

**Information Exchange Workgroup
Draft Transcript
August 26, 2010**

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Good afternoon, everybody, and welcome to the Information Exchange Workgroup. This is a federal advisory subcommittee, so there will be opportunity at the end of the call for the public to make comment. And let me do a quick roll call. Micky Tripathi?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

David Lansky?

David Lansky – Pacific Business Group on Health – President & CEO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Carl Dvorak?

Carl Dvorak – Epic Systems – EVP

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Connie Delaney? Gayle Harrell? Mike Klag?

Mike Klag – Johns Hopkins Bloomberg School of Public Health – Dean

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Deven McGraw?

Deven McGraw – Center for Democracy & Technology – Director

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Latanya Sweeney? Charles Kennedy? Paul Egerman? Jim Golden? Dave Goetz?

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Jonah Frohlich?

Jonah Frohlich – HIT at California HHS Agency – Deputy Secretary

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Steve Stack?

Steven Stack – St. Joseph Hospital East – Chair, ER Dept

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

George Hripcsak?

Diana Jones – Missouri Medicaid – VP Policy & Programs, eHealth Initiative

This is Diana Jones for George Oestreich.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you. Seth Foldy?

Seth Foldy – Wisconsin – State Health Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Jim Buehler?

Jim Buehler – CDC – Acting Director, Public Health Surveillance Program Office

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Jessica Kahn? Walter Suarez? Dave Ross?

David Ross – PHII – Director

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Hunt Blair?

Hunt Blair – OVHA – Deputy Director

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Diana Jones is here for George. Dianne Hasselman?

Dianne Hasselman – CHCS – Director of Quality and Equality

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Donna Frescatore? Okay. I'll turn it over to Micky and David Lansky.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Hello, everyone and thanks so much for joining. We really appreciate it. We've got a relatively short call today. It's a one-hour call, which is really just to accomplish two things. One is just very quickly review

what we presented to the HIT Policy Committee at the last meeting, which was really just sort of a status of where we are in the workgroup, and what our plans are going forward.

Then what we'd like to do is really tee up sort of the process, some high level timelines, discussion of what activities we're proposing that the workgroup focus in on, and then really have some conversation with the workgroup about your thoughts on that. If we can get some consensus around what our path forward is here for the next two to three months, I think that will allow us to tee up the taskforces and get some traction on the work of the two taskforces, as well as starting to tee up what the agenda for the workgroup might be for the coming months, really almost through to the end of the calendar year.

That was really the agenda that we wanted to do today, not so much to dive deep into the content of any of these, but more to make sure that we've got the structure and the process so that we can move forward on diving deep into the content of these over the next two months. David, any other thoughts you'd like to add before we dive in?

David Lansky – Pacific Business Group on Health – President & CEO

I'd just highlight your last comment about the two months. I think we feel like there's a need on the part of a number of the HIEs in states to do the best we can to deliver some guidance or products through ONC and then I think the slide deck will say by the end of October, so that's really pretty aggressive, and we really appreciate everybody's willingness to throw in their best ideas and give us the time to try to do that in the tiger team spirit for which ONC is now known.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

For those of us who are still reeling from the last tiger team, I'm not sure we want to introduce that level of intensity, but maybe we can call it a jaguar team, and we'll keep the same schedule.

Deven McGraw – Center for Democracy & Technology – Director

Is there a turtle team?

David Lansky – Pacific Business Group on Health – President & CEO

...turtle Thank you, Micky.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

The turtle team has been the last 100 years, Deven.

Deven McGraw – Center for Democracy & Technology – Director

Okay. That's fair.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

What I propose we do is the presentation that you have in front of you. Hopefully everyone got it. It's really just two big parts. One is the presentation that we gave to the HIT Policy Committee, and I'll just quickly run through that unless anyone has any sort of burning question or comment, as I skip through that. The idea would be just to make sure that everyone understands—if you were unable to listen in, or you're not a member of the policy committee—what we did present and sort of the high level thoughts. And then we can dive down a little bit deeper into what we introduced at the policy committee, which is these two taskforces and what we're hoping to accomplish with those, as well as just giving a little bit of a taste of some of the other kinds of things that we really had just as a formative stages of thinking about, but would like to get workgroup feedback on that as well.

Let me just dive in here. I'm on slide four. We basically, again, we presented that we've reconstituted the workgroup with a new cochair and also with an eye toward getting members who are experts in three areas that we thought were somewhat underrepresented in the prior composition of the workgroup, which is to have more state level leaders so that we can get more of being able to take the pulse of the emerging issues at the state level. Second is public health experts, and third is Medicaid all were sort of identified during the spring as being key areas that we're going to need some sort of greater thoughts going forward. So that's why all of you are now on this workgroup.

Moving to the next slide here, which is slide five, it says charge for the IE workgroup just to identify the two areas. One is thinking about breakthrough areas where policy barriers might prevent providers or states from moving forward, which is really with an eye towards some of the specific clinical transactions that are already identified as important to meaningful use. And we know what those are. We can talk about those. Then the second is this role of undersensing what's going on at the states, particularly as states now move to implementation. Most 40 states, I think, out of the 56 recipients are submitting their strategic and operations plans next week, August 31st, and so a number have already had their plans approved or in some stage of approval. Others are going to get theirs approved over the next couple months, so all of them moving into implementation. What are the issues that already are on the floor as being sort of barriers to being able to move forward, and what are going to be the emergent issues as they start to dig down further?

