

Governance Workgroup
Draft Transcript
November 12, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Good afternoon, everybody, and welcome to the HIT Policy Committee's Governance Workgroup. This is a Federal Advisory Committee, and there will be opportunity at the end of the call for the public to make comment. Just a reminder, workgroup members, please identify yourselves when speaking.

Now a quick roll call. John Lumpkin?

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

John Glaser?

John Glaser – Partners HealthCare System – VP & CIO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Laura Adams? Leslie Harris?

Leslie Harris – Center for Democracy & Technology – President & CEO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Christine Bechtel? John Mattison?

John Mattison – Kaiser Permanente – Chief Medical Information Officer

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Garish Kumar? Linda Fischetti?

Linda Fischetti – VHA – Chief Health Informatics Officer

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Mike Matthews is coming in a little late. John Houston?

John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Carol Diamond?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Wes Rishel? Tim O'Reilly? Mary Jo Deering?

Mary Jo Deering – ONC – Senior Policy Advisor

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Jodi Daniels?

Jodi Daniel – ONC – Director Office of Policy & Research

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Mariann Yeager?

Mariann Yeager – NHIN – Policy and Governance Lead

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Elliot Maxwell?

W

Not quite.

Judy Sparrow – Office of the National Coordinator – Executive Director

Not quite. Okay. I'll turn it over to John Lumpkin.

Christine Bechtel – National Partnership for Women & Families – VP

Judy, it's Christine Bechtel. I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Good. Thank you.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Thank you, all, for all the time that you've spent getting to this point. Today, we hope to have a productive meeting. We've got about two hours to get as close as we can to the recommendations that are due on the 19th to the Policy Committee. So let's dig into that, if we can go to the next slide.

Let me talk a little bit about how we got here. We started off in, I think, August was when we were all appointed. We had a hearing on September 28th where we listened to individuals from some of the organizations that are currently in the process of exchanging health information. We also heard from a couple entities that are currently engaged in the governance process and what that governance process looks like, including the National Quality Forum. We listened to a little bit about how governance works in the finance industry, and we listened to some input from some of the stakeholders. Based upon that, we took an approach of providing a set of recommendations to the health information technology, the Policy Committee, the HIT Policy Committee, where we would make the report, as we did on October 20th, talking about what it is that we thought should be governed.

We then moved from what we thought should be governed to our final report, which is due on the 19th of November, which is how and who should do that governance process. We have a set of slides that I hope all the committee members have had an opportunity to read through because we're going to need to walk through these slides, and that there are portions later on that sort of fill out the perspective that we have. Then we will identify which direction we want to go.

I wanted to reinforce the fact that what we're doing here is trying to develop a consensus. The slides take one particular road, but if we, as a committee, believe that what the letter on the slides don't necessarily

reflect where we want to go, we can change them. So this is not written in stone, but after this meeting, we hope to have as many things as possible finalized, so we can then pull together a report for the Policy Committee.

Let me talk a little bit about, if we go to the next slide, about the environment in which we believe that governance needs to function. As you can see on this slide, I think that there are three objectives that we have talked about. We spent a fair bit of time talking about the fact that if information is going to move from one place to another, from Paducah, Kentucky, to Poughkeepsie, New York, that there needs to be some environment of trust. There needs to be trust on the part of the patient that privacy and security is being maintained, both where the data was originally, as well as to where the data is going. Then, in the process of transmission, that those things are protected. There also needs to be trust by the provider so that if I'm exchanging data with someone from Paducah to Poughkeepsie that I believe that that individual who is now receiving the data will protect it as well as I'm protecting it. We're talking about only protecting it to assure from accidental release, but also protecting it from loss.

Then the third objective that we've established was the importance of trying to foster innovation. That we recognize that in one extent, we're putting tires on a moving vehicle. But that if we're going to do the second thing, which I skipped over, which is to encourage interoperability, to assure that the information that is needed for a patient and their caregiver to make the right decision about the directions of the care and their type of care, that interoperability is important, that that information needs to be there, so the right decision can be made at the right time; right for the patient, right for the provider. That means that if we're putting the wheels on the moving car, we have to recognize that how exchange occurs may morph over time because we get more experience with exchange, and so that we wanted to look at a system of governance that was parsimonious, that was only as much as needed to be done, where form would follow function.

The four areas that we looked at of the governance function were to develop the policies and eligibility criteria to establish the technical requirements of how exchange will occur, not the requirements themselves, but how those requirements would be established. Then to oversee the overall governance, so we're looking at a process that's a governance of governances. Then, finally, to create the environment of trust that there has to be some assurance with compliance and accountability and enforcement that in fact each entity that's engaged in exchange using the brand of the Nationwide Health Information Network is in fact upholding those policies and criteria necessary for exchange.

The fifth area is the coordination and harmonization role, and we've gotten, on this slide, a little bit more detail into what these individual roles are within these areas. This is particularly to coordinate and oversee harmonization of the governance process to assure that we are not having a governance mechanism where barriers are being placed to exchange that don't add to creating an environment of trust, that don't add to encouraging the interoperability, and that we're not creating barriers that in fact hinder innovation. So these are the five areas for which we have identified that are important areas for governance.

To give a little bit more detail in this particular slide, we began to then look as a workgroup at what are the governance functions that we've just identified, those five governance functions, and then look at who is doing it, what are the existing mechanisms, and where are the gaps. So in looking at the policies and eligibility criteria, we identified that there are existing federal authorities that govern the exchange of this type of information, and we believe that they can be leveraged. For instance, we know the role of the Department of the Health and Human Services. We know the role of the Office of the National Coordinator and playing this role with advice from the FACA committee, the Federal Advisory Committee Act, committee ... and paneled, and authorized to give input into the federal government and the rule-making process. But there's also the Federal Trade Commission, the Office of Civil Rights, and the Secretary's Office. As we've identified in some of our earlier work, there's a more detailed analysis in those

We did identify that there were some gaps, and those gaps included the mechanism with clear authority to identify, prioritize, and recognize non-technical health information network conditions for participation.

How do you establish the policies and procedures for participation, and to use the brand of the Nationwide Health Information Network? I guess, at this point, I need to put in the asterisk that the Nationwide Health Information Network is a placeholder name. It does not reflect the fact that the Office of the National Coordinator has chosen a new name, but does reflect that we are talking about this system of exchange that enables information to flow so that the right decisions can be made at the right time by patients and their caregivers.

We also identified, as a gap, that there are additional, need for additional coordination among federal agencies. Under the technical requirements, we identified that existing mechanisms includes the Office of the National Coordinator and input from the evolving standards and interoperability framework. I'm going to emphasize the word evolving because this is a framework that is in the process of transition, that it is getting advice from various FACA committees, but we also have to recognize that one of the gaps is that we need a mechanism with clear authority to identify, prioritize, and recognize the technical conditions for participation and that we'll give some oversight to the evolution of the standards and interoperability framework. So it is based upon the current work that has been done by ONC on the standards and interoperability framework, but recognizing that that's still in the state of evolution.

Under coordination and harmonization, we felt that there was a gap and that there needs to be an entity or entities with authority to promote consistency and application of the HIN policies and technical requirements, and a consensus based input from the broad community, including consumers, and we were emphasizing that a number of times that we need to have meaningful input from consumers, which we believe is possible, and clearly required. The third area was validation of conditions of participation, and this means that in order to create the environment of trust, to insure interoperability, that there needs to be some way to assure that entities that are wanting to participate through the Nationwide Health Information Network are in fact upholding those policies and adhering those standards.

We think that one of the existing mechanisms is the Office of the National Coordinator, and it's leveraging the meaningful use criteria and program, as well as certification of health information of electronic health records in a federated way. We think that there's a gap in that there are no clear bodies, body or bodies to validate technical requirements or clear bodies to determine eligibility and verify compliance of those entities that want to use the brand of exchanging health information in a secure way through the Nationwide Health Information Network. Then, finally, oversight, there is existing oversight within the existing federal authorities, but that there is no formally established oversight process for the Nationwide Health Information Network as a whole.

