

**Governance Workgroup**  
**Draft Transcript**  
**May 11, 2012**

**Roll Call**

**Operator**

Ms. Deering, all lines are bridged.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Thank you very much. Good afternoon everyone, this is Mary Jo Deering in the Office of the National Coordinator for Health IT, and this is a meeting of the HIT Policy Committee's Governance Workgroup. It is a public call, public meeting, and there'll be an opportunity for public comment at the end of the call. I would ask members to identify themselves when they're speaking because there will be a transcript made. And I'll begin by taking roll. John Lumpkin?

**John Lumpkin - Robert Wood Johnson Foundation**

Present.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Laura Adams?

**Laura Adams - Rhode Island Quality Institute**

Present.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Laura Bailyn?

**Meredith Taylor - Markle Foundation**

It's Meredith Taylor in for Laura Bailyn.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Thank you. Christine Bechtel? Neil Calman? Tim Cromwell?

**Tim Cromwell – Veterans Health Administration – Director Standards & Interoperability**

Here.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Doug Gentile? Jonah Frohlich?

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

Here.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Good. Leslie Harris?

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

It's Kate Black here on behalf of Leslie.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

John Houston? Arien Malec?

**Arien Malec – RelayHealth Clinical Solutions**

Here.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Mike Matthews?

**Michael Matthews – MedVA**

Here.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

John Mattison?

**John Mattison – Kaiser Permanente**

Here.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Holly Miller? Wes Rishel? Jan Root? Judy Warren?

**Judy Warren – University of Kansas Nursing School**

Here.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Good. Thank you. Before I turn it over to John, I did want to take just a moment to let you all know, and anyone who's listening in on this call, that there is a Federal Register Notice up for a vacancy on the Policy Committee, a vacancy that will be filled by the GAO. The member who was previously filling that slot was a consumer representative and he resigned because he joined the Federal Government and so, I would like to call everybody's attention that opening and there are instructions in the Federal Register for applying for that position to GAO. ONC has nothing to do with that appointment, but I just wanted to make you aware of it. Okay, I'll turn it over to you John.

**John Lumpkin – Senior Vice President and Director of the HealthCare Group, Robert Wood Johnson Foundation**

Great. Well, good afternoon and thank you everyone. We, for those of us who went through the long haul back in 2010, we are finally seeing the first stages in getting out the governance rule and the ONC and the document has clearly identified what they believe this vision will look like, so, we are back in the saddle again, with the goal of trying to pull together in a very short time some comments on behalf of the Governance Workgroup, that we will then present to the HITPC on 6<sup>th</sup> of June, that's correct, 6<sup>th</sup> of June. So, having said that, I think since we do have some new members, I thought maybe we would start off by going around and doing just a very brief introduction of who you are and where you're from. We do have the list of members, so I'm going to start off. I'm John Lumpkin and I'm Senior Vice President and Director of the HealthCare Group at the Robert Wood Johnson Foundation. So, why don't we sort of walk through the names, I'll call the names and then you can introduce, so we can hear your voice, so next would be Laura.

**Laura Adams – President and CEO, Rhode Island Quality Institute**

I'm the President and CEO of the Rhode Island Quality Institute in Providence, Rhode Island.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Great. Did Laura Baily come on?

**Meredith Taylor – Director of Health, Markle Foundation**

Hi John, this is Meredith Taylor from . . .

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Meredith Taylor, I don't . . . okay, and can you introduce yourself Meredith?

**Meredith Taylor – Director of Health, Markle Foundation**

Sure. Hi John, this is Meredith Taylor with the Markle Foundation, and at the Markle Foundation, I serve as Director of Health. And, Markle Foundation has been pleased to participate in previous discussions within the Governance Workgroup and thank you for leading us.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Great. Did Christine come on? Is Neil on? Okay. How about Tim?

**Tim Cromwell – Veterans Health Administration – Director Standards & Interoperability**

Tim Cromwell is on. I'm from the Department of Veterans Affairs.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Right. What do you do at Veterans Affairs Tim?

**Tim Cromwell – Veterans Health Administration – Director Standards & Interoperability**

I'm what's called the VLER Health Program Manager and I'm the main point of contact actually for DoD and VA interagency program office, I'm the main point of contact for the Nationwide Health Information Network initiatives which include the VLER program.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Great. And Doug, is Doug on? How about Jonah?

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

Hi there, Jonah Frohlich, I'm with Manatt Health Solutions, I'm a Managing Director in the consulting practice and previously I was the state health IT coordinator for California.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Great. And Leslie?

**Farzad Mostashari – Health and Human Services – Office of the National Coordinator for Health Information Technology**

Hi, it's Farzad, I'm also here.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Hey Farzad. Welcome. John? No, John Houston? Is John Houston on?

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

No, he was unable to join today.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay, great. Arien?

**Arien Malec – RelayHealth Clinical Solutions**

Hello, Arien Malec. I head up Strategy for RelayHealth which is an HIE and patient engagement platform company and used to work for ONC leading the Direct Project and the S&I framework.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Great. Michael?

**Michael Matthews – CEO MedVA**

Michael Matthews, I'm the CEO of MedVirginia and also serve as the Chair of the Nationwide Health Information Network Exchange Coordinating Committee.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Great. And John Mattison?

**John Mattison – CMIO, Kaiser Permanente**

Hi, John Mattison, CMIO, Kaiser Permanente.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Great. And Holly Miller? Wes we know is on an airplane. Jan Root? And Judy Warren?

**Judy Warren – University of Kansas Nursing School**

Hello. I'm at the University of Kansas and the Coordinator of our new Interprofessional Graduate Health Informatics Program and this has been fun for me when Mary Jo called, because I was on NCVHS and part of the team that did the technical specs for the NHIM. So, nice to come back.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Great and we're glad to have you. So, what we're going to do today is we're going to start off with a presentation, Steve Posnack is going to reprise his enlightening presentation, much shorter though, than this morning, and look at the RFI. I think that one of the things that we would want to do is as we're listening to that, is think about the areas where we believe that comment will be appropriate and we'll talk a little bit about the fact that in the document that was sent with the notice of this meeting, there are the recommendations and charges to the workgroup and we are actually not being asked to comment on everything that was included in the RFI. If you walk through that document, and we will do that a little bit later this afternoon, you'll see that there are certain sections that we're focusing in on and that's the one that I did send to everyone an email, and you may not have had the chance to see it, particularly we're going to be looking at Section 1 and the lifecycle of the actors in the monitoring and I raise that because we will be looking to break into small groups to do some work and bring these back by May 21<sup>st</sup>, so, as you're listening to them, think of which area sounds the most interesting or that you're willing to work on.