Was there a question or comment, or was that just background? Okay. Sounds like it was just background.

On the next slide, which is slide six, I think all of you have seen this before. It was really just to say that we want to be able to go through and try to identify what are those areas that we think that there might be some policy remedies for. The world is a messy place. There are all sorts of problems all over the place. That doesn't mean that every single problem really has a policy remedy. So the idea is that for things that we think that the market might be able to take care of, let's try to set those aside and really try to focus on the things that we can recommend as concrete policy options that the policy committee can recommend to ONC and the federal government at large.

So we then went through quickly. I'm on slide seven and eight here where it says the proposed taskforces. The two taskforces that we have talked about: one focused on provider directories and the other on public health. And I won't go down this litany of questions that David walked through at the policy committee at a high level because when we're done with this review, I think I would propose that we think a little bit more about what the agenda is, and maybe we can come back to these questions.

I know, at least on one of them with the provider directories, Claudia Williams, who I think is on the call, had some thoughts about that as well that can help us think about what the real agenda might be in terms of the key questions that we want to be able to answer with respect to provider directories. But that just gives you a flavor of here are what we had represented to the policy committee are the kinds of questions that we believe are important and that we want the taskforces to address, so that was on slide seven. Provider directories, slide eight, is public health.

On slide nine, getting to some of the very important slides are what did we promise, so there are, at least from what I saw on the schedule, there's a policy committee meeting on September 14th. There's one on October 20th, and there's one on November 19th, and there may be one in December. I didn't look out that far, but in terms of the near term, what we said to the policy committee was that for the September 14th meeting for the two taskforces that we've identified, we want to be able to give them a detailed work plan, as well as deliverables for each of those two taskforces. And then some thought of what might be

some other focus areas that we can discuss later in this call in addition to those taskforces, so the idea is that we'll have a certain set of things in parallel, but also being able to tee up sort of the forward looking agenda that says, all right. We'll drill down to these on the taskforces, but what next, and how do we start to set up the workgroup to be thinking about the what's next issues as well.

Then for the October 20th policy committee meeting, we want to be able to deliver recommendations on the provider directories. What we put down for public health was perspectives on key public health issues just because I didn't really feel like we wanted to—we didn't want to overpromise both because the provider directories could be a fairly engaged activity itself, and also because public health is going to be a very engaged activity that has a lot of moving parts. We also, the meaningful use working group is also working on public health, so we want to get a certain degree of alignment there. So what we put down there was that we would provide perspectives on key public health issues. That if we decide that we can move forward with a set of recommendations, I think that would be great. I didn't want to preclude that, but wanted to be a little bit in the mode of underpromise and overdeliver to the extent that we could.

Also, as a third category for the October 20th meeting, I wanted to be able to deliver some type of perspective on identification of emerging state level implementation issues. So again, I think that's an issue that we will be revisiting as a workgroup on an ongoing basis, what are we seeing from the field, and how do we distill that, and then tee it up into actionable items, but at least giving the policy committee a first view of our assessment on that based on some fact finding that we can do and that we can talk about. That was, in a nutshell, what we presented to the policy committee.

David, is there anything that you would add?

David Lansky – Pacific Business Group on Health – President & CEO

No. I think this covers where we're at, at this stage.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

What was the reaction from the policy committee on these directions?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

There wasn't a whole bunch of discussion, which I would take as being basically a nod to move forward with this agenda. And, as you can see, we didn't dive into the content of it. It was also at the end of the day, but we were given the time that was allocated. I don't want to suggest that people were tired, so they said, "Okay. Great. Move on." It wasn't that. I think that the policy, by their nodding and moving forward, I think were saying carry forward.

Deven McGraw – Center for Democracy & Technology – Director

Yes. That's exactly what we meant. It sounded good. Go for it.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

I just didn't know if they had provided additional thoughts of have you think about these other topics that could help us begin to look at the next set of focus areas.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes. No, not yet. I think that at the next meeting, I think, where we, A, deliver on more detailed work plans, and then, B, start to give some thought and some suggestions to them about the things that we think would be important to focus on, I think that's where we might have that more substantive conversation about that.

Now we're on the next section, which is workgroup priorities and activities for the remainder of 2010 on slide 11, which says taskforce membership, volunteers to date. We did put out a call to people who would like to volunteer for these two taskforces, and this is the response that we got back, so please let us know offline if you wanted to be on one of these and you're not there. If you are on one of these, and you didn't volunteer, well, too bad. You're stuck now. But if there are any changes that people have to this, please let us know. But I think right now it looks like we've got a very good list with a good number and good composition for each of those, so it seems to me that we can move forward. We can talk about sort of the process steps next.

I think one of the things that we would certainly like to be able to get is anyone who is willing to take a little bit of leadership on each of those, and you can e-mail either David or I or me offline if you're interested in doing that. Obviously with ONC staff and both David and I would be there to help facilitate that and move it forward, so it isn't like the full burden would be on the taskforce leader. On the other hand, having someone who is willing to spend a little bit more time formulating the agenda and orchestrating that would be just incredibly helpful.