Where that leaves us is that we believe that there are three roles that we ought to be focusing in on: the federal role, which is to establish the conditions for participation, including the policies for trust, interoperability, and information sharing, the eligibility criteria, technical requirements, and coordination across federal agencies. That the other component of the federal role is to oversee the Nationwide Health Information Network governance process, which in our earlier work we emphasized needs to be an ongoing quality improvement process that has the capability of identifying when changes are occurring in the system and was light enough that it enables innovation.

The second role we want to coordinate on and recognize that there are a variety of approaches for which we're going to try to make a decision about today related to coordination and to oversee harmonization of conditions for participation. We believe that this can best be done, that it needs to have input from a broad range of stakeholders, and to the need to coordinate across the various exchange communities and modes for exchange. Then, finally, the validation role, which is to verify whether these conditions occur, are met based upon starting off determining eligibility, then verifying compliance and assuring compliance with the policies and technical requirements.

We have here some of the attributes that we think for the federal role: the ability to coordinate across the federal government, I'm not going to read through all of those, and authority to oversee various governance entities. Also, one of the attributes is active leadership engagement and participation in the Nationwide Health Information Network.

On the coordination role, we believe that the entity that is doing this coordination role needs to have sufficient authority. If it is a nonfederal entity, it meets the requirements of the circular that talks about federal participation and identifies the interplay between FACA entities, as well as how federal agencies can participate in nonfederal entities. It needs to be open and transparent, that there needs to be broad stakeholder community representation, including consumers. It has the ability to balance interests, and it's focused on results and has provisions for accountability.

The attributes for a validation role is the authority for the results to be binding. In other words, to authorize and, if necessary, to ... sanctions, which may be a denial of participation or revocation of the validation. The entity needs to have the appropriate expertise and, where possible, leverage existing mechanisms, and has to be able to strongly coordinate with the federal government if we determine that the federal government is not the validation entity and should coordinate and have linkage and coordination with any coordinating entities.

We identified some areas that we're going to focus the rest of the meeting on of the recommendations. The first area will be the general recommendations. This, we go back to our nine sound principles that we presented to the Health Information Technology Policy Committee just a few weeks ago. These nine principles, sound principles, you can see on the slide, which include transparency and openness, fairness, and due process, promote and support innovation, and evaluation, learning, and continuous improvement.

So, as we give this report and move forward, we're going to be able to take what we've come up with as a recommendation and have some sort of graphic that we're going to put at this point, so why don't we move on to the next slide and start digging into where we need to do the decisions? This slide, this begins to get into the federal role. This will include the slides 13 through 17, and we're going to focus in on initially with slide 13.

The federal role, the recommendation would read that the federal role would be— As I'm walking through this, please stop if there are comments that need to be made, as I'm walking through the slide, so that we don't have to do them all at the end. But we're basically looking at what the recommendations would be, so we need to make some changes if there's not comfort with that. The first component of the federal role is that we recommend that the federal role would leverage enforcement mechanisms available under existing law and federal authorities to the extent applicable to the Nationwide Health Information Network. The second is that we need to recognize existing state authorities across all relevant domains and identify needs for coordination and harmonization. As we heard in our hearing, there are states like Minnesota and others that have already begun to look at this issue of governance, and we need to make sure, as we're looking at the federal role, that there's a process for identifying that and harmonizing and coordinating between state activities.

We believe, as the federal role, that specifically that the Office of the National Coordinator should, one, insure coordination across federal activities and authorities, and identify needs to strengthen them for effective Nationwide Health Information Network governance. Two, to coordinate to establish—I'm pausing after each one, so if someone wants to jump in, please do so—coordinate to establish incentives to promote use of the Nationwide Health Information Network. Establish the conditions of participation, which we will cover in the next slide in a little bit more detail, and some further detail on slide number 15.

Provide sufficient authority to the coordination body to assure effective actions and oversee coordination, and this may be either overseeing coordination or sub-coordination bodies that would play a role. Again, we'll come into that in a little bit more detail when we talk about the coordination role. Establish a process for recognizing validation bodies, body or bodies, and we'll focus in on that, so these two, we're going to do more detail after we talk more about the federal role. Recognizing that if we, at those conversation points, we believe that that is not something that should be delegated by the federal government, that we will need to come back, not at this meeting, but as we're writing the report and change these two items. Next is to monitor and highlight innovation and address governance barriers to it. Then to oversee the governance ecosystem, so any comments on that aspect, recognizing the governance and the validation piece, we'll come back to?

John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security

John, the second dash—coordinate to establish incentives to promote use of the Nationwide Health Information Network—I'm struggling with what that has to do with governance.

Mary Jo Deering – ONC – Senior Policy Advisor

John, maybe I'll take a first stab at that. I think one of the things to remember is that—as we've said in previous presentations, but didn't in this one—this is presuming a preferred approach to the Nationwide Health Information Network, and that there would be diverse levers and incentives that could be used to make participation through the NW-HIN or as attractive as possible so that you could make it, indeed, the preferred approach. Those incentives, some of them are directly within the federal hands. They are things like putting this into contracts. It includes federal agencies determining that this is the way they are going to do business and that they would require their partners to have met the conditions of participation. Because ONC itself doesn't necessarily own or directly control all those levers and incentives, that there would need to be some way of just taking a look across them and making sure that they were working in the same direction. Does that make sense?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Thank you. I'm sorry I was a little late. I think I'd like to extract out of what Mary Jo said something real specific, which is that some of the principles that we've established here, particularly those about getting conformance and then getting change and conformance to change has typically required more than just saying we'll build a better mousetrap, and they will come. I think the governance activity will be greatly affected by the extent to which there are incentives in place to play along. That is, I don't think we can blindly assume that just because the governance role says something that it will be done. I'm going to make the same comment later, not in respect to the ONC role, but with respect to change management.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Wes, what slide will that be on, do you know?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I will have to peek ahead and let you know. I'm not sure.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

As long as you make a note because I want to at least make a note to remember to call on you when we're at the right spot.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I won't be forgotten.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Good.

Linda Fischetti – VHA – Chief Health Informatics Officer

One comment on the bottom: Federal entities should be expected to meet the NHIN conditions for participation, as well as any other entity. I'd actually like to expand that language slightly so that there's almost an expectation for the federal entities who are actually, for example, doing the implementation of the work to have responsibility for participating in, for example, innovation and some of the other activities that will be part of a governance, as opposed to just being passive participants.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Can you give me an example of how that might work?

Linda Fischetti – VHA – Chief Health Informatics Officer

Sure. For example, we have here that the Office of the National Coordinator specifically has a role in monitoring and highlighting innovation. I think that the federal participant's role, especially those that are in the implementation category, which would include SSA, CDC, VA, DoD, Indian Health Service, and

others would actually be expected to participate as active members in the community to assure that we are bringing all of our resources towards innovation and improving the way that we're doing all of our processes. There was some other language on the federal role that I liked a little bit better, so maybe I can just make a recommendation to Mary Jo for a change in that last bullet.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Right. Great. Any other comments now that we've moved on to the entire slide on either the specificity about the ONC or the role of other federal entities?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes, I guess I'm wondering if the OMB Memorandum 1010 with the HIT Taskforce was ever implemented and whether, since its purpose largely sounds like interagency, federal coordination, if that was implemented, and if that's a consideration in terms of what's needed here.

Mary Jo Deering – ONC – Senior Policy Advisor

Yes, it was implemented. It has had some meetings. As you may know, David is one of the three cochairs of that

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes.

Mary Jo Deering – ONC – Senior Policy Advisor

Right, and so they are meeting, and I think we absolutely would put that probably into— They don't have necessarily enforcement, but it certainly is part of the first bullet. Again, to emphasize, yes we do recognize that authority, even if we haven't explicitly called it out.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

I see.

Mary Jo Deering – ONC – Senior Policy Advisor

We certainly can, and we will.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Other comments? Yes, go ahead.

Elliot Maxwell – ONC – Expert Contractor for Health IT

On the first bullet, if you move enforcement to an e.g. at the end, it will recognize that there will be existing mechanisms beyond enforcement that will play a role in this, unfortunately only as an example.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Is this the first bullet?

Elliot Maxwell – ONC – Expert Contractor for Health IT

On 13.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

On 13, first bullet under leverage?

Mariann Yeager – NHIN – Policy and Governance Lead

It would read leverage mechanisms available, etc. to the NHIN, e.g. enforcement.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Okay.