We're prioritizing, therefore, the ones that are related to establishing a governance mechanism, the roles and responsibilities, the validation issues, some stakeholder issues and then monitoring and oversight. So, with that as our task, I'm going to first have Steve do his reprise, I'm going to talk a little bit about our workgroup, initial recommendations and those were sent out to you and I'll just reprise those very quickly,

then we'll go over the questions and start to prepare our plans for trying to get some recommendations back to the Policy Committee for early June. We are scheduled to meet until 4, I think that we can be expeditious about that and, it being a Friday afternoon, not necessarily go all the way up to our 4 o'clock deadline, but, it will depend upon how much we have to discuss. So, with that, Steve?

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

Sure, and I know that Farzad announced himself, he may want an opportunity to say a few words to you all too.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Oh, great.

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

I don't know, Farzad, is that okay?

**Farzad Mostashari – Health and Human Services – Office of the National Coordinator for Health Information Technology**

Sure. I just want to emphasize what I think the significance of this request for information really is. I think that we have laid in place some of the foundational building blocks on the standards side and to some extent on the policy and privacy side, to see the information exchange and, I think there is increasingly recognition that the financial incentives are tilting towards more information exchange and care coordination as payment. At the Commercial, Federal and State level it starts to tilt, so as the cost of exchange goes down, as the cost of custom-fitted, one-by-one interfaces decreases and as the value increases, the business case for information exchange begins finally to tilt. But what remains, I think, indispensable is trust; the trust aspects of ensuring that we can move beyond first name basis information exchange and we can enable trust to merge more readily between groups that would want to exchange information and have a reason to.

It also, I think, you can think of this as cost or think of this as trust, but, the issues of liability and risk need to be addressed to really see the same kind of hockey-stick curve that we've seen on adoption begin to take hold on information exchange; and I use that in the verb sense of the word, and that's our goal really, is in 2012 to set the foundation to see in 2013 and then 2014 and beyond, the same kind of hockey-stick acceleration of the exchange of information occurring. What we're proposing here, as Steve will go through, is what we think is a very significant part of ensuring that there are appropriate technical policies, privacy policies and then some of the business practices that will be, we think, really important to address and to address, we think, at the Federal level; at least that's what a lot of stakeholders, including states and health care providers and vendors have said, is that in the absence of Federal mechanisms for this sort of rules of the road and conditions enforcement and clarification of conditions of trust and interoperability, that we're likely to see either an absence or in addition to that, conflicting and potentially duplicative State level governance mechanisms. So, I'm very excited about getting your and others guidance and recommendations and thoughts in response to this RFI and we really do see it as one of the essential building blocks for the acceleration of information exchange that we all see as being so important. Thank you.

**M**

Thank you.

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

Great, thanks Farzad.

**Michael Matthews – CEO, MedVA**

John?

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Yes?

**Michael Matthews – CEO, MedVA**

This is Michael Matthews. I'm wondering if I could ask Farzad to provide a little bit more in the way of context for this particular work, vis-à-vis Exchange and the Coordinating Committee work. You spoke broadly to advancing the cause, Farzad, but how do you see this playing out relative to what is in place currently and what the implications might be.

**M**

Thank you.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Farzad, are you still on?

**Jodi Daniel – Office of the National Coordinator – Director of Policy & Research**

This is Jodi Daniel, if Farzad is not going to respond, I can take a crack at it.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Great.

**Jodi Daniel – Office of the National Coordinator – Director of Policy & Research**

So, hi all, I joined a few minutes late. We really see the . . . and this is, we're not even at a proposed rule stage, we're really still trying to flesh this out and looking for input, but we really see this as sort of a long term strategy for how we promote trusted exchange in all different kinds of ways. And, we're looking at how . . . we're looking at some sort of short term steps that we feel like are some low-hanging fruit that we can take now. We're looking at setting up an infrastructure and an approach for governance of a Nationwide Health Information Network that can address all different kinds of exchange activities, and we see the Exchange work and the Coordinating Committee's work as part of that whole. I think what we have put forward probably doesn't address all the needs that the NwHIN governance and the Coordinating Committee have at this time for governance, but I think it sets up the infrastructure and the approach for which those needs can be addressed, as we iterate the governance mechanism and we add new requirements and conditions for trusted exchange and we're going to really look to the Exchange as leaders in some of this work and in helping us think through some of those later steps. Does that help?

**Michael Matthews – CEO, MedVA**

Thanks Jodi, I appreciate the comments.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay, any other questions before we move on to Steve?

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

That was like the appetizer. So, thanks, I will do a Cliff Notes version of the presentation I did this morning and then will be available for questions afterwards or just to chime in and participate in the discussion as you all go through your activities. As John mentioned, and Mary Jo can chime in process-wise after I give my little shpiel, there are a number of different workgroups across the HIT Policy Committee and HIT Standards Committee that is kind of a priori from a workload perspective, assigned different questions in the RFI, too, as the lead or as a secondary contributor, in order to make the workload balanced. You all, having gotten the band back together now, welcome back; have a good amount of those questions to answer. The other thing I say is, not to be afraid of the number of questions

which I think cross the 60 threshold, because in a lot of cases it's, I would say, artificially separating maybe a 2-part question into 2 separate questions on their own, as opposed to just lumping them all together in one big question; and that was just a purpose, conscious decision to make the RFI and the questions easier to answer, but in some cases, you all may be able to answer a group of questions in one response.

So, a lot of work has been done thus far, we've heard a little bit about that even prior to my remarks here. We've covered a lot of ground in the RFI, based on you all's recommendations from a while back, the recommendations of the other workgroups that contributed to recommendations from the HIT Policy Committee and Standards Committee and, as Jodi mentioned, this is really the beginning of the process for us in terms of rulemaking and that's why we're at a really unique point in time that your input is tremendously valuable to help shape proposals before they're proposals. And, that's why we went out with this RFI with a little dose of humility that we're not going to be able to solve everything before the proposed rule, and we wanted to make sure that what we did include in the proposed rule had the most informed input that we could possibly have as we put those proposals together. So, that's why we're here with this stuff that we have right now. The comment period will be open for 30 days, ONC will be staffing the variety of workers to help people through the process; now that you're not distracted by Meaningful Use Stage 2, and I very much welcome and appreciate you all's time devoted to this effort.

So, next slide please. We have a, you guys are familiar with this, but I always start at the top. We have statutory authority, because of the HITECH Act, to the Amended Public Health Service Act, requires the National Coordinator to establish a governance mechanism for the Nationwide Health Information Network. And, in the RFI we explain in greater detail that we've approached implementing this statutory language by asking where can ONC uniquely add value; and that's a question that maybe you all could keep in the back of your minds as you consider the responses to the questions. We don't want to just create a process just because; we do want to make sure that what we're considering proposing is going to add as much value as possible to the HIE ecosystem marketplace environment and just you keep that kind of element in mind. The other thing that we included in the RFI, in terms of where we can add the most value, is that we've framed the RFI to cover a variety of different approaches, kind of a multi-faceted approach to address what we think an effective governance mechanism, which is really what we're charged to create and establish, a governance mechanism, what that should include and so, there are things that you'll hear about, in terms of conditions for trusted exchange, that's a phrase that you want to remember and other elements that we feel are part of the overall governance mechanism that will contribute to maturing the environment at large, stakeholder participation and standards and implementation specifications, development, etcetera.