Claudia Williams - ONC

Just a quick question: I know in the birthing of additional children mode, a lot of times a couple additional people get added to workgroups like this, like for instance states that may be grappling in particular with provider directories. What do folks feel about if the workgroup kind of looks at their composition and can add a couple more folks who wouldn't be part of the overall group, but might just help in developing recommendations?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

I guess the question is could we have either these taskforces bring in experts who would just participate in the taskforce.

Claudia Williams - ONC

Right. And that's been a common approach, I think.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Right. I certainly wouldn't have any problem with that, and I think that would make a lot of sense. I don't know if anyone on the workgroup would feel that that's an issue on principle.

Claudia Williams - ONC

That's great, and I think it could just be left to part of the discussion whether there were pieces of information or expertise that needed to be added, as they go forward. Great.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

On some of the first tasks or the first task of the taskforces is going to be to come up with a work plan, so on slide 12, which is a Gant chart that says high level timeline have just put down at the highest level one could imagine, right? So this was not to say that a whole lot of thought was put into building a work plan, nor that this is the way that the work plans have to look. It was really just to say, well, for each of these, there are some key activities that we know we need to sort of go through in terms of work streams for each of these. One is just completing the work plan, which we promised to the policy committee for the 14th.

Along the bottom there, you see where the HIT Policy Committee meetings are, so on the 14th, we promised them a work plan for each of these. That would be one hard deliverable. Then for each of these, I think there's a little bit of understanding what the environment is today, where is the current status

and a little bit of the environmental scan. There's requirements assessment, so what do we think the needs are, who has the needs and where are those, and what was the flavor of those? And identification of what we think the barriers are, so they're being accomplished, being able to accomplish that. And then, finally, potential policy solutions, recommendations of solutions that we might recommend going forward.

So on a high level, those seem to be sort of the big bucket work streams. Obviously there's more detail that we would want to be able to flush out in the work plan and to understand exactly how the taskforce would go through coming to some greater detail on each of those. But have tried to sort of represent that in working in right to left planning mode to say, well, if the provider directories, if we're going to get some recommendations on the 20th, as you see there, working our way backward, then we need to start thinking about, well, how do we understand what the lay of the land is? How do we start to move forward with some of these things so that we can start to internally be thinking about some possible options or list of recommendations in the early October timeframe? I've sort of stretched it back to say late September, but some time there so that we can internally start to be batting around things and have our own discussion around that so that we're feeling like we have a consensus kind of view by the 20th.

The public health, I just stretched it out a little bit further, again, just giving us a little bit more wiggle room on that. As I said before, if we felt comfortable that we could have some substantive things to say with the respect to possible recommendations for October 20th, that's great, but we didn't promise that to the committee, so we have a little bit more leeway to sort of take the time that we might think we need based on where the state level needs are as well. We want to keep our eye on that to be able to be as helpful to them as we can.

The last point on this before I stop talking and see if anyone has any feedback and if David has thoughts on this as well is I've laid in just at a high level having roughly two workgroup meetings per month as being just something we're proposing here as being the level that we think is probably the minimum required to be able to tackle these with a degree of diligence that I think we want to be able to have, and the idea would be sort of for each month, one meeting in the early part of the month. In each of those months, there is a policy committee meeting, and then one toward the end of the month, which would be about taking whatever we get from the policy committee meeting, as well as being able to look through status updates and think about the work ahead, and then another meeting at the beginning of the next month, which is to start to flush out the recommendations we want to make for the policy committee so that we're all sort of prepped for that.

Paul Egerman – eScription – CEO

It's Paul Egerman joining late.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Let me just pause here for a second, and I know it's all very high level, but let me see if there are any thoughts here that people have on this.

David Lansky – Pacific Business Group on Health – President & CEO

Let me ask Claudia or Cory about the staff resource we'll have, given the fairly aggressive timelines we're shooting for, at least first on the provider directories and the environmental assessment piece. Claudia, do you have a sense of how much time and availability we have to facilitate that environmental scan pretty quickly? I know we had a hearing in December of the NHIN workgroup where we did a preliminary cut of having some witnesses talk to us about the state of provider directories.

Looking back at that, I think it was not enough detail for what we need to do now, so that raises these two questions for me. One is whether the staff is going to be able to help with some additional scan and documentation of what's going on out there in the space right now and/or should we have some kind of a hearing or fact-finding activity in the next month to give us more data from which to work on this provider directory piece in particular? Claudia, do you have a sense of where the staff is at?

Claudia Williams - ONC

Cory is a primary staffer to this from the sort of work development and developing materials. I think we could very nicely merge the idea of hearings with some initial fact checking and environmental scan. Some of the people testifying frankly may be the same as before, but the questions are going to be much more targeted. But let me take the chance after this call to sit down with Cory. I don't think we've fully grasp the timeline, at least I hadn't, the very wonderfully aggressive timeline.

Let me sit down and talk with Cory a bit about how to make this work. We are delighted at the timelines because, frankly, the decisions and guidance that we need to be making, both at the state level and at our level, are now. So it's very good. We just need to sort of talk a little bit about how that's going to work. I would say that we can certainly support the timeline, and we can certainly support the background work that's needed. But we'll get back to you with something more specific, you and Micky.

David Lansky – Pacific Business Group on Health – President & CEO

Sure.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Great. Unless there are other thoughts on that, and I understand this is fairly high level, maybe we can dive down sort of one more level into thinking about what the next steps are for the taskforces. Here I might just ask Claudia to talk a little bit about the provider directory side, and then maybe we can talk a little bit about the public health. But I want to make sure that we get through these process steps because we need to make sure that we get the taskforces up and running, so they can consider the content, as well as a tee up of getting people's sense of what some of these other issues might be, and we want to make sure that we're not missing anything and that we have those sort of on the horizon here or on the radar.

