote the use of community-based LTSS. Medicaid spending for LTSS represented 34% of all Medicaid spending in FFY 2012, \$140 billion. Almost half (49.5%) was spent on home and community-based services. On November 6, ONC and CMS will launch a new eLTSS Initiative to identify and harmonize electronic resources that enable the creation, exchange and re-use of interoperable service plans for use by health care and community-based social service providers, payers

and the individuals they serve. Any interested stakeholder group may participate at <http://wiki.siframework.org/eLTSS+Join+the+Initiative>.

She went on to describe other activities. The Administration for Community Living and ONC hosted a town-hall style public workshop, entitled *Putting the Person at the Center: Integrating Plans for Long-Term Services and Supports and Health Care Delivery through Health Information Technology* on October 16, 2014. Materials are available at <http://www.healthit.gov/person-centered-care>. ONC and the Federal Trade Commission are promoting competition and innovation in health IT markets via their respective blogs.

Q & A

Egerman wondered about the type of organizations being considered with FTC. What about monopolistic vendor and provider organizations? Daniel indicated that she was uninformed about FTE's overall focus. But in terms of the staff discussions, the focus is on health care and HIT markets and consolidation in markets. This includes exchange organizations and large dominate providers. FTC has different divisions with respective responsibilities for enforcement and promotion of competitive marketplaces.

Harrell inquired about ONC's role in long term care. Daniel reminded her of the HITPC's recommendations on voluntary certifications for behavioral health and long term post-acute care providers. She indicated that ONC has taken the recommendations into account. Jacob Reider, ONC, referred to CMS payment regulations released October 31, saying that they took into account incentives beyond meaningful use for chronic care model services using certified technology. Other programs are referencing certified technology.

The above-mentioned wiki is open to state vendors and many other stakeholders. The focus is on social supports to support medical care for long term beneficiaries. It may cover some additional, although not all, chronic care management.

Interoperability Roadmap Draft Recommendations

Interoperability and Health Information Exchange Workgroup (IOWG) Chairperson Micky Tripathi reported. He reminded the members that the workgroup is charged to review the Jason Task Force and Governance Subgroup recommendations and recommend how to synthesize and incorporate them into the Interoperability Roadmap and, if time allows, identify any red flags in the early draft Interoperability Roadmap. The workgroup members concluded that the recommendations are aligned since the JTF recommended the federal government focus on an escalating series of actions to catalyze market development of interoperability coordination structures and processes and the Governance Subgroup recommendation that ONC may consider creating a public/private governance authority would be an example of government exerting direct authority over interoperability structures and processes, which is a point on the spectrum proposed by the JTF to be considered after other market motivating levers have been exhausted. Building on the Roadmap ecosystem goals presented at the October HITPC-HITSC meeting, Tripathi said that the workgroup will use the following questions to assess the goals.

- Are the goals meaningful to health care outcomes?
- Do they appear attainable by industry (users and technology vendors)?
- Are the goals well-defined enough to define organizational strategies?
- Are the goals universal enough to be resilient to industry and technology change?
- Are the goals measureable?

He went on to describe the approach for assessing three of the building blocks. Each building block has draft milestones for 3-, 6-, and 10-years and draft actions. The workgroup will assess the governance, technical standards, and support environments blocks by applying these questions:

- Are the proposed milestones meaningful to health care goals and attainable by industry (users and technology vendors)?
- Are the proposed actions aligned with milestones, appropriate to current and expected industry dynamics, and focused enough to drive resource allocation and decision-making?
- How do the actions align with the JTF recommendations regarding coordinated architecture, public API, and government actions to motivate the market?

He showed several slides to illustrate the latter comparison. Finally, he concluded by listing several initial impressions of the Roadmap.

- The Roadmap needs to be more clear on what constitutes successful achievement of milestones
- The time-phasing of the goals and milestones may be too conservative in general
- Coordinated architecture (including Core Data Services and the Public API) should be included as a key roadmap goal and milestone
- The federal government should initiate market motivator activities, especially with regard to interoperability metrics and monitoring

He emphasized that he was describing the early direction of the workgroup. Recommendations will be presented for action at the HITPC December meeting.

Discussion

DeSalvo thanked the workgroup. She acknowledged the amount of work to be done in 10 years and said that it would be great to beat the timeline. Interoperability should be widely available. Broadband is not universally available, which must be taken into account. The Roadmap must not exacerbate any digital divide. In some cases the market is moving so quickly it is hard to know what to anticipate. The supporting ecosystem will change with new players. It is important to think about a government foundation and consider potential use cases that may not have a clear payment or financial model.

Egerman wondered about metrics for outcomes, pointing out that increased granular access and incorporating wearables data lack specificity. Tripathi acknowledged that he did not yet have an answer. He expects that the workgroup will take up the issue of metrics later. Then it will be up to ONC staff to decide how much measurement to incorporate into the Roadmap. IOWG Co-chairperson Lehmann agreed on the need to think about measurement.

David Lansky wondered whether a backseat for government is the right approach. How would one measure whether the market is making sufficient progress on its own? Market players must believe that they are getting value from the use of new architecture. Therefore, it is essential to consider how the architecture supports market action. It must be capable of extracting data to measure care outcomes. So far there has not been sufficient thought about the infrastructure to support market action. He advocated having the population as the denominator for measures. Lehmann reminded the members that the Governance Subgroup was divided regarding the appropriate role of government.

Tang indicated that he agreed that denominators should be defined as people and not limited to patients.

Erica Galvez, ONC, interjected that the January 2015 draft Roadmap will include metrics to the extent possible. Staff is working to identify existing and potential measures. Although the draft may not include

a complete set of measures, there will be some measures. Comments on suggested measures will be welcome.

All agenda items having been considered, the meeting adjourned early.

Public Comment

None

SUMMARY OF ACTION ITEMS

Action item #1: The summaries of the September and October 2014 HITPC meetings were approved unanimously by voice vote.

Meeting Materials

- Agenda
- Summary of September 2014 meetings
- Summary of October 15, 2014 joint meeting
- Presentations and reports slides

Meeting Attendance								
Name	11/04/14	10/17/14	09/03/14	08/06/14	07/08/14	06/10/14	05/08/14	05/07/14
Alicia Staley	X			X	X			
Anjum Khurshid	X							
Aury Nagy			X					
Charles Kennedy	X	X	X	X	X			
Chesley Richards			X	X				
Christine Bechtel	X	X	X	X	X	X		
Christoph U. Lehmann	X	X		X		X		
David Kotz	X	X	X	X		X		
David Lansky	X	X	X	X	X	X		
David W Bates					X	X		
Deven McGraw	X	X	X	X		X		
Devin Mann					X			
Gayle B. Harrell	X	X	X	X	X	X		
Joshua M. Sharfstein				X				
Karen Desalvo	X	X	X	X	X	X		

Kim Schofield	X		X	X	X	X		
Madhulika Agarwal	X			X				
Marc Probst	X	X	X	X	X	X		X
Neal Patterson		X	X	X	X	X		
Patrick Conway								
Paul Egerman	X	X	X	X	X	X	X	X
Paul Tang	X	X	X	X	X	X	X	X
Scott Gottlieb	X				X	X		
Thomas W. Greig			X	X	X	X		
Troy Seagondollar	X	X	X	X	X			
Total Attendees	17	13	16	19	16	15	2	3