**Arien Malec – RelayHealth Clinical Solutions**

Steve? Sorry Steve, this is Arien, is it appropriate to ask questions now or should I wait.

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

I would defer to John. I guess my preference would be to just run through this pretty quick.

**Arien Malec – RelayHealth Clinical Solutions**

Okay.

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

Okay. So, the one last thing I'll touch on in terms of just general comments, again is just a feedback on what Jodi mentioned. So, we're looking to create the foundational structures and processes in the governance mechanism and to make it work for the long term and that would . . . it would be complimentary of many different activities that are going on today in support of, and in some cases, help work to accelerate the activities that are ongoing right now. So, at its core, the governance mechanism is not about one particular form of exchange or method of exchange, it's more about meeting the needs of the stakeholders and the community, to engage in exchange and to have the structures and processes in place in order for many points of exchange to take place.

Okay, next slide please. I don't need to remind folks how we describe the Nationwide Health Information Network on this slide. What we really would like is for the governance mechanism, with the processes and structures that it establishes, to really accelerate the electronic health information exchange environment, and that's again one of the overarching goals that we have going forward, evidence in the RFI as you describe things and then, hopefully we can embody with folks feedback, better and improved proposals. Next slide please. So, why act now to establish a governance mechanism. I think you heard some of these points from Farzad; I'm not going to read them in detail. We recognize that the future is electronic health information exchange in order to deliver high-quality care, efficient care; it is going to rely increasingly on electronic health information exchange.

One of the things that we've been using here has been that the speed with which electronic health information would be exchanged will be at the speed of trust and we're trying to use this governance mechanism to increase the level of trust and thus, hopefully correspondingly increase the speed with which, and accelerate how exchange and how much exchange is taking place; again recognizing that we're kind of at a tipping point in the industry where there really is a need for a common set of rules expressing technical privacy and security and business practice requirement to create a consistent common trust baseline for all stakeholders. Again, as Jodi mentioned, it may not right in the beginning here address all of the needs of all stakeholders to engage in all forms of electronic health information exchange, but that is something that if the mechanism, the processes and the structures that we build-in up front are sound, that that maturity can take place over an incremental time period, as further dialogue and anything that may be outstanding in terms of consensus around particular policies or standards or implementation specifications.

Lastly, there is evidence, kind of just a matter of fact, that there is already a bolus of activity going on related to electronic health information exchange, consortiums, states getting involved in creating what amount to governance requirements and we want to be cognizant of those, be supportive of those, but also find ways to make, across the nation, this more efficient and more coordinated. And that's really one of the unique roles that we think ONC plays, as the coordinator, to help focus and prioritize folks attention on those minimum rules of the road, conditions for trusted exchange, that need to be in place.

Next slide please. Okay, again, our overall governance mechanisms I won't dive into this too detailed. You've heard already many of these before, there's a mention of governance in the Meaningful Use Stage 2 NPRM, specifically in the transitions of care objective and measure and, it's our hope that there will be synergies in the future between what we can establish through the governance mechanism and the future stages of Meaningful Use as well. Next slide please. Okay, so this is a bird's eye view, just to get you acclimated to the RFI in general. The RFI focuses on entities who facilitate electronic health information exchange, so, it's not directly focused at health care providers or hospitals or any other type of health professionals; except in the instance where the health care provider in essence is also serving as an entity that could facilitate electronic health information exchange for others. And I have a slide later on that goes into a little bit more detail about who we think could potentially be these entities. It discusses the voluntary framework that we're considering, so, we're not proposing some type of mandatory governance paradigm, rather we'd like to construct the governance mechanism in such a way that its value to all stakeholders in the market is what drives compliance with the conditions for trusted exchange that we ultimately establish.

The RFI has these five areas, you all will likely be focused on a spattering across them. At the heart of the document, a majority of it, after you get by kind of a history and background, are the conditions for trusted exchange. These are really the "rules of the road." We have a discussion on the process by which we would validate entities with respect to their conformance to the CTEs and subsequently become what we're calling, in the RFI, a Nationwide Health Information Network validated entity. So that would be some form of recognition or branding, for lack of a better word, that could distinguish an entity among other ones that may not have met the conditions for trusted exchange and then some other structures and processes that we believe need to be part of this multi-faceted approach to governance, with respect to kind of two tracks; one focused on the conditions for trusted exchange and how we would update them and retire them and consider new ones, as well as on the standards and implementation specification side, a process to classify the readiness of technical standards and implementation specifications. And

so, for those of you that are engaged in the HIT Standards Committee, there has been a lot of discussion about when is something ready, that is something that we believe could be part of the governance mechanism and we could establish processes that would be predictable, transparent and just an overall way for the industry to keep track of the timeline and the roadmap for standards and interoperability specifications.

Next slide please. So we have 3 categories of conditions for trusted exchange that we've bucketed our draft proposals into. The safeguards CTEs, the interoperability CTEs and the business practices CTEs. I won't read you the description of each of them here, to save some time. Suffice it to say, the RFI contains draft proposals for 10 safeguard CTEs, 3 interoperability CTEs and 3 business practice CTEs. These 16 CTEs are not exhaustive and we request comments on other ones we should consider, other areas where electronic health information exchange could benefit from having a condition for trusted exchange, but at the present, in this kind of pre-NPRM stage, these are the best first drafts that we have and for which we're seeking public comment and some policy discussion around. The other thing I would note here to keep in mind, right now in the RFI, this is just a list of the conditions for trusted exchange. We have a question or two in the RFI related to whether it would make sense to package them for particular services, some type of cluster of conditions for trusted exchange that if validated, an entity would be able to say, "I can do X because they've been validated to certain conditions for trusted exchange." It would also not fall into the paradigm of being an "all" or "nothing" type of validation approach; so, that's another area where we're seeking comment with respect to, what would be a logical approach for packaging the conditions for trusted exchange, recognizing that different forms of electronic exchange, or different methods, may necessitate different types of CTEs and ones that relate to X method may not be all that applicable to conditions that would relate to Y method, and we wouldn't want to have to require folks to go into all of the minutia of figuring out which ones are applicable and not.

Okay, next slide please. So this is just a table of the conditions for trusted exchange. The safeguard one build on, in some cases, the existing regulatory structure that exists; so the first one building on the HIPAA security rule. This is the one we focused on in order to, since we were talking about a very, I don't want to say singular, but a common type of entity that would be facilitating electronic health information exchange, essentially serving a common purpose, we thought that one of the conditions for trusted exchange would need to focus on their security practices and consistent baseline. So, we looked to the HIPAA security rule with the expectation that many of these entities will be either business associates covered entities or covered entities themselves, and will have to comply with the HIPAA security rule in some way, and this gave us a framework immediately to really create a baseline that folks were already familiar with. So, in most cases where we can, we're trying to build on the regulatory paradigms that exist already, so as not to pose duplicative or conflicting requirements. In other cases, like S-5; so the S stands for safeguard shorthand, that's an area where it's a little bit of a different twist on the HIPAA privacy rule with respect to notice of privacy practices. A different approach because it's a different environment and the role in which the entity, these NVEs would play, we think there's a different set of policies.