I'm on slide 13, which says next steps for discussion. With the taskforces, I think there's the closing out of the leadership and the membership. So as I said, if anyone offline, if you want to be a member and/or you're willing to help lead the taskforce, please just contact David or me, and that would be terrific. We'd really appreciate any help we can get on that.

Then the immediate deliverable is going to be the work plan development, and I think the other thing that we do want to be able to tee up, and maybe we can think about that on the next slide as well is what are some long, any long lead or ONC staff support, ONC staff support, as we just talked about the staff support, but some of the long lead items, for example, if we have any hearings that we want to be able to do, if there's any kind of survey type things, if there are joint meetings with other workgroups. That's not something that we have to decide on the call today, obviously, but in the next week or two, I think, as the taskforces think about this, those are the kinds of things we want to be able to tee up right away, and I'm sure I speak for Judy in particular for any kind of hearings or anything like that. The earliest we know about that the better, just being able to set that up.

Claudia Williams - ONC

Just looking at your timeline, it seems to me for provider directories in particular that any hearing would logically occur sort of after September 14th, but before October 20th.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes.

Claudia Williams - ONC

So that's a pretty short lead, actually. So I think in the very first discussion with that group, we should dig into, A, the environmental scan and what kinds of things we want to look at, and also just an initial conversation about what kinds of perspectives would be most valuable in hearings.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes. That makes a lot of sense.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Micky, just a question on the outcome of this particular group, the provider directory. So there's the expectation that we will provide recommendations, potential solutions I think is how it's been referred to. This will be recommendations about potential solutions for ONC to do what with them? Is it ...?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes. Walter, that's a great segue. Actually, if I can turn to you, Claudia, to just talk about some of the things that you had on your mind from the e-mail that you had sent earlier.

Claudia Williams - ONC

Sure. As you know, we are in the middle of very deep conversations and back and forth with states about their state plans. And so as an initial thing, many, many states are contemplating the development of provider directories, not just like with clinicians, but also labs and imaging facilities, etc.

So one thing is that we are developing really not a formal guidance, but a set of messages, I think, to those folks to encourage them to think about creating authoritative directories that would be statewide and would be open to many users as kind of a backbone resource that could either support directed exchange or, frankly, more robust exchange, either currently or in the future. And that's a little bit of a pivot from, I think the traditional state HIO or regional HIE, HIO model where you're sort of accreting the providers as they sign up to participate in a particular service.

We'd like your help in thinking through what that would really take, what kinds of infrastructure options and motivational options and policy levers there might be. And certainly that's just simply helpful, as we get back to states to say here's some sort of— It could be as simple as here's a set of additional suggestions for how you would do that, or it could end up taking the form of a more formal piece of guidance to them about as you're doing this, here's how to think about it. So I don't know that we've completely figured out, nor do we need to, exactly how that would get communicated. But I will say that these recommendations will be extremely timely and welcome by states that are working in this area and by us, as we're thinking about how to help guide those efforts in a positive direction.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Maybe it would be very helpful for our workgroup, and in this case not the workgroup, I guess a taskforce is what we're calling it, the provider directory taskforce to have those pointers of specifically this is the kind of feedback that states are looking for. I think that would be helpful to frame the scope of our work too.

Claudia Williams - ONC

Yes. I might have missed something there. Are you asking for more specificity about what ...?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Well, I'm saying what you just said about the kind of things that the states are looking for in terms of recommendations or are the kind of things that we would want to focus on primarily, or am I not explaining that ...?

Claudia Williams - ONC

Yes. I think, certainly, as we dig into the conversation, and there are a lot of folks around the table, Jonah and others who are trying to figure this out at the state level, so I think one question is just from a state, that should be addressed within the group is, as you look at these questions, are these the right ones? Are there others? I know there have been a lot of questions, for instance, about is licensing of information reusable for this purpose? Are there policy barriers to doing this? Is there existing infrastructure that can be used? Could we build this once and reuse it across states? What are the opportunities to leverage kind of multistate collaboratives or even a national model for doing this? I think there are a lot of additional nuance questions, but I guess I would invite.

I think that's probably a very good topic for the first discussion to be sure. I guess, and that's my point about maybe adding additional folks. One assessment point is there are definitely—I'm thinking about the New England initiative—some states that are grappling with this very immediately. And we should be sure that some of those representatives are at the table.

Jim Buehler – CDC – Acting Director, Public Health Surveillance Program Office

Hello. This is Jim Buehler from CDC. I had a question about this project as well. I believe that a number of years ago, early on when there was substantial increases in funding provided to states for public health and emergency preparedness in the wake of 2001 that one of the expectations of states under that funding was to develop more comprehensive and accessible directories of providers in their jurisdictions. That was mainly around emergency communications to physicians in the event of a major public health crisis. I think there was some additional consideration given to credentialing issues in crises as well. But I was curious if, in your conversations with states, this came up and whether there may be some opportunity to leverage the efforts that were made at that time.