Christine Bechtel – National Partnership for Women & Families – VP

Through oversight enforcement coordination through

John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security

Whoever said the other potential e.g., I think that it would be valuable to speak up a little bit more because I think those are important.

Mary Jo Deering – ONC – Senior Policy Advisor

Yes. That was Mariann, and that is where we could explicitly call out the OMB 1010, for example.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes, just one more thing on this. I guess I'm wondering why there's a stark line between the federal role and federal coordination and then what seems to be sort of the next bucket of issues, which is maybe getting public or stakeholder, as it's termed in the other slide, input. I think transparency, public input should be a part of this federal role on these issues as well.

Mary Jo Deering – ONC – Senior Policy Advisor

I think we can certainly try and call that out. I think it is presumed, and we would certainly agree with you, Carol, so we'll just make sure that that's more explicit.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes, because the way it's described here, it sounds like merely an internally focused activity, and I don't think it is.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Other comments?

Michael Matthews – MedVirginia – CEO

Two comments on this slide: One is for ONC's role, I continue to believe that there's a leadership piece that needs to be advocated for on the part of ONC. On the second bullet, the state authorities, I'd just like to clarify on that one that that implies only in such circumstances to state entity is going for the NW-HIN brand. Otherwise there would not be any kind of governance over the state authority.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Actually, I was thinking this applied to states like Minnesota and New York where they're already beginning to concretize a state approach to governance.

Mary Jo Deering – ONC – Senior Policy Advisor

Yes, I would second that. This is states, not so much as exchange entities, but as legal authorities, political authorities, so that just as the first bullet says that there are other existing federal authorities, there are in areas like— Privacy is certainly one that jumps to the floor, but it's not the only one. So we just want to make sure that wherever there were relevant powers already delegated to the states, that we recognize them ... existing.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

But we should maybe make some mention that although we don't specifically highlight, we do highlight federal entities, and we may want to just have a statement about state entities that perceive themselves as exchanges.

Laura Adams – Rhode Island Quality Institute – President & CEO

I think that would be helpful in that the states have the governmental structure has designated these entities, so they are part and parcel, I think, in many ways of the recognized authority.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Other comments on 13?

Laura Adams – Rhode Island Quality Institute – President & CEO

I'm sorry, I was on the streaming line and couldn't understand why the group was being just incredibly rude to me and not letting me talk ... you couldn't hear me. I figured that out. I got myself a cup of tea and calmed down and called back in. The one point about monitoring and highlighting innovation and address governance barriers to it, are the barriers governance barriers? I'm thinking that there are barriers that might be associated with governance. There might be barriers that are not associated with governance, upon which governance would have some impact or ability to lower the barrier, but I'm not sure that— It seems a bit narrowly defined.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Maybe we could change that to say monitor and highlight innovation and address governance barriers or barriers for which governance has influence?

Laura Adams – Rhode Island Quality Institute – President & CEO

Yes, because I think there may be each of those types of barriers.

W

Or barriers to it, including those created by the governance mechanisms themselves.

Laura Adams – Rhode Island Quality Institute – President & CEO

Exactly.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Right.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Great. Other comments on 13? Let's move on to 14, and this is where we start to get a bit more granular on the conditions of participation. ONC with advice from the FACA should identify, prioritize, and establish a set of policies, eligibility criteria, and technical requirements for the Nationwide Health Information Network, and I'm going to actually jump now to slide 15 for a second. So this would be the potential conditions for participation, an example of what they might be, just so we take a look at that. Now we can go back to 14.

Part of that structure would be that there would be a core set that would be required across all exchange communities within the Nationwide Health Information Network. That would be focusing on those elements critical to engender trust and promote interoperability and address barriers. Then there would be a possibility for optional sets that would enable certain communities that could be either horizontally or vertically integrated that would be exchange communities that would not only meet the core set, but meet another kind of set, so let's say exchange related to pharmacies or laboratories may have a different higher level of trust in interoperability.

We're looking at a set of conditions of participation that are, in a sense, nested to recognize a different environment in which exchange occurs. So should there be additional required conditions ... participation return to certain types of circumstances, level type of service? Should there be a mechanism to waive certain required conditions of participation if necessary to facilitate experimentation and innovation? This would relate to the fact that once you start putting these conditions of participation into rules and regulations, you can only change them based upon rules and regulations. If we're talking about an environment in which we're looking at the flexibility to support innovation, then you have to have a mechanism to test to see if this new approach, which may require certain different kinds of conditions of participation, is successful, does protect privacy and security, and in fact does more to enhance exchange.

Finally, the governance should recognize that additional requirements that may be specified by individual exchange communities may or may not be part of the conditions of participation, so that there may be conditions within an exchange community that would not be part of the nationwide conditions of participation. Comments on the COPPs?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

I guess I'm not following this structure at all. It seems to me that options or supplemental things or nice to have things are great, and they should come about in people's implementation and interaction, but by government has to set up the process for anointing which options are good, better, or best in terms of whether people want to, let's say, exchange information using more structured mechanisms or standards or what have you. I guess I'm just not tracking. What's the thinking behind this? I think this is a big leap in terms of the role of government. I think saying yes, there are certain technical and policy requirements for interoperability that is part of a sort of core set of things is good. I'm wondering why government is necessary for options.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Was there a response? Let me see if I could summarize your comments. You're suggesting that we would delete the second and third bullet, Carol?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes. I don't understand. I want to hear the thinking behind that and why it's necessary anyway. It seems to me that the beauty of having a core set that is designed to achieve interoperability is that it creates a way for people to interact with each other. Now if those interactions lead to people having needs above and beyond that, it seems to me that there is little advantage to having a single sort of bottleneck in the process for having options or greater levels of standards or what have you, having to be sort of brought back to government. I guess I'm just not understand the purpose of that, but I may be missing something.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Well, again, let me just start out, and then I'll call on Wes. Again, we're coming up with a set of recommendations. Some things got thrown in and thrown out, so what we're going to do is rather than respond directly to Carol's request about thinking through what was the thinking, unless there's somebody who wants to argue for this, I don't think we need to go into detail about why this was put in.

Mary Jo Deering – ONC – Senior Policy Advisor

I would like to just make one point under what's the third bullet. The Privacy and Security Tiger Team has been discussing differing requirements based on access to sensitive information. So that was where we got this notion that while there might be a core set, universally applicable, that we were trying to pick up on the direction that we thought the tiger team was going that you needed to recognize these variations.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes, but, Mary Jo, I think it is fair to say that the more stringent perhaps requirements for sensitive information or what have you are not options. In other words, you can do everything with a lower standard. If there are requirements that require more significant, either technical or policy requirements in order to be done to achieve trust and interoperability, they are a part of the core set.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Yes. Thanks. I don't like to speak for Carol, but we often find ourselves very much in agreement on the need to avoid putting innovation through the strainer of standardization before its ever tried, and the ability to allow flowers to bloom and evolve. I could see that this section here could be interpreted as saying that all new requirements must be pre-standardized before being put into place, or all special cases where, say, two states want to link their health information exchange with their health insurance exchange in some manner that requires some tweak here would have to wait until a national committee decided on the appropriate approach. I would hate to see that be correct. I didn't read it that way when I read it.

What I read is that there are three really ways of going about and doing something. One is things are in the core set. You do the way it says in the core set. The other end of the phrase of the expansion is, this has never been addressed before, or it's been addressed in a way that's not appropriate. Go ahead, and while maintaining the core set, experiment, and we'll decide.

The third represents things where we have experience. We think we know how to do it. We would like all of the participants in NWN to be able to do it interoperably, should they want to, but not require them to do it. In other words, the core set is a requirement on both sides. Everybody has to do it. The innovation side is, we're working on great new things. The middle side is, if you're going to do it, you need to do it this way, and that's what I see these supplemental optional sets being.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

I'm going to ask everyone to try to keep in mind what Wes just summarized as being an approach, and kind of not look at the words that are on slide 14. I'm going to ask, how does that fit with people if we can figure out some words that would express it.