Next slide please. These are the last 5 of the safeguard CTEs. Again, some of them, I can let you read them for a second, but, won't go into too much detail there. Next slide please. So these are the interoperability conditions for trusted exchange, cover a variety of different areas that have been discussed in the advisory committee halls and rooms and webinars, web conferences for a great amount of time. We tried to consolidate them down into a few specific issues where we could frame conditions for trusted exchange. Again, this may be an area where the . . . I think we've got the other workgroups, especially the information exchange workgroup, focused on these conditions for trusted exchange and whether there should be others that we should consider proposing. As you get into more detail here, with these types of CTEs, that's where, at least I personally could see the packaging concept being different if we're talking about query in a variety of different ways, that could necessitate a different package of conditions for trusted exchange versus using the direct specifications or some of their means of exchange that we have not yet considered.

Next slide please. This is the last category of conditions for trusted exchange, the business practices. This is in response to us listening to a number of different stakeholder feedback across the continuum and, we are soliciting feedback on whether we struck the right chord in some areas and the last one is

really about having more transparency in what the NVEs are doing on behalf of their clients, or their customers or health care providers that they serve, to bring more information to bear about electronic health information exchange. Next slide. Okay. So, in order for an entity to become an NVE, we have processes that we're describing in the RFI and we have a list of potential preconditions that an entity would need to meet before being able to take that first step to continue towards seeking validation. If those preconditions are met, then they would be able to go to a validation body that I'll get to in the next slide. There are a number of eligible entities, this may include, including but not limited to, any of those types of entities that could help facilitate electronic health information exchange, could in theory, at this point, as we've described it, seek to be validated as an NVE.

Next slide. So, validation. As you all discussed, if you remember those conversations way back, validation is a general umbrella type of a word that we're using to describe the compilation of perhaps a variety of different assessment methods to determine if an entity has met a condition for trusted exchange and in some cases, the approach . . . we may want the approach to differ, based on the CTE that is implicated; and so we're seeking feedback on what would be the right approaches for the different CTEs, or whether we should just try to find a single way to validate the CTE. Similar to the certification program that we have today for the permanent certification program, we thought that it would be best to pursue a kind of process and structure model that folks are generally familiar with, and that would be ONC selecting a single accreditation body. The accreditation body would be responsible for accrediting validation bodies; the validation bodies would then be the ones that are out there actually performing validation on entities that seek to become NVEs.

Next slide please. So this is one of the more process oriented parts of the governance mechanism that we discussed in the RFI. We expect that there'll need to be a way to mature these and evolve these and then retire them when they are no longer relevant or no longer needed or appropriate. We've got a classification scheme that we've tried to use with "emerging, pilot and national." If something were to make its way through the process and it would be national, or classified as national, that would be at the point in time where it could be a candidate CTE that would be sufficiently mature to propose rulemaking. So, if there is a real meaty policy issue, and folks agree it's important and they could see a CTE coming out of it, maybe it would get classified as emerging. You all, in 2017, would be around the phone and saying hashing out the policy issues, making recommendations to ONC, etcetera, along that time, we could see that CTE stepping through the process and becoming a national candidate CTE at some point later in the future. So, this is a process that we hope to set up in this rulemaking that would be extensible and usable for the long term.

Next slide please. Similarly, with respect to technical standards, the process, we've heard, that there's a need for a transparent, predictable, timely review process for classifying standards, implementation specifications to inform the maturities half way for the standards and implementation specifications, when they're ready for prime time, this is something that we believe fits best in governance and is part of the governance mechanism and so we'd propose sticking with our similar classification criteria's, "emerging, pilot and national," a process for the industry to engage with us to classify technical standards. Next slide please. I believe this might be my last one. I haven't done justice to this section of the RFI, but, we're looking at a variety of different ways; typically when an agency has enforcement authority, there's a lot more statutory language than what we have in the Public Health Service Act; but, there is just a general, overarching responsibility that ONC has to create the governance mechanism and to ensure that there is sufficient monitoring and oversight.

And that's really a shared responsibility, we view, among the variety of stakeholders that would participate so, there's ONC, which we've identified some roles that we can play. There are also the potential accreditation and validation bodies that would have some responsibility over the NVEs that they would validate and then there's our relationship with other Federal Agencies, who have other authorities that in the Venn diagram of a variety of Federal Agencies, may be things that might not necessarily fall into solely a governance type issue, but, could very well be monitoring and oversight that could be done and contributed by other Federal agencies to help NVE; so, it's more of an umbrella or a patchwork quilt of different Federal agencies that will have a role overall in the governance mechanism. I think that's it. Next slide. Yep. All right. That was the short version.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Thank you, and now do we have any questions, and I would just remind you, since we are trying to keep track of who's saying what, and this is a public meeting, if you would identify yourself before you speak.

**Arien Malec – RelayHealth Clinical Solutions**

Okay, this is Arien.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Go ahead.

**Arien Malec – RelayHealth Clinical Solutions**

So, I have a question on the legislative authority, or statutory authority. So, I guess we've defined the Nationwide Health Information Network as a set of standard services and policies, and I'm just wondering what the, and you've chosen an early request for comment on a voluntary program that really relies on the moral authority of ONC as an inducement for organizations to receive certification and I wonder, given the legislative language and the related language on the Nationwide Health Information infrastructure, the Nationwide Health Information Network isn't defined, but the Nationwide Health Information infrastructure is defined. And, if you don't feel comfortable answering this question, it's fine, but I just wondered how . . . you've chosen a voluntary approach, how far in ONCs interpretation does the statutory authority go? If, for example, the voluntary approach doesn't work, or doesn't achieve the policy outcomes that are sought, what's the position on how far the authority reaches?

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

Well, that's an excellent question Arien. And there's no perfect answer to this, we would obviously need to explore an approach that was not purely voluntary with our legal counsel, so, I'll throw them into the mix here; but, there is little legislative history to go along with the authority section there, in terms of congressional expectation or guidance that they would have. I think that we would have to be careful if we chose to pursue an approach that wasn't voluntary and we'd have to really think through the value that ONC would be adding in that respect, and so, I think we expect to get comments on that question, and I don't know if we had a question in that particularly; I'm pretty sure we had something similar to whether or not a voluntary approach would produce the outcome. Actually, I have it right here. Question number 4, would a voluntary validation approach sufficiently achieve our goals? So, that's an area where its open to comment. If the entire, hypothetically speaking, if the entire industry says, "make this mandatory," that would be something that we'd have to discuss.