Claudia Williams - ONC

I should defer to the states that are on the phone. It's certainly one part of what people see as the value proposition for this. It's part of what we're trying to communicate as we talk with states about what— If you think about it in this more comprehensive, authoritative way, it opens up a set of uses that wouldn't be possible if it's really like the exchange directory for a particular exchange activity. But I know there are others on the phone from other states that might have a perspective on this.

Seth Foldy – Wisconsin – State Health Officer

Seth Foldy from Wisconsin. I actually did put a number of items related to the national effort to have directories for alerting and communication to try and get it on the work plan of the directory workgroup, as well as to investigate whether there may be tools and directories in public health that we could leverage for other exchange purposes.

Claudia Williams - ONC

Very good.

Seth Foldy – Wisconsin – State Health Officer

Also, I've invited Rob Chapman, whose group at FTSE, I think, may be working in this area to see if they could plug in somehow.

George Oestreich – Missouri Medicaid – Deputy Division Dir., Clinical Services

This is George Oestreich with Missouri Medicaid. I've been on for a bit, and Diana logged in originally for me. We've been doing a census survey with our partner state, Kansas, and looking in Missouri at who all might use a registry and how we could in fact put that in place so that it stayed updated after we finally were able to establish it. We've cited our department of health and senior services, our registration and licensure group, as well as our insurance exchange. So I think there is a need to have that and to probably leverage that among all of the users in the state. That said, I'd be glad to work on that workgroup as well.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

That's great.

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...Vermont Medicaid, and I think that the public health emergency responder list of providers is a great example of the fact that there are, unfortunately, multiple sets of lists, and I think one of the things that maybe we could be working toward in recommendations is a common way to work at the state and then across state level at bringing together multiple provider indexes into a common provider directory. One of the key questions that was just raised—the previous speaker—is then who within a state or a region is the authority for keeping it updated, because it basically, I know that in Vermont, the department of public health put together that emergency response list, and it was up to date right up until the last moment that they met as a group, and there hasn't been a durable way to continue it forward. I think that's one of the real challenges, but opportunities that we could leverage since we have this now absolute real time need to keep a directory current.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes. The other aspect of this or the other one of the other values that this provider directory will offer is the ability to perhaps authenticate those providers that are going to be requesting information. At the end, there is the exchange, the provider-to-provider, provider-to-payer, provider-to-public health, and other exchanges within a particular jurisdiction. The ability to identify the user is one of the critical elements of the value that I see a provider directory offering. In addition to the public health component of it and the benefit of looking at how public health is building this provider directory for emergency response and health network kind of needs, there is a clinical exchange or exchange of health information between providers for care delivery and the benefit of a provider directory to allow for things like authentication and verification of provider credentialing.

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Right.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

I think, going back to Jim Buehler, I think your question was really what started this thread of conversation. I think that the answer to your question, which was about what types of recommendations might come out of this, and also the public health. I mean, that's what you were asking about is, it seems to me that a big part of this is that you have public health. You have Medicaid. And I know just from my experience working with the New England consortium, which is thinking about provider directories, every state is in a different place with respect to how far it advanced, even within programs that seem to have been at one time fairly well articulated. Even in that conversation, public health actually hasn't even come up.

So I think it seems to me that's a part of the value that we can provide here in the environmental scan is trying to think about in a more sort of unified way what are all the possible threads here. Let's see where the different states are on some of those, and what might that suggest about where some real possibilities might lie, or where, frankly, enough sort of comprehensive traction hasn't been made so that that can't actually be an above state solution, I'll say.

Jim Buehler – CDC – Acting Director, Public Health Surveillance Program Office

I think that's a good point. Obviously one of the things that's going to happen with meaningful use, particularly with respect to the population health management, is it's going to require much greater or another dimension of collaboration between public health departments and Medicaid agencies within states. The status of those relationships is probably quite a spectrum, but one thing that might be helpful for us to know as part of the environmental scan that's going to be done is just to get a handle on, for each state, what is the organizational relationship between the health department and Medicaid. In some states, they're part of the same agency. In other states, they're not. And I think that might affect how well these essential connections are going to work.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Right. I think that's a great point. Actually, I would like to use that, if we can, to jump to the next set of bullets that we have here, and there are a whole bunch of issues with public health as well, and I don't want to jump over those. But I think, with the taskforce, we can dive down to try to set the work plan for each of these. And a big part of it, I think, is going to be the environmental scan for each. How do we understand what the current state is in a way that also aligns with our timelines here? We know we can't be boiling the ocean. We don't have time for deep dives into all 50 states, but there are obviously some leveraged ways that we can try to get as much information as we can and we think we need to be able to move forward on this, so I think that's going to be an important part of both of these.

But the reason I wanted to use, Jim, your last comment as a jumping point to this next bullet point, which says beyond the taskforces, is as we've been thinking about this, and David and I exchanged an e-mail about it this morning. One of the things that I think we've seen and I've seen in a number of conversations with people is that as we think about the possibility for getting synergies, however you define that with multiple states thinking about whether it's Dave Goetz is on the phone and with Tennessee, and what they're trying to do with medication management and the RFI that they've put out there. And we're talking about provider directories here in both New England and in the southeast. I know they're thinking about that. I'm sure there are other of these types of initiatives in perhaps other areas.