Linda Fischetti – VHA – Chief Health Informatics Officer

As somebody who co-led the VHA innovation startup in 2008 and also co-led the innovation startup in HL-7 in 2009, I absolutely agree with both Dr. Diamond and Wes Rishel. We need to make sure that we have a safe ... mechanism to do innovation. We need to make sure that innovation environments have a low bar to entry. Then we, as a governance entity, have to make sure that we have put in place principles by which the innovation needs to pass before it can come out and become mainstream. We absolutely do not want to, to echo the words already said, have national level of involvement in that innovation process before it actually hits that high bar for exit of the innovation environment. Once it actually gets to the point that it's ready to graduate from the innovation environment, that's then when the national committees get to play.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Other comments?

John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security

Maybe it's considered within the core set bullet, but is this also intended to deal with participants that maybe aren't, for lack of a better term, aren't traditional providers or people that you would otherwise think traditionally would be involved in an exchange? I'm trying to think of examples, but there may be people today that aren't covered entities that may want to participate, and we might have additional things that we want then to attest to before we allow them to participate, or is that part of the core sets?

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

I think that if we go back to Wes' construct, there would be certain basic things that everybody would want to participate. There would be others that may be that those who want to participate in the exchange in mental health related data may have a certain other set of information, and I think that the problem we had with the wording that's on the slide is that it gives, it implies in there that this is going to be, that these optional sets, whatever, are going to be solidified and are not going to be required by people who exchange that kind of data. So we're really talking about conditions of participation that may be, in themselves, conditional. If you're going to do A, you're going to have to do B. If you're not going to do A, then you don't have to meet that condition of participation.

Mary Jo Deering – ONC – Senior Policy Advisor

Aren't those, so those are just additional conditions of participation. They're not higher level

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Right, and I think that

Mary Jo Deering – ONC – Senior Policy Advisor

This doesn't say that, I think.

John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security

This doesn't mean that if you are an entity of type A that you need to do these additional things because they're based upon what you want to use information for rather than who you are.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Actually, going back to some of the thinking four or five years ago about this, I think that that notion that you just described could very much come into play here. For example, public health agencies or quality agencies, if they participate at this level, rather than as part of an HIE, might actually have a modified set of core requirements because they aren't positioned to respond to queries about patients. They're more data synchs than data sources. So I think there are potentially some— We want to give the mechanism, the ability to deal with qualitatively different participants without necessarily having to fully envision them at this point.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

I'm going to suggest that what I'm hearing is the issue of using function rather than form, so the public health agency that provides clinical services in primary care, and also does monitoring of health and disease like the public health agency in Florida or Mississippi or Louisiana, that they would not have a separate set of conditions of participation. But depending upon how they wanted to participate in that and what their function is, that there would be some conditions of participation that would apply to them for function of clinical services and some conditions of participation that would apply to them for surveillance and public health functions.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Yes, I wouldn't want to get this into a level that requires Asperger's syndrome to be a job hiring requirement, but yes, I think, overall, if we're going to have a nationwide network, that there will be variances in the levels of participation. I don't think we would apply it to individual agencies, that is, my understanding is still that the NW-HIN is where the networks meet, but some situations are so big, they function like a network, or so national they function like a network rather than an individual entity. But basically yes.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

I want to put another question out there just from this discussion and make sure I understand this. The term conditions for participation, at least the way it's being used, is sounding almost like an eligibility check/licensing activity or something, especially with this silver, gold, platinum. I just want to understand if that's what the thinking is here. I know I missed the last call, so I may have missed something, but I just want to understand what's behind that term because it seems like these are conditions for trust and interoperability, but the COP in terms of what I'm hearing is starting to sound like a licensing or eligibility check that's going to happen, and I just want to understand that.

Mary Jo Deering – ONC – Senior Policy Advisor

I think this derives from the notion again of the preferred network and the use of the brand, so again, it's not just generally for trust and interoperability, but it's then to be able to say, I am using the NW-HIN services, or I'm NW-HIN compliant. It's to be able to leverage the status that would go along with it.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I think the notion of silver, gold, platinum is a nice name for describing various degrees of participation and some way to brand them. It also applies to hierarchy. This is more or better than that through the hierarchy. I don't know that that would be. That's certainly not what I had in mind. I had in mind participating for specific subsets of requirements that not all participants would want to stand up the same service.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Let me suggest that if we were to look at slide number 14, because I'm looking at the time and the work that we have yet to do, that if we were to talk about— Look at those four bullets, drop the second bullet, and we talk about, and forget the name core set. There would be those requirements that are universally required across exchange communities. The second bullet would be that there would be additional conditions that apply in certain circumstances. The third is that there would be a mechanism to waive certain requirements if necessary to facilitate experimentation and innovation.

John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security

That's fine.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

That sounds good to me.

John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security

I just wanted to clarify though that, again, circumstances is not who, but what. Does that make sense?

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Yes, I think we all agree on that, and so as we develop the report, and as I may not have mentioned, but obviously we're rushing up against this presentation to the Policy Committee, but we hope to have a draft report that we can share with the workgroup and make sure that we're getting the wording right based upon the understanding of what we're saying on this call. I think we have language, that we are going to be working on language, but it sounds like we've kind of gotten to a level of comfort what I just described for slide 14.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

John, the only additional point I would make is that, I think, in some of our discussion, it's starting to sound like NW-HIN is a network. I know that ONC has defined it as a set of policies and technologies and services to enable interoperability. I would just consider forcing ourselves to remember that definition and not to start to talk about it as though it's a network requiring network attributes.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

I think that's an important point for us to remember. I would ask everyone who is going to be looking at that report to make sure that the language we have in what we delivered to the HIT PC in fact carries that nuance with it.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I agree, and I think it's important because it has huge implications in terms of where funding comes from and so forth, but there are times when it's necessary to speak of the group of entities that are actually communicating using the standards policies, principles, and governance that we're setting up. We might want to find some phrase that we can use that does that. Maybe it's the participating entities or something, some phrase that allows us to speak of that without implying that it is a thing built by the government.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

These are both good points we need to— Again, a lot is going to depend upon exactly the wording that we're using, and so please, when you start seeing these slides transferred into actual recommendations, please look for those two items.

Laura Adams – Rhode Island Quality Institute – President & CEO

I would add a couple of I think this is a minor point, but COP is widely recognized as communities of practice. I just worry about introducing that term because it's so embedded right now as communities of practice. It's becoming more so with the grants work we're doing, so I'd just consider whether we want to use that acronym or not. The other thing that I would point out here is I don't know whether we've addressed this here, and I've just missed it. Is there a need to call out the relationship of the FACA vis-à-vis the coordinating entity? That may be for later on, but I just want to peg that in case that question comes up in people's minds if the FACA are advising the ONC, the coordinating entity is advising the ONC. What's the relationship there? We might just want to call that out

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Right. Yes, that's jumping ahead because we'll get to the coordination entity in just a few bits. Just to throw in the issue of conditions of participation. Most providers who are certified under Medicare are familiar with conditions of participation because that is how you are determine dot be eligible to receive Medicare or Medicaid funding.

Laura Adams – Rhode Island Quality Institute – President & CEO

We'll just have to know that we have that kind of rampant among people that are busy installing the infrastructure and doing all these other things at the grant level, which is fine. Just acknowledge it.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Okay. I thought I heard someone else trying to get in. If we could now move on, I think we've got this one pretty much nailed on how we're going to go to slide number 17. We've looked at the example on 15. We, I think, have been discussing the questions on 16. This is just— 17 is just one more look at whether or not there are— We talked about more the entities who are looking at this. The question then is do we want to look at specific exchange communities as having a set of conditions of participation, or do we think our discussion that we've had pretty much gives us the approach for addressing this issue?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

I guess I will just say what I said before. This terms and conditions of participation seems to imply a structure or an activity that's unclear to me. So if that could be clarified, that would be great. If it's not clear, then I think this should just be conditions for trust and interoperability.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

I kind of like that.