**Jodi Daniel – Office of the National Coordinator – Director of Policy & Research**

Can I jump in . . . Steve?

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

Yeah, go ahead.

**Jodi Daniel – Office of the National Coordinator – Director of Policy & Research**

So, this is Jodi Daniel. I would say, I mean, Steve hit all the main points which is the legislative authority is quite broad and not well defined as you also mentioned Arien. I think we actually have a lot of flexibility usually in those cases, the agencies do get a great deal of deference in making determinations about how to interpret a statute, consistent with any legislative history in statutory language that's there. So, I think we have some maneuvering room, given the limited language. Obviously, as Steve said, we would . . . any proposal we have, we would go back to our general counsel's office and figure out what we could or could not do and how strong our ground is for doing it. But, I think we have sufficient room to create a governance mechanism in whatever way looks like it makes the most sense.

**Arien Malec – RelayHealth Clinical Solutions**

That's what I was, this is Arien again. That's what I was assuming and I guess my comment would be that if incumbent on us, particularly in industry, to create a voluntary governance mechanism that has the required flexibility and works to safeguard the public trust, so . . . we should go in this with good faith to make it work because we do believe that at the end of the day, the legislative authority is broad.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Other questions?

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

Hi, it's Jonah. Sort of on that note as well, would this group have any sort of input with respect to how participation, voluntary participation would somehow be integrated with future, like Stage 3 Meaningful Use requirements, if those come about?

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

You're really connecting a lot of dots, far forward for everyone. Umm, so, it's an excellent question and I hate to be, I'm sorry (indiscernible). I mean, that's certainly something that we can receive . . . we'd be open to receiving feedback on and I can't say it's not something that we haven't heard or thought about ourselves, in terms of how we can connect Meaningful Use and governance going forward and, if we do strike the right chord, going forward to this rule making with governance and let's say, fast forward hypothetically, Nationwide Health Information Network and the validated entities exist, the connection of those entities and Meaningful Use would be something that we could consider. So, if you all have ideas, I think we're definitely open to making suggestions, that may be one step ahead of where we are today though.

**Arien Malec – RelayHealth Clinical Solutions**

Right, just to follow up on this question, this is Arien. There are 2 areas, at least 2 areas, in the stage, or in the edition 2014 certification of associates stage 2 rules, that require health information exchange, transitions of care and the transmit function for view, download and transmit; and arguably the patient portal aspects of view and download as well and I'm wondering what the thought is relative to the applicability of governance to those functions, and related to the timeline, the ability to get a governance framework in place to govern those particular functions. Are we asking easy questions for you?

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

(Laughter). I wouldn't . . . I think that was more of a probably like a split finger fastball. Umm, no one's thrown a curve, yet. But, I won't put it past anyone. I mean, we purposely included, as noted in the preamble of the CMS's NPRM, a reference to governance with an expectation that going forward, there could be a linkage between the two and with the hope that we would go through these processes to establish a governance mechanism as fast as we can to make sure that a governance-enhanced environment would exist for Stage 2, to support Stage 2, and to accelerate those areas where exchange is implicated.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Other questions? Well, thank you Steve for leading us through that section. At this point in our agenda, and we'll be coming back to these when we do an overview of the questions that we are charged to take on, I thought I would just start off by reminding us how we got to this point. You do have a set of slides that are in your email and your packet, which there is no need to go into detail, but what our workgroup did in getting to this point is that we had a number of meetings in 2010, which led to presentation of our recommendations to the HITPC and the Policy Committee did move forward those recommendations to the Office of the National Coordinator, which in many ways are reflected in what we see now before us as part of the RFI. Our recommendations included, started off with the first recommendation which had a set

of 9 sound principles for the NwHIN governance, and you will see that in the RFI itself, in the historical component of that, it starts off with the early work of the National Health, the Information for Health report of the NCVHS and includes our recommendations including listing those 9 sound principles.

Our second recommendation had to do with the fact that we felt that the NwHIN should be an environment for trust, interoperability and should be the preferred approach for exchange. Our third recommendation identified the fact that we felt the Federal government should establish those conditions for trust and interoperability as we call them. Evidently our recommendations for calling these things conditions for trust and interoperability led to too many potentially humorous acronyms, so thus, COTIs became CTEs. Felt that the Federal agencies should participate in the NwHIN and its governance and that exchange within and to the Federal government, between the Federal government and other entities, should be conditioned upon compliance with requirements for the NwHIN.

The next recommendation from our committee talked about particularly the conditions of trust and exchange, as we're now calling them, and broke those into five categories of privacy, security, interoperability, other policies and technical requirements which are reflected in the overall structure that you see, not quite exactly the same buckets, but the items that we did recommend that should be addressed can be found in the buckets that were presented to us today by ONC. And finally, almost finally, our next recommendation had to do with validation, and we felt that there should be some mechanism to verify that these conditions were in fact being complied with, and that there would be a way to do that; we recommended that that be reviewed within the context of the HR certification. And then finally, we talked about oversight and we felt that there was a role for the ONC in providing oversight in the governance process that would occur with creating the conditions for exchange to occur in environments of trust.

So, those were our recommendations that then led to the subsequent development of the RFI and the CTEs that you see in the report that was developed. Are there any questions or comments about the work that we did leading up to this particular point? Hearing none, we're now going to, Alan, if you can put on the questions. So, I'm going to remind you again that, and I hope Alan is can be a little bit facile, because we're going to need to maybe take a little bit . . . the first workgroup that we're talking about will address the section 1, which are the 7 questions in section 1, and then also the questions about the CTE lifecycle. So, why don't we look at the first page, which talks about question 1. I think everybody has a copy and it's on the screen and it refers to the categories of comprehensive reflect the types of CTEs and then the next page, also recommended for us would be these next 6 questions after question one.

We already had a few questions and discussions from Arien and Jonah about particularly question #4 on them being a voluntary validation approach, 5 on establishing the validation process, 6 on alignment and state governance approaches and then 7, what are the approaches to exercising authority should be considered by ONC. Are there any questions or comments on this first part of the questions? Okay. Knowing that we have a set of items, if we could jump Alan, to page 11. Okay, this is where you see, at the bottom of page 11, there are questions related to the lifecycle. Question #60, what process should be used to update the CTEs and should we expressly permit validation values to provide for validation to pilots and then a process outside of advisory committee through which identification and development to frame these CTEs could be done. So, those are the recommended ones for our governance group to address and under group 1 and I am at this point going to see if there are any volunteers to participate in that, looking at the fact that we do have actors and monitors and business practices for groups 2 and 3.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

John, its Mary Jo. I did want to explain that the only reason that group 1 gets the beginning and the end is a purely arbitrary mathematical calculation, to try and equalize the burden across three groups, so there is no inherent substantive logic or, maybe there is, but I wasn't looking at it.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay. Well, maybe we'll go through the rest of them before we start getting volunteers or I start assigning them. So, the second page, if we go to page #3, where we have the actors and associated

responsibilities, the role of ONC, the role of accreditation bodies and validation bodies and questions 9 through 11. Then moving on to page 4, we have question 12 that continues on about the role of accreditation body and validation bodies and then we move on to entities eligible for validation, questions 13, 14, 15 and 16. And then finally, I think that brings us to 8, is questions on stakeholders. One of the issues that I think in looking at this, one would have to say that the role of stakeholders is not as clear as they were in our recommendations and whether or not we have any degree of comfort and want to make an additional statement about that, particularly the consumer and stakeholders. So, any questions on the ones that would be part of the direction for group two?