There seems to be this sort of meta issue about how do you align these state activities in general? Now we know that there are just the regular issues that we always confront about misalignment of state laws around certain things. Certainly we're not going to get into privacy and security distinctions, and that's why Deven exists to deal with all of that and solve all of that for us with her workgroup and her activities. But there's a whole bunch of other stuff that seemed to present some of these barriers. You just talked about how do we think about Medicaid and public health. I would argue that that's actually not just an issue with provider directories. That's almost with every single type of sort of cross state synergistic type of activity that we want to think about. You start confronting those issues with respect to the programmatic overlays that even within a state it's hard to figure out how do I line up ONC funding and the public health funding and the Medicaid funding.

And then we start to say, well, what if we do it in the six states in New England, plus New York? It ends up becoming sort of a paralyzing conversation to think about how to align all of that up. That just struck me as being perhaps a meta issue that we may want to figure out how to formalize some thoughts around

about are there barriers that we think that we can try to say something about that might facilitate states getting together to think about anything, whether it's provider directories or public health or the labs or medication management that are going to cut across all of these. Now I know, David, you had a couple thoughts on that too, I think.

David Lansky – Pacific Business Group on Health – President & CEO

Looking at it from the other side, I think, to the extent we are able to act across through ONC or through states acting in concert, sending a signal to the marketplace, both the vendor marketplace and the provider and health system marketplace about the criteria requirements, mechanisms for populating registries and so on, that will begin to get everybody, including the EHR vendors, into enabling the capabilities that we collectively representing a market or demand in the market might represent. So I'm hoping that we can figure out fairly quickly. There is some discussion about common RFP, for example, as we do procure vendors. Even if we do that separately, we do it against a common set of requirements that have been vetted and hopefully reflect the interoperability goals that we're going to talk about.

Just being conscious, I think, of the fact that everybody is watching. There's a market out there that's looking for signals about some of these services. And to the extent we can avoid having 50 different semi-random signals going to the market, but can think together about what's appropriate to say in concert, that would be really valuable, I think.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes. I don't know that we need to necessarily formalize this as a separate thing, or maybe the best way to handle it is actually as it bubbles up from these two taskforces, being able to somehow distill what might be some common themes across those or some ideas that might say, and here's how we can have sort of a general set of principles that can help any sort of multistate kind of approaches to things outside of even provider directories of public health.

Jonah Frohlich – HIT at California HHS Agency – Deputy Secretary

We talked about this in our regional meeting. I think if we do this landscape assessment, and get a sense as to how many states and territories are actually going through the process and considering and actually procuring for or developing some sort of directory services, that would help us get a baseline of the actual demand to the HIE program. And if it seems like many states are moving in the direction of developing those, perhaps we can make some recommendations as to some common elements or a framework for how and what they should procure, and those could include things like APIs or connectors to NHIN Direct standards, protocols, and tools, some sort of connectivity with state Medicaid, public health services ... infrastructure architecture.

You can basically go down a list of things that could be considered to be included in some sort of solicitation. Then states could, if we publicize what states are considering in terms of developing directories, perhaps we could engender and support some sort of collaboration where there could be a common set of procurements, much like what Tennessee did and did really well with the RFI.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Right.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

This is Dave Goetz in Tennessee, and thank you for the compliment. Seriously, I would also add to that list, just the national level repository since we're all going to have to be interacting with that at some level. So I think what we're looking for is data sources and a way to ... and aggregate the data sources in a way

that can then be made easily available, and that we don't all have to hire 50 people to maintain in each of our states, which is another kind of key thing, it seems to me.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Right.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

None of us have money to do that.

Jonah Frohlich – HIT at California HHS Agency – Deputy Secretary

Right. I mean, you could almost envision a shared service where states are buying into a single or a group of contractors that are going to be supporting this. It seems strange of 20 or 30 states are going to do this to replicate that.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

Yes. No, it would be wrong.

M

Yes. Well, and it seems logical, the reference to the NLR since we're going to be communicating with the NLR that actually a basis for establishing somewhat of a standard registry in and of itself. We're not going to preclude the old addage of one Medicaid to one Medicaid. But if you have one base, you certainly have the common components that are necessary across all of our interfaces that we could use as a jump off point, if you will.

M

It's a data source for multiple uses.

M

Exactly.

Claudia Williams - ONC

I think, related to all of that, it would be really great to the extent there are some good models out there in states to get a good sense of how much it really costs to maintain these if you're really trying to create something that's up to date and authoritative and includes accurate information because I don't think folks who are procuring have a really good sense of that if they haven't already done it.

M

You're getting all the plans. You'll know, right? Joking.

Claudia Williams - ONC

Yes. I know. I got that one.

M

I think ... humor is a little stretched.

Claudia Williams - ONC

We're a little tired over here.

M

Yes, yes, I know.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

I guess, two challenges that I think we've got to be watchful is really considering provider directories sort of jurisdictionally limited. In other words, if we have one provider directory in one particular jurisdiction, whether it's a county, city, state, multistate region, and then the next one, the next state, and the next region having to replicate in many cases data from one to another because providers do practice in different states and then having the duplication of data is going to be important to be watchful of or mindful of. And so, one way of thinking of this, yes, each state having its own directory of providers, but then how does it get harmonized with the other state directories, so that's one question. The other one is really, we do have some standards and interoperability specifications that back in the HITSP days we worked on to develop communication messages for exchanging provider directory information. I think those should be also considered, and we don't need to reinvent the wheel. We have them already.