John Glaser – Partners HealthCare System – VP & CIO

Yes. I think if you're exchanging information across your boundaries, you are participating. Hence, certain rules will apply that are absolute. There might be guidance that applies that gives you a brand that may be who add value in the future. I think it's going to get hard to figure out where this thing begins and ends. To Carol's point, whether you're joining something or conforming to something ... the distinction between a national and a local or a ACO type of arrangement and just say, if you're exchanging period, you participate, and here are the conditions under which you could actually exchange. If you don't, certain rules or penalties or reimbursement denial will apply.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

I think that the challenge on that one is that we're seeing the Nationwide Health Information Network as being voluntary, so I think what you're saying is right, as long as we recognize that if you're exchanging with the brand of exchanging through the Nationwide Health Information Network. So if I'm in the example of Paducah versus Kentucky, exchanging with Poughkeepsie, New York, I have no way of knowing to what extent you're following the conditions of trust and interoperability unless you say that I'm branded by having gone through some validation process to participate in a Nationwide Health Information Network.

John Glaser – Partners HealthCare System – VP & CIO

John, I don't mean to derail the conversation because I've mentioned several of these things, but in a way you'd want whatever fabric there is, regulatory are considered to be consistent across the board such that you would say a local in a particular town doesn't have to follow different things. It may be better. It may be worse. I think because it would be so hard to figure out boundary conditions and, frankly, because so much care is local, we may have few people who decide to do this voluntary activity because very few people need to do this with any regulatory. Anyway, I will shut up if this is not helpful to the conversation, but I think it is a ... distinction and certain things are not voluntary. Certain things would be voluntary.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Just as long as, because I just want to make sure in the call, we're not envisioning exchange police or going to look at somebody who is doing exchange. Not necessarily through the— with the brand of the Nationwide Health Information Network, so two brothers who are practicing across th country, if they're sharing data, we're not going to have anybody take a look at every exchange and say, hey, you're not following the requirement. It's only if they want to use the brand of the Nationwide Health Information Network.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I think that really clarifies, and it's good to recall it probably about once every ten minutes during the discussion. Going on to slide 17 or moving back to the wording on this slide, I have a little bit of misunderstanding of feeling of confusion around the examples of exchange communities. The first two in particular, if I understand them right, they sort of correspond to the work that was done under the NHIN trial implementation projects, which is exchange, and whatever comes from that, which is coming from that. Then Direct is the work of the project team formally known as NHIN Direct. I see those as manners of communication rather than communities. So I would suggest that those two words be dropped, Exchange and Direct.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

I think the predominant question on this is should there be conditions of trust and interoperability that are tailored to certain exchange communities? It sounds like this, based upon our communications and our prior discussion that we're pretty much saying that it's based upon what you're doing, not who you are. And so that would tell me that the answer to this question and, therefore, eliminating the need to discuss the subsequent bullets, the answer is no.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Well, I would say that to the extent, I would say that if we were to change this to what extent should specific manners of exchange, e.g. Exchange/Direct, I don't know what it means to be able to tailor. I think the conditions of participation are expected to be lighter for Direct than Exchange. Otherwise Direct may lose its ability to be responsive. I can't say whether I would also say that for communities such as ACOs, which have sort of radically different sort of implied connection to the patients over other things, there might also be different conditions of participation. All I was saying is I would support there may be need for specific sets of conditions of participation. All I was commenting on was that the notion of community as opposed to style of communication, I didn't want to run those together.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Right. Mary Jo and then Michael.

Mary Jo Deering – ONC – Senior Policy Advisor

No, I'll wait because, at the end, I just want to make sure that I clarify at the end what I think we've heard. I know, John, you'll be doing that too.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Right.

Michael Matthews – MedVirginia – CEO

Well, I'm going to come to a little bit different place than you did, Wes, because exchange is a community. Exchange is defined by those who have signed the DURSA agreement. Those are the participants in exchange, as we've defined it today. And I actually like the term exchange communities a lot. I had sent out yesterday a companion piece to spark some thinking along the lines. That, I used the term implementation group, but exchange communities to define the collective entities who share a mutual goal around services, standards, policies, procedures, and so forth, directed towards some end. I think the IDN, the ACOs, etc. are possible examples, but not certainly exclusive.

Where we seem to be sometimes getting stuck is allowing for the possibility of innovation, but dealing with what is at this point in time. So I like exchange communities because, at the end of the day, we're all about coming up with some recommendations of governance, and there has to be something, some entity to be governed or entities to be governed. So if it's the mode of communication or transport or exchange, I don't understand how governance would actually come into play at that point.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I think that's a very good point, particularly to the point that the exchange group is in fact those who use the exchange approach as defined now do comprise a community. I am concerned that the other exchange approach that's implied in this list, which has been called NHIN Direct, is specifically designed to allow communities to form much more easily and not to tie them all to all of the standards that they use

being common or even all of the use cases being common and so forth. Frankly, my hidden agenda here has been to carve out that case and not create the assumption that they have equal overhead in terms of governance.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

I just want to make one more comment, which challenges a little bit the concept of branding. I think, listening to this, and just hearing the discussion, I don't think our issue is necessarily protecting the brand. Our issue is that we want people to comply with the rules. That is essentially an enforcement issue, not a brand issue, because branding is not mandatory. This is really a question of what are the mechanisms to make sure that people comply with the requirements. I'd just encourage us to think about it in an enforcement paradigm, and I think that's why somebody mentioned the DURSA right away also because clearly that was one mechanism to enforce it in exchange. We've put it in that context and not in terms of protecting a brand because I think it sets up a set of assumptions and a structure that probably doesn't apply here.

Mary Jo Deering – ONC – Senior Policy Advisor

Just on behalf of ONC, I wanted to tell you how we got to this notion of the preferred option, which is that through its rulemaking, per se, ONC does not have the authority to require compliance. We have to use different levers to get to that. So, as far as our rule itself goes, why this notion of the preferred option and then using levers to get there is the road we've had to take.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Well, I'm not sure about that. I think there are mechanisms and levers that may not feel like they are direct routes to this, but there are certainly indirect routes in terms of conditions of funding, other mechanisms that ONC has to avail itself of. I do think it is important to look at the constraints around its authority, but I wouldn't jump to the conclusion that the only way to come up with a way to close those gaps is a branding approach.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Let's try to maybe move away from the words, but the point is that if someone is in compliance with HIPAA and various other laws of the land, and they choose to do exchange, they don't necessarily have to comply with governance decisions that are part of the Nationwide Health Information Network. They may choose to send information from one location to another over fax between two physicians who are sharing a practice in some unique disease. The structure, the legal structure is that the intent at this point is not to say if you're exchanging data, you have to follow these conditions of trust and interoperability. What I think Mary Jo is saying is that ONC doesn't have the authority to go into every nook and granny, but what they want to do is every leverage point, as you mentioned, Carol, and others have mentioned, to try to encourage them to do the exchange in this preferred method, and so we need to have some term to describe that, but that's what we're trying to achieve through this governance mechanism.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes, and I'm just suggesting that's more an enforcement issue. That's all.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Let me perhaps summarize where I think we're at so that we can move on. That we believe that there should be a universal required across all exchange communities of conditions of trust and interoperability, sort of using that as a placeholder word. We forgot exactly what we want to say. That there should be some, there may be some additional required conditions of trust and interoperability that apply in certain function circumstances, and there may be specific approaches to conditions of trust and interoperability that relate to specific exchange communities, and that there should be a mechanism to waive certain conditions of trust and interoperability, if necessary, to facilitate experimentation and innovation.

Elliot Maxwell – ONC – Expert Contractor for Health IT

Just one sort of addendum to that last description, last point, and that is, there's a need, as people described earlier, to have room for innovation, but there also is the potential for anticompetitive or barrier creating conditions in those communities that would have the potential to inhibit exchange. So I think it's

not only to provide ... for innovation, but some mechanism to insure that those conditions don't have anti-competitive effects or effects to hamper exchange nationwide. It's sort of both points, I think, are important to be made.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Okay. Can we move on to coordination role, slide number 18? The first question is, given that we have, as we've done in the background, we've described what the coordination role is. The first question is, is this something that role should be done by ONC, or is this a role that should be delegated by ONC, which I think is the first question before we talk about then, if they do it, what might this be done? Where might it be delegated?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

John, it would be helpful for this discussion for me to understand. Coordination is the verb here. What is the subject? In other words, what is the activity that the body or bodies are responsible for, separate from our previous discussion?

Mary Jo Deering – ONC – Senior Policy Advisor

You had asked us to tee up some of the things that we've found in our gap analysis, and before I have Mariann perhaps offer a few of those, I did want to say that, by definition, we would welcome hearing from the workgroup what tasks it thought should be coordinated. What we can share with you is how far we got previously in seeing where there appeared to be needs for coordination that translated into tasks. Mariann, are you able to fill in some holes? John, is this an appropriate time to do that or not?