Okay. We're going to move on now to the ones that are part of group 3. They start off with, at the bottom of page 4, with the monitoring, the optimum role for stakeholders. They go through the questions that are being asked for the governance workgroups are questions 18, 19 and 21. Then, at the bottom of that, we go into conditions for trusted exchange and these assume that they would be part of lead by other workgroups of the HITPC and so we're going to go through those unless there's someone on our workgroup that particularly wants to pull something out of some of the more detailed ones on page 5, page 6, 7, 8, page 9 the interoperability CTEs and then that takes us to page 10, which is where the business practice CTEs are and then recognizing of course that many of us are, actually all of us are just seeing these for the first time today, but, here we have some questions that we're going to pull out to the governance workgroup; question #52 for the third group, related to the interaction from one NVE with another. Questions 53 and 54 and 55, again looking at business practices between NVEs and questions related to data collection. Any questions on the business practice CTEs that would be part of our work?

And then the questions number 56, which CTEs would we revise, delete or are there others that we should add in, that's sort of a catch-all question; and then question #58, should the above CTEs, as well as any others we consider for the NPRM, be packaged together for purposes of validation.

#### **Jan Root - Utah Health Information Network**

Excuse me, this is Jan. I apologize, I just joined, I'm sorry, I'm an hour late. Can I ask a dumb question, what does CTE stand for, I looked in the document and it's not in there. If you're going to use acronyms, you gotta have what they mean in the document.

#### **John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

But we just made them up...

#### **Jan Root – Utah Health Information Network**

Okay, well tell me what it means.

#### **John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay, so Jan, in our prior work as a workgroup, we made recommendations that there would be conditions of trust and interoperability. In the work of ONC in developing the RFI, I guess there were some who thought that COTIs could be COOTIES pretty quickly and so, they decided to call them conditions of trust and exchange.

#### **Jan Root – Utah Health Information Network**

Okay, so can I make a recommendation that that gets included in this document?

#### **John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

It's actually in the RFI, the full text of the RFI.

#### **Jan Root – Utah Health Information Network**

Okay, and this is an attachment to the RFI.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

This is material that was sent to the workgroups to charge out . . . to give us our charge and what we should be focusing in on as we try to come in very quickly to the HIT Policy Committee meeting on the 6<sup>th</sup> of June.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Jan, this is Mary Jo. You might want to quickly flip through Steve Posnack's slides that were included. I think that'll...

**Jan Root – Utah Health Information Network**

Okay.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

...we just... he walked us through those a second time.

**Jan Root – Utah Health Information Network**

Okay, I apologize, I won't take up more of the group, if I can find out what these things mean.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay, the other term that probably, it took me a little while to figure these out, and I still am not exactly sure, but NVEs which are Nationally Validated Exchanges, is that correct Mary Jo?

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

This is Steve. It stands for Nationwide Health Information Network Validated Entity.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay.

**Jan Root – Utah Health Information Network**

Validated Entity, so does that would mean they've been through the whole process and have been approved?

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

I mean, that's the gist of it, that they've met the applicable conditions for trusted exchange that would ultimately be set for them to be validated. So kind of, I mean, it's kind of like the certified product.

**Jan Root – Utah Health Information Network**

Okay.

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

The conditions for trusted exchange would be analogous to certification criteria, the entity that would be validated to those would be against the conditions for trusted exchange and so on and so forth. John, if you want to promote just calling them "ENVYs," that would be fine with me but, I did not choose to . . .

(laughter)

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay, “COOTIES” and “ENVY.” Okay. So, the CTEs and NVEs and I think we’ve now walked through all of these questions. So, the last one, if we actually go to page 12, the interoperability questions . . . conditions for trusted exchange were not on our plate in the governance workgroup, nor were the questions related to economic impact, which are on 12 and then flow into page 13. So let me ask Alan, if you will switch back to the meeting slide deck and, the next slide. So, this is our workplan. This call was really to get us updated on the brand-new, hot off the press RFI and we have a fairly tight time frame, since the HITPC meets on June 6. We’re looking to have two conference calls, one on Monday, May 21<sup>st</sup> and the second one is on the 24<sup>th</sup>, which is Thursday, and, is that correct Mary Jo, I don’t see that on my calendar for some reason.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Well, I will make sure. Alison, I know you and Alan are on the phone call. Alison, would you make sure that that invite gets resent to John?

**Alison Gary – Senior Web Meetings Manager, Altarum Institute**

Sure.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

So, on the 24<sup>th</sup> . . . So, what we have is basically 2 call-in meetings and what we hoped will happen is that we can have three small groups who will review those questions, put together comments which then as the workgroup Chair, I would be presenting to the HITPC on the 6<sup>th</sup>. We can bring the recommendations to the meeting on Monday, we’ll spend a couple of hours walking through those, identifying anywhere we might need to look at refinements, bring the refinements back to our meeting on Thursday and then from there, after our approval, we move them on to the workgroup. Are there any questions about our timelines and the workplans?

**W**

I just have one comment. If the whole group is going to meet on the 24<sup>th</sup>, I don’t think that invitation went out to anybody. It wasn’t just John.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Oh my word.

**Laura Adams – President and CEO, Rhode Island Quality Institute**

It’s not on my calendar either, I don’t have it. It’s Laura.

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

And the 24<sup>th</sup>, May 24<sup>th</sup> is the HITSC meeting. This is MacKenzie.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Oh shoot. That is on the document . . . oh no, it’s June 4<sup>th</sup> 10-12. I apologize, it’s June 4<sup>th</sup> 10-12. So, we will definitely need . . . thank you. I am sure I gave everybody heart failure and I was wondering if, it didn’t seem right to me . . .

**Laura Adams – President and CEO, Rhode Island Quality Institute**

That one’s on there.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Okay. So it's June 4<sup>th</sup>, which is just two days before the Policy Committee, which makes a lot more sense, because then we've got between the 21<sup>st</sup> and the 4<sup>th</sup> to really do that additional work and fine tuning. My apologies. That's my bad.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Because that's on my calendar too, on June 4<sup>th</sup>, so, we're good to go.

**M**

Well, could we just list exactly the dates and times again so we all have those?

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

So, it's May 21<sup>st</sup> 10-12 noon and June 4<sup>th</sup> 10-12 noon.

**M**

Thank you.