M

Right.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes. I think those are great thoughts. And I think the challenge at the end of the day, to David's original point of this is that the states are moving forward, and certainly even in New England, as we've thought about that, there are a couple of states who really need to act right away and are in the position of saying if we don't have a solution in the next month or next month in a half, we're going to have to go off on our own, so that's another one of the challenges here that we may have thoughts about how this could all be orchestrated and fit together, but if it's a year late that we're going to have a lot of states that end up having to get entrenched in their own solutions simply because they've got some program requirements that are on a timeline that doesn't allow them the luxury of waiting. So that would be one of the challenges and one of the things we want to identify in the environment scan, I think, as well.

Just moving forward here, we've got ten more minutes, and one of the things I wanted to do is just give a little bit of thought to some of these other items. And then, in the last slide, what we did is just put together, at a high level, what might be some high-level bullet point thoughts of sort of the agenda for the working group meetings through early November. That's really just as an eye toward, again, just for discussion, but just say does those make sense at a high level, as we think about what we might be sort of the current work plans, the deliverables as we know them, and what we might be thinking about as sort of focus areas for those conversations.

But before we dive into that, I'm still on slide 13, and one of the things that it seems that we probably are going to want to do is have sort of that initial assessment of emerging state level HIE issues. And one way of doing that might be that we dedicate a meeting and perhaps that could be the late September meeting, so after the HIT Policy Committee. Now I know we've got the provider directory thing, so I don't want to just proposing that one of the things we might want to do in a longer meeting is perhaps devote some time to understanding what state level issues are. That can be a part of the environmental scan input that we do, and we could either do that with the existing members of the workgroup, ask them to give a little bit of thought of what their top two, three, four emergent issues are, and/or we could also invite other states to participate in that in sort of a hearing like format, perhaps do it as a call or something, but be able to sort of cast the net a little bit more widely so that we can, in the October 14th meeting, as we've described, we're going to do the policy committee, be able to say that we did cast the net a little bit widely here and took an initial, baseline, pulse check of a number of states just to sort of say here's what we see as some emergent issues that have cut across a number of different states.

Claudia Williams - ONC

One more just sort of research we could pull in as part of the regional meetings we've been having in the last five weeks across every single state and participant in state HIE, the NPA has held day-long meetings to kind of tee up some of the issues that states are having, both with respect to federal policies, but also just in terms of marketplace issues, etc. And Cory has been part of the team leading that effort as well, so we can help by synthesizing some of the things that have been coming out of that. I don't think that has to replace hearing from states directly, but certainly we want to leverage what we've just been hearing.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes. That's fantastic, and I guess I would just ask the workgroup, and particularly those of you who are leading state efforts. Do you think that this would be redundant with that because we certainly don't want to create more work for people. On the other hand, if this would offer another valuable vehicle for states to be able to express the issue that they're facing, we want to be able to do that.

M

We've heard a whole lot of questions were brought up in our regional meeting that we hadn't thought of. We also got answers in our regional meeting. It was hard for us to tell how universal those answers might be, whether people in other regions were getting the same answers. Unfortunately, I think these are very important data gathering exercises that were just discussed at these other meetings. I do think their input has to be funneled into this process somehow.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

I think the opportunity that we have here in defining our own scope is to look at the issues that are going to be dealing with interoperability on exchange of information that are not going to be dealt in other areas. Provider directory is a good example. We need to find interoperable, standard based solutions so that, in the future we're not faced with 50 different or more solutions. So I think conceptually looking at those kinds of issues, I mean, there's a myriad of issues on policy and a number of other areas that are related and relevant to information exchange and health information exchanges. But I think, in my mind, the biggest value opportunity we have as a group here is to come back with recommendations on interoperable standard based approaches to specific issues related to the information exchange.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Okay.

M

Yes. I want to go back to the common requirements development. Procurement is a whole other kettle of fish to solve. But to the extent we could come up with a recommended common set of requirements for a provider directory, that would be a real win, and people then in the spirit of federalism, could do whatever they're big enough to do.

M

Right.

M

Right.

James Golden – Minnesota Dept. of Health – Director of Health Policy Division

Yes. I would agree with Walter's points. I think that that would be actually very helpful in trying to think about how to get information flowing between the HIOs, both within the states, and certainly helpful to the states, as we consider interstate activity.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Right. Okay. So we've got four minutes left. What I would suggest is if we could just jump to the last slide and just skip over the remainder of the previous slide, just so we can set the agenda for the next set of meetings and get the workgroup's consensus view on that. I think that for early September, so what we want to be able to do between now and then is launch the taskforces, as I said. Anyone who is willing to play a leadership role in the taskforces, we'd greatly appreciate it. Please, either e-mail David or me about that, and getting those started so that we can have some review of the draft work plans and an overall EI workgroup work plan that David and I can work on in preparation for the September policy committee meeting. I think that's what we want to be able to discuss at the September meeting.

I think this is what I've laid out here in this slide is already wrong, I think, because one of the things that I think Claudia had suggested, which I think is absolutely right, that if we're going to have a provider directory type of hearing, we're probably going to want to do that in the late September or the early October meeting. So the other thing that I had put on here is state level, is having some type of state level HIE status meeting and perhaps in conjunction with NHIN Direct as an update to understand the summary care exchange status because we think the program information notice priorities. You've got e-prescribing, lab, and summary care exchange. And I know there's a lot of movement on NHIN Direct, but trying to understand how all that fits together is probably one of the key elements here.