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Yes, please.

Mariann Yeager – NHIN – Policy and Governance Lead

Good afternoon. There were a couple areas from the gap analysis really looking at what existing coordination mechanisms exist where there appeared to be a need. The gap analysis didn't get real detailed, Carol. To the point you were making is what specifically would need to be coordinated, but at least points to kind of some of the areas. One was, there was a recognized need to coordinate across federal entities. There appeared to be existing structures in place. I think we touched on some of those earlier with a clear federal role, and the group had talked about that earlier.

There were a couple other areas where coordination was flagged, and one was—and it was flagged. This one was flagged as an unmet need. That there needed to be coordination and harmonization of the condition for participation themselves. There was a lot of discussion specifically around the policies and how those policies were applied. So I don't know that we got into a whole lot more detail above and beyond that, but it seemed to play out in a couple places. One was making sure that there was some coordination across stakeholder communities to try to come to some common understanding of how to apply those policies and that itself could result in input being brought forward to inform the development of conditions for participation. There was also some question, and I think this is a question about how far down you go, that if there are communities, exchange communities or different areas where these NHIN or NW-HIN conditions for participation are being applied and maybe resulting in more specific applications of them, is there also a coordination need there?

There was also, so there was another core area where there appeared to be some unmet need and some discussion about how that coordination need would be met. Then, finally, there appeared to be a need for coordination to make sure that the condition for participation, both the policy side and the technical side, that there was consistency. That the technical requirements in fact supported policy, and that they were being applied consistently and, similarly, that when the conditions for participation were interpreted and translated into validation requirements, that there was some coordination mechanism across the policy and technical setting body, the validation body to make sure that they were indeed consistent.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes. Mariann, thanks for that clarification. It's helpful. My sense of listening to the four items that you enumerated is that the first one, the sort of coordination inside the federal government, I think we just addressed in the previous slide that was the sort of ONC coordination areas that we just discussed. The other three, and this is why I raised it at the top of the call as well, say to me that there needs to be a process for input and that that needs to be a significantly far reaching process for input in terms of implementation, education, clarification, specification. But I'm not sure that the verb there is coordination. I think the verb there is that there has to be a process for that kind of input into the overall coordinating structure of governance. I'm worried that saying that the function of enabling communities to apply the requirements consistently is achieved by a coordinating body is a little off the mark of what's needed.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Carol, when you say overall coordination of governance entity, what did you mean by that?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

The slides we just discussed, the ONC role, the federal role. We just talked about sort of what's needed there, right? Now we're moving to what I understand to be a separate coordination role from that. The question is whether ONC is delegating that coordination role. I'm proposing that the federal role should include a mechanism for that kind of input, and that kind of monitoring and changing and explanation and education and specification creation, but that it may not be a coordinating body that is a separate coordinating body that is the mechanism for that.

Mary Jo Deering – ONC – Senior Policy Advisor

Carol, can I ask you, since I think terminology is indeed very important, what I am hearing you say, never the less, is there's still, you're calling it a process. Well, the process has to be owned by someone. So I guess my question to you is, is that a process, which is internal and totally owned by the federal government, or is some or all of that process owned by and executed by some other delegated entity or entities?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

I can only tell you what you have today, which is a set of FACA committees who is providing input. It's not necessarily owned by ONC. It is a federal advisory process that needs to get input and has members representing a wide variety of vantage points. It's not necessarily owned by, but ultimately the requirements for information exchange, unless I completely misunderstood the last discussion, both from a privacy and security standpoint, but also from a technical specification standpoint, whether it's NHIN Direct or NHIN Exchange, is in some way coming from that process.

Elliot Maxwell – ONC – Expert Contractor for Health IT

I guess I have a similar question from that of Mary Jo's, and that is the description of the coordinating entity that was included in these slides assumed that there would be a broad set of membership categories, which would include those people who were exchanging, as well as other classes that needed representation. That was a mechanism to be able to get input, a mechanism to be able to be closer to what was actually going on ... some authority on the authority of a FACA.

John Mattison – Kaiser Permanente – Chief Medical Information Officer

Sorry. I didn't mean to interrupt. Finish please. Sorry.

Elliot Maxwell – ONC – Expert Contractor for Health IT

That's okay.

John Mattison – Kaiser Permanente – Chief Medical Information Officer

I was just going to amplify that comment and say one of the key principles that we highlighted throughout this entire deliberation has been around putting ... as close to—sorry I'm at an airport here—as close to the experience of ... evolution, and so if you get to be faithful to that principle, the comment just made about insuring the participants are actually active members of the governance process itself would be very coherent with that principle

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

I think, if I can describe the dichotomy that we have here, I think what I'm hearing is that Carol is suggesting that this process of coordination is best served at the federal level with some mechanism of enhanced input of key stakeholders. The alternative is that this coordination occurs at a non-governmental level, which gives a different capacity for key stakeholders to be engaged in a governance process.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

John, that's actually not what I'm suggesting. I'm suggesting that it's not an issue of coordination. That now we're onto a topic of implementation and evolution and getting input and guidance for the processes that exist, and I don't think that is a question of coordination. I think it is what it is, which is, what is the best way to get to the objectives that are in this slide? I'm questioning whether it is a coordination body.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Right. Okay. Actually, what I'm going to try to ask you to help us with because your questions, I hear your questions, and I can see where you're coming from, but they don't help us get to a solution. If it's not called a coordinating body, first of all, do you see this role as being important to be done? Given that you say it's not a coordinating role, what should we call this thing?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes. I think some of the things that Mariann articulated in terms of the gaps that were identified and some of the bullets in this slide speaks to probably what needs to be done. But I guess I'm questioning whether that is a standalone function, coordinating body, or if it is a necessary part of all the elements we just discussed in the previous four slides.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

And so you just presented a dichotomy, and where do you come down on that?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

I think it's going to be very hard to do the things that we've talked about in slides 13 through 17 in terms of the federal role without a process to bring this to bear. So I guess I'm just saying, I don't see this as a distinct element. I see this as a set of needs that fulfilling the role of coordination that we just spent more than an hour on is going to rely on.

Mary Jo Deering – ONC – Senior Policy Advisor

I just wanted to say, Carol, when you use some of the other nouns like implementation, implementation in fact is a word that ONC has used internally, and I will say that David himself has observed, FACAs can't implement. FACAs can give us advice, but what are we going to do to implement? So I think we're going to in the same direction.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

No, but wait. My statement of implementation was pointed at Mariann's statement that how do we achieve, in terms of the points she iterated, where the gaps were, one of the questions she asked was, how do we make sure the policies are implemented consistently? That's the implementation I was talking about.

Elliot Maxwell – ONC – Expert Contractor for Health IT

One of the questions, Carol, about trying to put all that back into the federal processes is the federal processes are and this may be a kind of ... but they're not so good. They're designed in a particular way for a particular process, and there are certain kinds of mechanisms for input and the like. But the notion of having a body that's broadly stakeholder representative to work on these things, which subject to the review of ONC or the like, was a reason to try to make a better process as opposed to creating a roadblock.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes, and I'm all for that. The question is, can the federal role, as it was articulated in the other slide, be accomplished without a process to get this kind of input, you know, ongoing iteration of both policies and standards, understanding how things are evolving, understanding where there's need to clarify, as Mariann was saying, elements of either policy or technology implementation? That all has to be a part of this sort of complete cycle. I guess I'm just concerned that this looks like a standalone activity that's not informing the larger process.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Carol, I'm still struggling to try to see what your recommendation is then. As we're moving forward in trying to present something to the Policy Committee, do we say that there should be an expanded role for ONC in reaching out to communities? Do we say that there should be some entity that has similar authority to a FACA through some public/private partnership that gives input into the federal government? Is there a separate entity that has delegated authority from the ONC to play this governance role? Anyone else want to try to—?