**Jan Root – Utah Health Information Network**

This is Jan, again, and I'm probably, tell me if this is just inappropriate, but I'm looking at the slides again and on slide 9, S-10 and NVE must have the means to verify that a provider requesting an individual's health information through a query response model has or is in the process of establishing a treatment relationship with that. How do you do that?

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

So, its slide 9, which slide deck, I'm sorry. Is that on Steve's?

**Jan Root – Utah Health Information Network**

It's the Posnack Governance . . .

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Steve, do you want to address that, its safeguard #10. Are you still on? Are you on mute?

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

I've got it.

**Arien Malec – RelayHealth Clinical Solutions**

Right, this is a process, this is Arien. Just the process check, shouldn't that be one of the things that the workgroup is providing comment on?

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

Yes. Absolutely. And Jan, I would suggest that you . . . it would probably be best just to read the dialog that goes along with that. You know, because it's somewhat out of context. It's on page 47 and 48 of the document.

**Jan Root – Utah Health Information Network**

Which document?

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

Of the actual RFI.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

I sent you a link to the RFI . . .

**Jan Root – Utah Health Information Network**

Slide deck with the RFI briefing . . .

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

No. I sent you a separate link to the posted RFI.

**Jan Root – Utah Health Information Network**

Okay. And I'm so sorry, but who is this speaking?

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

This is Mary Jo. You might look for that from me at about . . . and Steve, is there any reason I couldn't send them the RFI, the PDF?

**Steve Posnack – Office of the National Coordinator for Health Information Technology - Policy Analyst**

Oh no, absolutely, go ahead.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Okay. I'm going to send everybody the PDF now, so that from now on we'll be working from the same . . .

**Jan Root – Utah Health Information Network**

Okay, so this is government RFI is posted. Is that one the link?

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Right, but you should have it in your inbox, the...

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

...Momentarily.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Momentarily. Now, let me just comment on that, S-10 is not one that's on our plate to make comments on.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

And could I... let me just jump in there John, if I could. Given the fact that there's barely 3 weeks before the Policy Committee meeting, as indicated on the first page of your list of questions, we simply suggested priorities for different workgroups, because there's so much to cover and so little time, we don't wish to censor any workgroup at all, or any workgroup members from any workgroup that feel that they want to address that question; and Arien, I'm just looking at who is on S9. As I've noted, you're actually

on other workgroups that are looking at this, so you may be getting a crack at that, through one of your other workgroups. But that's on the Tiger Team. But again, if there's anyone on the workgroup who feels strongly that they would like to address one of the questions that's not flagged for governance, by all means, it was matter of bandwidth and just trying to really facilitate the work of the group.

**Jan Root – Utah Health Information Network**

So who do we talk to about those things that are outside of the workgroup?

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Well, I think what we're going to do now is to identify if there are any of those that we believe we want to bring into the workgroup? Umm, like... question 42?

**W**

Question 42, okay, which document are you on right now?

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

This is the one that has all of the questions on them, page 8.

**W**

All right, question 42. Okay, I can find that.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Actually it's questions, the ones that relate to condition S-10, that would be question 43 and 44 . . .

**Jan Root – Utah Health Information Network**

...that would be the third one, blah, blah, blah. Okay, yeah. There's also the question of what's commercial, it's not always very clear. It can be extremely blurry... all kinds of research things that actually ends up being for a commercial purpose, is that research or not.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Which question are you on now?

**Jan Root – Utah Health Information Network**

I'm on S-6. I'm not just looking at the slide deck again, sorry.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Given the work of the... the question, let me sort of hold that, too. So you've got a question on what's commercial, so that's S-6 and S-10. And...

**Jan Root – Utah Health Information Network**

Question on, yes, S-6 and S-10. Yes, those were very blurry areas.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

So, let me put that in a parking lot, because I'll have a proposal on how we deal with those. Because what we need now to be able to implement, are, and actually it's on the screen so all of us can see it. Great, thank you Alan, you're really helping this a lot. If we can now go to the last slide of the meeting deck, what we're going to do is... actually the slide before this. Thank you. So, we're now going to split up in three groups and so, I'm looking for volunteers to head up group #1? And, let me just sort of explain what I would expect the group to do is to take a look specifically focusing in on the 7 questions related to

section 1, and the 3 questions in lifestyle; to take a look at those and to have candidate responses to those and in as much detail as you think is appropriate.

**Arien Malec – RelayHealth Clinical Solutions**

This is Arien. I'd like to volunteer for this one, especially the lifestyle one.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay. Actually it's lifecycle.

**Arien Malec – RelayHealth Clinical Solutions**

Lifecycle.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

What do CTEs do when we're not looking at them is their own business.

(laughter)

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Any other volunteers for #1.

**Judy Warren – University of Kansas Nursing School**

John, this is Judy Warren. Being new to the group, I will let you put me on whichever one needs somebody.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay. So, you'll be the free agent.

**Judy Warren – University of Kansas Nursing School**

Yes.

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

Hey John, I'm sorry, this is Jonah again. I don't have the other document in front of me. I was paying attention when we were going through these sections. Can you just very briefly talk about the three sections again?

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Sure. Okay, so section 1, which is establishing a governance mechanism, and the lifestyle, which is okay, these things obviously we don't want to last forever. Section 2 talks about the actors. What is the role of ONC? What is the role of the accreditation body and validation bodies? And then, the roles of entities that are eligible for validation and finally the role of stakeholders. Group 3 would be more of a potpourri of looking at the issues of monitoring business practices and then finally, the catchall question that all of the groups are asked to look at which are: Are there conditions of trusted exchange that ought not to be there or some that ought to be included that aren't there or would you recommend revisions? And so, that would probably be the group that would look at 6 and 10, which were raised by Jan.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Actually, that group is looking at, excuse me, that all sort of is a general question, too. Not just 6 and 10, but anything that's totally missing, in other words, has ONC left anything out across the CTEs?

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Right. But in adding those two in particular, we would ask that group to look at S-6 and S-10...

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

...I see...

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

...in addition to looking at the rest of them and saying what's missing, what's there that probably would benefit from not being there.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Okay. My apologies.

**Jan Root – Utah Health Information Network**

This is Jan. I'd like to be on that group, if that's possible.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay. Okay, so Jan we have you down for 3. Meredith, do you want to volunteer Laura for anything?

**Laura Adams – President and CEO, Rhode Island Quality Institute**

I guess I missed the group 2 call.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Group 2, okay. Tim?

**Meredith Taylor – Director of Health, Markle Foundation**

John, this is Meredith. I guess I'll have to circle back for Laura.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Just for the record, we do have two Laura's, so we have a Laura Adams and a Laura Bailyn.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

So, Laura Adams, you were the one who said Group 2, okay. And then Meredith is going to check back for Laura Bailyn. And Tim, are you still on? Okay. Jonah, did I hear . . .

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

I'll take group 2 for a hundred please John.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay, group 2 for a hundred. And...

