popHealth Stakeholder Meeting Notes 1/21/14

- John Rancourt: PopHealth is an open-source clinical quality measure tool. Open source is software free to use. An example is Apache that runs 47% of web-servers on the World Wide Web. Their development model is unique. Linus Torvalds: "Given enough eyeballs, all bugs are shallow". What that means is Open source allows so many to work on problems, those problems become trivial. Per the book "The Cathedral and the Bazaar" the only really limiting resource is skilled attention. We want to make sure that doesn't happen for popHealth.
- Kevin Larsen: popHealth provides a promise of electronic clinical quality measure management. It gives visibility and standardizes way of seeing good clinical quality measures. Problem is delay is getting this data, the cost and the small amount of signal. That means lower rate of adoption because of expense and time. Measures data that is time delayed or is tangential to quality. In some cases the delay is up to 18 months. popHealth gives you near/real-time feedback at your practice site to make course-corrections and planning. It was provides a richer data source for others who want to see quality, especially on consumer side and those who work on behalf of consumers, state governments and public health agencies. There were a lot of challenges. The tool itself was nascent when MU started and had to be developed rapidly. Standards being incorporated into the tool were newly established. It allows providers to display data and see if their interventions were actually causing change. The available standards and tools weren't ready for a simple plug and play like popHealth v 1.0. Lots of EHR vendors were interested in leveraging popHealth. The popHealth was developed in using a lean start-up model. We had to pivot from direct-to-consumer to a more wholesale to EHR vendors, state health departments, etc. How can we solve the technical issues collectively, as opposed to developing it individually? ONC also managed the popHealth's sister tool Cypress. That tool is used for EHR certification of eCQM. They both are architected to work together. It also houses the quality measures engine. It is a rich source of content, aligned with architecture and language that popHealth consumes. Because of this popHealth can focus on the additives.
- John: This meeting is part of the planning process for transition from government-developed to open-source governance/development/support.
    - ONC has a contract with AI to do the following
        - Performing environmental scan of the current uses of popHealth in the community and the future use cases relevant to the community.
        - Documenting them and informing the community and ONC about it.
        - Identifying and recruiting of stakeholders to the community.
        - Provide variety of resources as ONC engages the community in transition process.
        - Facilitate a stakeholder meeting for the popHealth community.
        - Work with the community in developing governance & technical development plans.
    - ONC's aspirations for popHealth:

        - Transition popHealth tool to open-source community in the "best manner possible".
        - Facilitate the transition to a sustainable tool that supports viable use cases in an open and inclusive way.
    - Key factors/considerations for making the transition
        - Intellectual property: ONC owns the IP, under open-source Apache 2.0 license. The license means that someone owns it, but allows others to use it in certain ways. ONC will have detailed legal considerations before determining how to transfer those rights for that license. Those decisions would be made for users of tool to have most flexibility in order to allow for the tool to succeed. The current license also allows others to make derivative versions, but it does require that others give notice that they've used the source code with the current license.
        - Trademarks: ONC owns Trademark for popHealth/logo. Trademark and the IP discussion will be distinct. May be able to license the Trademark for popHealth that won't necessarily overlap with IP. ONC is currently unsure what the best way will be to prevent abuse of TM.
        - Cypress: ONC committed to continuing to support Cypress development. It is a core part of popHealth tool.
        - ONC does not have a budget for popHealth going forward.
        - Side note: Veterans Health Administration, supports popHealth now.
        - ONC want to work closely work with community in a flexible manner.
        - Ongoing facilitation: ONC will try to facilitate community engagement. Creation and development of Governance plan and Technical Development Plan. Documents will be developed in conjunction with community. Flesh out details around governance and technical development plan. Governance Plan will have model of governance, roles and responsibilities, oversight plans.
        - Mutual agreement on how transfer of popHealth will work. The transfer will covers IP and TM. Both plans completed by March and formation of entity in the spring. We want to focus on considerations involved, and what the community wants to do. A key limitation for ONC is we can't vote or conduct a vote to make decisions.
- Kevin Gunn: Helping VHA figure out how to do clinical quality reporting for MU certification. Looking at data and see if there are gaps for certification. The current efforts are limited to reporting on 9 clinical quality measures, and adjustments they have to make to popHealth to support that. User interface replacement for latest version of popHealth. Focusing on VA using popHealth for clinical quality reporting as a reference implementation.
- Genevieve Morris: AI performed environmental scan by recruiting folks who wanted to participate in environmental scan on the listserv and through the state user group. Different organizations have different use cases for popHealth. There are a wide range of stakeholders including RECs, state public health departments, state HIOs, EHR vendors, and

research centers. We conducted informal talks with different organizations about current use and future wants in this environmental scan. There are two versions being used in the community and majority of the users using v 2.1. Version 2.1 has been certified for the hospital measures for 2014 by Northwestern University, the provider measures will be certified in the coming months. The certification is only for calculation and exporting electronically but not for the capture. Most of the users use QRDA although there are uses for other file types being investigated in the community. FQHC's which serve predominantly Medicaid + uninsured will pool their funds and implement technology as a group. The FQHCs have been implementing EHRs with state's department of health and want to use popHealth for Meaningful Use. State HIO's using popHealth to verify that they are measuring clinical quality measures properly. Healthy Heart program is using popHealth to calculate and submit clinical quality measures.