Mary Jo Deering – ONC – Senior Policy Advisor

One of the things that I'm hearing that I always like to start with the positive. I think we heard a lot of consensus about what it is that needs to be done. I think we've captured that. There were a little bit of variations here and there, but I think we've got that. So then the issue is, how does that get done, and who does it? I think we've heard some people argue that you want, for devolution, which is one of our principles, and nimbleness and flexibility and openness to innovation. All of those things argue against a federal process. On the other hand, I think Carol's sticking point is that there needs to be a clearly designated separate entity, and that's where, I think, maybe the workgroup has to call to question, and that's what I'm hearing you ask. Certainly ONC would welcome that because we hear you. We hear what you say think needs to be done, and that's a very powerfully strong movement forward, so clear advice on how that process gets executed would be really helpful.

Michael Matthews – MedVirginia – CEO

A couple of thoughts here: One is coordination with the consent of the coordinated, if it's governance with the consent of the govern. To me, the key concept here is what is to be coordinated. People have to show up, and that's where I think it ties again back to the exchange community. It's a coordination across the types of exchange occurring, and until we understand what those are, then it's hard to know exactly what the coordination role is. But I believe very strongly that this ought to be part of it, but it's knowing what it is and who it is that we're coordinating and how we can be more explicit about that rather than just making a substance that we're all agreeing when we use this type of terminology.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

John, I'm back. I got disconnected. Sorry.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

I thought you were just thinking.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

No, I got disconnected, and then I had to wait to get patched back in. Sorry.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Where did we lose you?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

The last thing I heard was we need to get to a recommendation. I don't know if the conversation has evolved from there.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

We're still trying to take into account the issues that you raised and to come up with what we're going to be recommending to the HIT PC.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Okay. So I would say that the slides that we just went over, 13 through 17, the function described in those slides benefit from the objectives in slide 18: informing, prioritizing, maintaining conditions, getting input to make sure that the requirements are working and doing what they were intended to do. I would like to see that made part of the responsibility of the role here in identifying policies and standards for information exchange, not a separate activity.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Okay, but would you see that being done by a FACA committee? What Mary Jo said is trying to look at the who and how aspect of carrying out those roles.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes, and I think we've had a lot of discussions about this. I'm not sure what the answer is. Is the current structure of the FACA committee the permanent structure, and is that the construct in which we should be thinking for where these conditions, if you will, to use the term we used earlier, are going to be created. If so, that brings with it a certain set of things that maybe you could do to enhance that process or provide input to the coordinating role that ONC is playing. But I don't know what options there are and whether there's a view that the policies and technology standards are consistently going to come from advisory bodies to ONC.

Mary Jo Deering – ONC – Senior Policy Advisor

Again, advisory bodies, as I'll say what everybody knows. They only provide advice to ONC, and that is their role. These were created under HITECH. I think they will continue. I think we will continue to seek their input, but I'm not sure. I think I can answer pretty definitively that ONC does not see them moving beyond their legal advisory role and our ability to welcome and weigh their considerations.

M

The would need to be reconstituted should there be another community of interest or category of people exchanged in exchange whose views might be represented, getting back to the notion of the consent of the exchange rules that govern.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Would that be where the policies are going to be created?

Mary Jo Deering – ONC – Senior Policy Advisor

No. The FACA do not create policies. They make recommendations about policies, and those recommendations are given to ONC through the secretary or other appropriate ways would create the policies, so FACAs just identify and recommend.

Elliot Maxwell – ONC – Expert Contractor for Health IT

I think that the general agreement with your points that the federal processes need to be inclusive and to be able to get the kind of input that you're suggesting. I think the only issue is for the broad categories of communities doing exchange, and so the questions that are set out that you described, whether there should be an entity that receives some kind of delegated authority and acts under that authority with its broad membership or whether you simply say that should be done within the existing federal entities and their own processes.

Christine Bechtel – National Partnership for Women & Families – VP

I just have a question on this. Why couldn't ONC or HHS create a separate FACA if they wanted to that was constituted potentially more appropriately from those that are closest to the fieldwork and the policy work and all of that, as we've been discussing? You guys have the authority to create a FACA at any time for any purpose. As I understand it, it's how AHIC got created by Secretary Lovett.

Jodi Daniel – ONC – Director Office of Policy & Research

We do have authority to create new FACAs. They always are advisory and not implementation bodies, but there's actually a limit on how many we can create, and it isn't necessarily something that ONC gets

the final say on. So there are somewhere between like 300 and 400 advisory committees that HHS has, and so there's an active monitoring of creating any new ones. There may be an issue with us having the policy and standards committee and then another one that's in a similar space. There might be some pushback from that from the folks that make that decision because they try to limit the number of federal advisory committees. Legally, we can create new ones. They must only be advisory and not implementation, and there may be some other factors that would make it challenging for us to do that.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

So there are other models. For instance, the federal government, on a regular basis, uses standards that were developed by the National Quality Forum. The policy is to use that standard. So the question is, do we try to get a new FACA? Do we try to modify the currently existing FACAs, which would be the Policy Committee or NCVHS? Do we try to create an entity, which would enable the federal government to essentially say that the policies developed by this body, therefore constitute the policies that ONC will adopt by reference?

Christine Bechtel – National Partnership for Women & Families – VP

Part of the reason I wanted to clarify the fact that I don't think that the idea of additional FACAs or an additional FACA is completely off the table, and I heard what you said, Jodi, and I still think it's not completely off the table, is because I think it's challenging, depending on the role for that body, to look to an NQF or a NHIC like model if it is a pay to play model. So if you have a membership organization that people have to pay dues to be involved in, it becomes fairly limiting, I think, for certain classes and sectors of groups, and it injects the financial incentive model that we may not want to have in play here. So I just am thinking about other options that potentially don't have that kind of a problem associated with them, one of which might be a federal advisory committee. I'm sure there are others. I just am not sure what they are.

Laura Adams – Rhode Island Quality Institute – President & CEO

I would underscore that. I do think that the idea of a paying in model creates something special for those that pay and something not for those that don't pay, so I do think there's a lot of substance to what was just said.

Mary Jo Deering – ONC – Senior Policy Advisor

Mariann has a clarification to add.

Mariann Yeager – NHIN – Policy and Governance Lead

There is another model that we had looked at that is used around HIPAA, and it is sort of a blend of what this group has been talking about. We only mention it just to have a sense of the landscape and what exists. There's a group, and this relates actually to HIPAA implementation, and there's a group actually named in the statute called the Workgroup for Electronic Data Interchange that actually provides us input on the implementation of HIPAA. They are a membership organization, and so they have a set of activities that are largely educational and implementation level groups and whatnot. But whenever they provide input directly to the federal government, they have open policy advisory group meetings that are facilitated and handled in a very different manner, and any and all can participate. Their input actually has been brought forward, and there is an annual report to congress that includes their input. I think, John Lumpkin, you're probably very familiar with them as well ... another example.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

I'm going to suggest, since we're running out of time, we have one other issue to address. That it seems to me that we have a set of options we need to pick from. Option one is that we recommend that this function that we've described, and it's listed in 18, we've talked about, be done by an existing FACA. Option two that a new FACA be created. Option three is that a nongovernmental entity be created to play that role. Do we have people who want to weigh in on which way we should go?

M

Give me those options; can you say those options again, please? I'm sorry.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

The option is an existing FACA, a new FACA, and the third one being a nongovernmental entity.

Christine Bechtel – National Partnership for Women & Families – VP

John, can you describe ...?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

...about the nongovernmental entity. Is this an entity that the government heads up, and we have certain kinds of like federally chartered, nongovernmental entities ...?

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

It would have to be an entity that has delegated authority.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

It has to have delegated authority.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Right.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Let me say that the HIPAA law identified WIDI by name and gave it, effectively created the requirement for NCVHS to accept reports from WIDI.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

There are other totally different sectors where that's been done.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Yes. The question I have is I noticed that in later in the HIPAA changes in more recent laws, they have identified the characteristics of an organization rather than that happen to pick out a single organization, but they didn't identify the organization. I just wonder, is it possible to do that without it being a law?

Mary Jo Deering – ONC – Senior Policy Advisor

Yes, my assumption is that what the workgroup could advise us to do, and then what we could do is make this a competitive effort that you set forth what the requirements are for a candidate entity or group of entities to fulfill that purpose, just like you would do if you're naming an accreditation body or anything else. You just specify what the requirements are to do it and what the key tasks are and, again, the degree of delegated authority is, again, something we'd welcome your input on. If we were to go that route, we'd certainly need specificity, but yes, that's definitely an approach, and it's the one to discuss when we get to the validation role.