## **M**

Now it's the daily double...

(Laughter)

### **John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Michael?

### **Michael Matthews – CEO, MedVA**

I prefer 3, but not strongly, so, if you need for me to be a free agent to balance things out, have at it, but, I'll slot in now for 3.

### **John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay. And John?

### **John Mattison – CMIO, Kaiser Permanente**

Group 2.

### **John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay. So, it looks like Judy you win group 1.

### **Judy Warren – University of Kansas Nursing School**

Okie doke.

### **Arien Malec – RelayHealth Clinical Solutions**

That's the most fun group because it is lifestyle oriented, so...

### **John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Yes (laughter).

### **Judy Warren – University of Kansas Nursing School**

... it is that, talk about Freudian slip.

### **John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

So, if I could call on Laura, would you be willing to just coordinate the activities on group 2? Laura Adams?

### **Laura Adams – President and CEO, Rhode Island Quality Institute**

Laura Adams, coordinate the activities, what does that involve?

### **John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Probably just asking... sending an email to your colleagues and Mary Jo will give those to you and then setting up a time to just have a conference call to think through the answers.

### **Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

ONC can actually help with all of the logistics and the scheduling. So, we'll be happy to help all three of the group leaders. And the dog.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

(Laugh)

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

I would also like to chime in, this is Kate for Leslie Harris.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Oh, okay, sorry.

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

No, no problem. And I think that group 3 would work best for us, but if there is a group that has the least amount of people, that's also fine.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay. I think that would be okay. So, let's see.

**M**

So, if ONC is going to help with coordinating and scheduling the groups, do we need anybody appointed from each group to do something in particular, like you were asking Laura a moment ago. Is there anything else you would need any individuals in that group to do, or do we just need to . . .

**Arien Malec – RelayHealth Clinical Solutions**

This is Arien. In my experience, you need somebody to facilitate the discussion and then present back.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Very true. So, Laura, can I?

**Laura Adams – President and CEO, Rhode Island Quality Institute**

You know, I'm actually really concerned about that because we have some things before our legislature and in these last 2-3 weeks, the same time frame we have to deliver this, we have to push our legislation through and I'm really concerned that I'm going to get called away at a time when I can't actually fulfill something here, so I'm just a little bit worried that I would end up dropping the ball potentially on this and I think this is really important. . .

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Sure, understood.

**Laura Adams – President and CEO, Rhode Island Quality Institute**

...probably not me.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

So, either John or Jonah?

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

I'll do it. This is Jonah.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay.

**John Mattison – CMIO, Kaiser Permanente**

And I'll second that motion, thank you Jonah.

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

It'll come back around.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

So, for group 1 I believe we have Arien and Judy, either one of you willing to do this?

**Arien Malec – RelayHealth Clinical Solutions**

I'm happy to take it on.

**Judy Warren – University of Kansas Nursing School**

Thank you Arien.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Thank you. And for group 3, we have Jan and Michael and Kate standing for Leslie, so Kate, this would be a good time to volunteer Leslie, but, maybe someone who was on the call, Michael or Judy, would you be willing to . . .

**Jan Root – Utah Health Information Network**

Jan.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Oh, I'm sorry, Jan. I was looking at my notes wrong.

**Jan Root – Utah Health Information Network**

I'd be happy to. This is Jan.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Great.

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

Hey Mary Jo and John, this is Jonah again, could we please ask one of you to follow up with those who are not on the call today and try to get their . . .

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

. . . get them to volunteer for their workgroups, yes.

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

And if not, just auto-assign them.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

I think the latter is what's going to happen, and what I'll first do is check with all of you leads on your availability. We've got limited time slots available and I'll send you an array of possibilities and once we can lock you in, then everybody else will have to follow behind.

**Arien Malec – RelayHealth Clinical Solutions**

Right, thank you.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay, so we . . . Alan, if you can move to the next slide . . . I think what we've done now is we've gone through, we've developed a workplan. I think our task is relatively simple because of the structure that we've been given from ONC. None of us has had a chance to read through the RFI, we've been able to sort of skim through the questions, so I think we can start orientating ourselves and focus in on the meeting on the 21<sup>st</sup> of May, which is in about ten days or so. So, I think those are the next steps. So, before we go to public comment, Mary Jo did I forget anything, or anything else that we need to do?

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Well, one of the things I would mention, for example for Jan who came in late, we are going to have at least one more webinar, so that's one more opportunity for you to get up to speed if you'd like, and what I'll do is I'll send around the time of other webinars, so if you want to invite any of your staff to join, to back you up, or in any case, other colleagues, why, you'll have that available. We certainly want to maximize the time that you have to soak this all up.

**Jan Root – Utah Health Information Network**

Thanks very much, appreciate that.

## **Public Comment**

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Okay. Operator, can we go to public comment?

**Alan Merritt – Altarum Institute**

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. There are no comments at this time.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

So, I was going to say, while we're waiting for that, if any of the workgroups do want to recommend that we consider making a recommendation about moving back to conditions of trust and interoperability, I think that would be fair game.

**Alan Merritt – Altarum Institute**

We do have a comment from Susan Campbell.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Yes, go ahead.

**Susan Campbell – Case Management Professionals**

Hi, I had a terrible time logging in, I was unable to get on the webinar and have emailed the technical folks about that. So, I missed the first part of the meeting and I'm not sure what your groups 1, 2, 3 consist of. I was just hoping you could just summarize that in a couple of words.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Sure. We've been asked as the workgroup to make comments to the Health Information Technology Policy Committee and so we're splitting up the questions that are all part of the RFI. There are a series of, I think, approximately 65, 66 questions and so our workgroup is being assigned a certain subgroup of

that and we will then split up into 3 workgroups to bring it back to our meeting on the 21<sup>st</sup> of May, and then we will finalize our recommendations on the 4<sup>th</sup> of June.

**Susan Campbell – Case Management Professionals**

And the topic of RFI is?

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

The topic of the RFI is governance of the Nationwide Health Information Network.

**Susan Campbell – Case Management Professionals**

Okay, thanks so much.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Sure, you're welcome. Any other public comments or questions?

**Alan Merritt – Altarum Institute**

There are no more comments at this time.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Great. Well, I'd like to thank everyone for participating. We've got a relatively tight timeline, but I think that we can be very proud that our workgroup has had a significant amount of input in helping to guide the directions of this particular activity, which I think is absolutely critical if we're going to move the exchange, the rapid and safe and trusted exchange of health information, so that people and their caregivers can make the right decisions at the right time, having the appropriate information. So, I will thank everyone for participating and we'll be talking to you all on the 21<sup>st</sup> of May.

**M**

Thank you.

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

Thanks, bye, bye.

**John Lumpkin – Senior Vice President and Director, Health Care Group, Robert Wood Johnson Foundation**

Bye, bye.

**Jan Root – Utah Health Information Network**

Bye, bye, thanks.