But that said, if we're going to have a provider directory hearing, we want to be able to line all of this up to be able to meet our October deadlines with respect to the provider directory. So welcome any input on this. In mean, one way we could do it is have a state level HIE focus meeting with NHIN Direct in late September with an eye toward a provider directory hearing in early October. Or we could flip those if we feel that that provider directory meeting is an important part of the environmental scan. Getting that earlier rather than later is probably a better thing to do, I would think. Or we could try to do those in the same late September meeting if you think about some of the people may actually be the same people who can provide the state level HIE update, as well as a focused discussion of a provider directory. I'm certainly open to any ideas there, but just wanted to get people's perspective on that so we can get some consensus and move ahead with the planning.

M

Micky, I'm sorry. I'm a little confused. Are we talking about the workgroup meetings, or are we talking about the full committee?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes. That's actually a good question. These are workgroup meetings that we've talked about, so let's just say there's taskforce and workgroup. The taskforce is at a provider directory and the public health. These are, what I'm suggesting is

M

...workgroup. I'm sorry

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes. No, that's okay. These are workgroup meetings. I guess I had made the implicit assumption that if we're going to have hearings that we would do that during the workgroup meeting time. So we could do that separately, but I'm just trying to be realistic about how much time people

M

If you're going to have a hearing on, I mean, I'm sorry. I'm not trying to be argumentative or difficult. I apologize.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

No, I understand.

M

Should the taskforce on provider directory not be doing the hearing on that? In other words, I'm trying to figure out how we divide and conquer here. And I don't know how much time people are willing to put in, and I don't know how much time I'm going to have available, and maybe Deven can give us, jazz us up on how to be a tiger. But it just seems like I know in the provider directory, I think that's kind of a critical step that you've got to build into your overall planning pretty darn quick for an HIE.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes. That's a great thought. I guess one question you're asking here is does the taskforce have – they set the schedule for the provider directory hearing, and that taskforce hearing that isn't necessarily a full workgroup hearing.

M

Right.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Given that that's a hard deliverable, I guess my thought would be that the taskforce drills down into setting the work plan, preparing for the hearing, doing the hard work and the environmental scan and all of that, but that the hearing itself would actually be a workgroup hearing because it is one of the key deliverables for the entire workgroup, but I'm open to any thoughts on that.

M

I'm just trying to figure out how to move.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

I think that's probably appropriate. That's how we've done it in the other committees. In the standards committee, we have workgroups, and the workgroups organize. We don't have taskforces, but the workgroup organizes a hearing, and everybody in the full committee is actually invited to attend, but it's a workgroup level activity because it's really a major deliverable.

M

Sure.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

I would suggest, I mean, because we're talking about the distance in terms of time. It was two weeks in late September or early October. I would say that it all depends on the ability to pull together a good hearing to be able to schedule it as early as late September. I think it requires, knowing, now having put together a couple of those, it requires a lot of planning and a lot of thinking about who is going to be in the hearing and what are the questions that the people are going to be providing, and then finding the right people to provide the testimony. And so I think it would be quite aggressive in my mind to try to organize it by late September.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Right. That's actually a great thought. Actually, it may be easier to have a "hearing" on state level HIE issues in late September because, in a way, we're not preparing that much for that. We're really talking the pulse. We're just identifying the people and asking them to speak about what they're uncovering as opposed to the provider directory one where there really are some sharp questions we want to be able to ask and do some preparation for that. So if people are comfortable with that, should we focus on the early September meeting is really about working on the work plans and then having some deeper conversation about each of the two taskforces when they prepare some draft work plan.

The late September meeting will be to try to put together some type of panel or some more formalized input from state level leaders to identify sort of the capture of the issues from a state level perspective, and we can also touch base there with the provider directory workgroup in particular to see where they are and get whatever content they have for us to dive into. But we'll target early October for a hearing on provider directory in particular, and that will allow us the time to do the prep work for that. Does that make sense to everyone?

M

Yes.

W

Yes.

M

Sounds right.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Great. I know we're four minutes over.

Judy Sparrow – Office of the National Coordinator – Executive Director

Micky, we do need to do public comment if there are any.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes. That's ... I apologize for going over a little bit, Judy. Let me turn it back to you then.

Judy Sparrow – Office of the National Coordinator – Executive Director

Operator, can you check and see if anybody from the public wishes to make a comment? Everybody, if you're interested in joining one of the taskforces, include me on that e-mail, so I can organize the group, please.

Operator

We do not have any public comment at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay. Thank you. Micky, back to you.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Okay. Great. Well, I just want to thank everyone for joining. As always, please feel free to reach out to David or to me if you have any other thoughts, perspectives. David, any other closing comments from you?

David Lansky – Pacific Business Group on Health – President & CEO

No, I appreciate everyone's time and energy. We'll look forward to working together.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Great. Thanks, everyone.

Public Comment – Information Exchange WG – August 26, 2010

1. NHIN-Direct has a stake in the need for a provider directory to include NHIN-Direct based addresses and Digital Certificates for security

2. Please be aware of relevant Provider Directory profiling being done in IHE, with advice from many regions, US government, and international.

http://www.ihe.net/Technical_Framework/upload/IHE_ITI_Suppl_HPD_Rev1-1_TI_2010-08-10.pdf