Jodi Daniel – ONC – Director Office of Policy & Research

If folks had examples from other industries that we should take a look at, that would be really helpful. There are issues of our legal authority and what we can delegate and what we have to keep, and to the extent that there is something in statute, obviously it gives us a greater ability to do things without having a legal problem. But if there are other examples in other industries that we should be looking to, and you could just e-mail those to us offline, that would be really helpful.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I just want to say that I have concern about the availability of continued funding through the government for committees like that, an organization like that over the years, and would rather see. I would rather see something that had some opportunity to pay for itself by membership or whatever for that reason. If this is all going well, and it is facilitating a lot of communications, the amount that the membership fee shouldn't be obstructive. If it's not, it doesn't matter anyway. Not knowing whether such options are possible, I'm going to vote for it being an extension of an existing FACA just to move this discussion along.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Just to follow up on that, what I'm going to do is there are three options: existing FACA, new FACA, nongovernmental entity with delegated authority, and the exact details we can work out. If those are the three choices, I'm going to list them again, and I'm going to ask if the workgroup members would just

M

Can I ask one question first? To Wes' point, when he talked about WIDI providing insight to NCVHS, I guess that's a permutation off of an existing FACA, correct?

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

That is correct.

M

So that would be, if I voted for that type of an environment, that would be the existing FACA option?

Mary Jo Deering – ONC – Senior Policy Advisor

No. I wanted to jump in with another clarification, John Lumpkin, if you don't mind. My interpretation is that it is option three because what you would be saying is that you want that kind of an outside entity to exist to be able to give information.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Right, because remember our gap analysis is that we didn't find any entity that's playing that role.

Mary Jo Deering – ONC – Senior Policy Advisor

The other clarification that I wanted to make is, by definition, if you go with option one or two, it's only ONC and the federal of FAS who can then take on the execution of these tasks because it's basically just input that you're getting, and so that would require a growth in the ONC staff by definition probably, or could.

Christine Bechtel – National Partnership for Women & Families – VP

I guess I'm struggling with two things. One is the degree of delegated authority for me, which is what I have to say is still a question mark, is actually the determining factor on whether I lean toward a FACA or a public/private entity. The revenue model that any public/private entity would have absolutely comes into play here for me in my consideration. Then the second piece of it is if ONC is really de facto setting the policy based on input or advice or recommendations then, Mary Jo, it may also be the case that we look at some kind of a validation certification, accreditation model that could be done by an outside entity with delegated authority from you. But it's based on, it's accrediting or certifying against the set of policies and technical requirements that ONC or some sort of federal coordinating council has set. So I keep getting stuck in the land of, well, who is really setting the policy, and how much delegated authority does some body have to influence that policy because it, frankly, makes the consumer community a little bit nervous to think about a membership model, private organization, de facto setting policy.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Yes. I think

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

John, I'm sensitive to you're trying to move it on, but I just need to talk about the WIDI experience because I was involved in it. WIDI charged for the ability to attend the meeting to create input. It created a draft report from the input. The board of directors then modified that report to meet the point of view of the board of directors and submitted it to NCVHS, which took it under advisement. Clearly WIDI really didn't set any policy, but there was an influence from the membership, through the board of directors that was different than just aggregating the input of those who came to present at their meetings. Therefore, we have to regard the actual input being that of the membership through the board, informed by free input from nonmembers.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

We're not going to argue WIDI right now. We really only have four minutes left in the conference call, so I'm going to try to force an answer because if this workgroup believes, does not believe that we ought to use a delegated model, then I think it's not worth our time to discuss what that delegated model might look like. If we want to consider a delegated model, then I think we can start talking about the attributes of that, of which people would feel comfortable doing. So if I can just sort of get the straw poll of the three options, which is the delegated model. The second option is a new FACA, and the third option being an existing FACA. I'm going to go through those options again. When I list the first one, if you would just say your name when you identify which one you lean towards, so we can begin to work in refining that.

M

I'm sorry. Could you just do a quick summary of the differentiation between the three?

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

An existing FACA would be something like the HIT PC or NCVHS. A new FACA would be having the roles and responsibilities that we've been talking about in 18 would be created by HHS to play that role. Or three is that authority would be delegated to an entity that would be created to play out those roles on slide 18.

Jodi Daniel – ONC – Director Office of Policy & Research

If I could just add one thing, the FACA by definition is not an implementation.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Correct.

Jodi Daniel – ONC – Director Office of Policy & Research

They can only provide advice to the federal government.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

The first one is an existing FACA. Say your name if you're in favor of that. The second one is a new FACA.

Christine Bechtel – National Partnership for Women & Families – VP

Christine.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Any others? The third option is to create a new entity with delegated authority.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

There's a lot of background noise, so I think a couple of people might have been trying to speak, and it got drowned out. I don't think I was heard.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Okay, so let's go back again.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Also, I just want to say, I don't think this can only be accomplished through a FACA if it is a construct in the existing, but let's go with the exercise.

Judy Sparrow – Office of the National Coordinator – Executive Director

Why don't I just do a roll call, and they can

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Please do.

Judy Sparrow – Office of the National Coordinator – Executive Director

One, two, three. John Glaser, one, two, or three?

John Glaser – Partners HealthCare System – VP & CIO

Delegation.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay, three. John Lumpkin?

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Delegation.

Judy Sparrow – Office of the National Coordinator – Executive Director

Three. Laura Adams?

Laura Adams – Rhode Island Quality Institute – President & CEO

Delegation.

Judy Sparrow – Office of the National Coordinator – Executive Director

Three. Leslie Harris?

Leslie Harris – Center for Democracy & Technology – President & CEO

I'm pretty split here. If it's a private entity with membership, it kind of worries me. I guess I'm going to have to go with new FACA, but I'm a little ambivalent.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay, two. Christine Bechtel?

Christine Bechtel – National Partnership for Women & Families – VP

FACA, new or existing, but probably new, I'm guessing.

Judy Sparrow – Office of the National Coordinator – Executive Director

John Mattison?

John Mattison – Kaiser Permanente – Chief Medical Information Officer

Three.

Judy Sparrow – Office of the National Coordinator – Executive Director

Linda Fischetti?

Linda Fischetti – VHA – Chief Health Informatics Officer

New or existing delegation.

Judy Sparrow – Office of the National Coordinator – Executive Director

New or existing. Okay.

Linda Fischetti – VHA – Chief Health Informatics Officer

Delegation, not FACA.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Delegation.

Judy Sparrow – Office of the National Coordinator – Executive Director

Delegation.

Linda Fischetti – VHA – Chief Health Informatics Officer

Yes.

Judy Sparrow – Office of the National Coordinator – Executive Director

Michael Matthews?

Michael Matthews – MedVirginia – CEO

Three.

Judy Sparrow – Office of the National Coordinator – Executive Director

Three. John Houston?

John Houston – Univ. Pittsburgh Medical Center – VP, Privacy & Info Security

Three.

Judy Sparrow – Office of the National Coordinator – Executive Director

Carol Diamond?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

New or existing FACA at least.

Judy Sparrow – Office of the National Coordinator – Executive Director

Wes Rishel?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

John stated the options in the opposite role that you did, so I'm going to say delegation rather than giving you a number.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay.

M

That's three, correct?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes. Tim O'Reilly? Is Tim O'Reilly on? I think those are the only voting members, so three definitely won it.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

It is now noon. I think we need to get some public comments and then end, and we need to address, try to flush out what delegation might look like, and I think we'll try to perhaps schedule another call, perhaps next week some time. Then address to flush out the activities on slide 18 and how that would, what that might look like, and then discuss the issue of validation.

Judy Sparrow – Office of the National Coordinator – Executive Director

Operator, can you see if we have any public comment, please?

Coordinator

We do not have any comments at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

It would be helpful if people have ideas. I know we received a couple e-mails during the meeting, but please, it would be very helpful if we could get other ideas by e-mail to the group, as we start to try to pull the pieces together.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you.

John Lumpkin – Robert Wood Johnson Foundation – SVP & Director

Thank you, everyone. Have a good weekend.