- Northwestern Medicine presented how they are using popHealth to manage their CQM for EP and EH attestations.
    - Question: Do you need a separate data repository for changes? How do you deal with segregation of data between organizations? The code is developed on a fork of the main popHealth code. We intend to provide pull requests back to master branch. popHealth hasn't had multi-provider/organization support. At NM we haven't had to use it. Segregation per provider will be covered by eHCT.
    - Question: Can you describe layer that harvests source data from EHRs? Is it uniform, or varied across EHRs? It's a little bit of both. The biggest pressure was to normalize vocabulary across these systems. We had to extract out raw data from normalized data. We had to go backwards, map back where data structures come from. Hardest part was data validation with clinicians and feedback mechanisms for quality of data.
    - Question: Do you harvest that back from the repository? Through the APIs? Get things from CCDs? 99% of data is extracted from relational databases. QRDA 3 section is in the popHealth UI now, but it's still going through some validation. We currently have all 100 EP standards going through Cypress.
- Wyoming presented their work with the popHealth under the CMS innovation grant.
    - Question: How can we further learn from the experience and practice that you have been able to develop in WY, so we don't have to reinvent the wheel? Have you been working on alignment in reporting of clinical quality measures for ACO, delivery systems and settings? Did you go through the actual process of linking with the state-level registry? How did you go about doing this? Wyoming does not have any ACO's, so as we are going through the process that might allow an ACO to form and use popHealth as a tool that will facilitate this. We are meeting with others within the state to ensure that providers are in a critical mass to use normalized metrics. Our recommendation would be to think in terms of practice flow and not in terms of a single system. This is an evolving project with the first phase of the project planned to align 9 measures with existing measures in SLR. SLR only had functionality with providers who wanted incentive payments and providers who

needed to report CQMs. An extract from the MongoDB, shows CQM from the providers. The plan with this approach was to get people on-boarded fast.
    - Question: As far as using this to accept CQMs for grants, do you have to be using the 2014 certified version of popHealth? Currently we are using v2.1 or 2.2 but in the long run, don't plan on calculating measures themselves, but we plan on relying on EHR vendors do that. We are glad that Cypress will still be developed under ONC and that's why we intend to keep changes to Cypress to a minimum.
    - Kevin Larsen: Measurement alignment is a priority for the federal government. The eMeasures are moving from periphery to the mainstream healthcare operations. We are also working on partnership with health plans called Buying Value. We are working to perform measurement alignment in ACOs and other private organizations. Although the alignment not in popHealth tool itself, this will allow it to run easier.
    - Question: Can you talk about your 90-10 funding strategy? We are still waiting for CMS approval on the 90-10.
- eHealth Connecticut presented their work with the FQHCs using popHealth
    - Question: How is the effort funded? We have diverted some of the regional extension funding into the popHealth project. We are investigating macro strategy with 90-10 funding? Part of concept around sustainability issue with popHealth. Need to look at funding stream.
    - Question: Which EHR systems have you been working with? We have so far extracted CCD from GE Centricity, Vitera, Greenway, MicroMD. We have not had luck with eCW yet. We are working with nextGen currently to get their CCDs.
- Jason McNamara – Technical director for health IT at CMS - 90/10 funding: We use HITECH funding for 90/10 funding. We help HIE move forward with Medicaid's share for the work. We've leverage time-limited 90/10 funding to contribute to HIE's development. There are lot of focuses on core services, provide a directory, patient indexing. Some of it can go to clinical quality measuring depending on state. It can cover initial cost for on-boarding to HIE but not for things like vendors building an interface. What is CMS' role in clinical quality measures? We have worked with ONC on CQM toolkit for states and provides roadmap and strategy for states. There are a lot of technical implications for infrastructure at aggregate and patient level. Policy implications are that there are a lot of legacy systems. In Medicaid space the conversations are around how do we put the infrastructure to use in this space?
    - Question: What states/jurisdictions have already engaged? What has been your experience in terms of implementing eCQM with the various vendors from the SLR perspective? We are seeing a number of variances. We have supported states that are accepting CQM attestations and some states which are using hybrid model as a launch plate for capturing CQMs. Don't know if any of the states have implemented it fully yet. Some states have shared vendor resources amongst themselves. Some progressive states are looking to capture clinical quality measures through their HIE: WY and NC. We have a lot of conversations with states. It's not enough to just

say 90/10 funding and then implement it. There are has be accounting for all the costs and allocate the costs for Medicaid vs others.

- Jackie Mulhall: We have built segregation in v2.1 but have yet sent the code back to the main code yet.
- Jeff Livesay: Setting up web service should be considered separate from the request for different display layers. The changes for web services can be used in a transactional non-silo sort of infrastructure. It can be used to query information from popHealth using APIs. Display layers is a different issue. A lot of states are using a lot of time/money to modify display layers or using Tableau to create a display layer for CQMs. We recommend focus efforts away from display layer, instead focus on additive components including QRDA 3, import/export capabilities.
- Kevin Larsen: CMS has funded Telligent Corp to build the Measure Authoring Tool that can be used to create Quality measures and produce them in HQMF format. There is federal investment to build such a tool that can be used as a web services instance. It has integrated with value sets in NLM.
- Addy Naik – Presented governance models
    - Question: How would we accommodate the concept of a cooperative type model? Does that traditional structure have merit in an organizational framework? For each of the models, the challenge is always the pros and cons. For cooperative group, you could have the same governance practices, but have a trade-off with how the community comes together to raise funds or make decisions. For each one, also keep an eye on how this entity or the model will enable you to make those decisions. As far as legal entities are concerned, they can take any of those features and can build the entity around it.
- John Rancourt recapped the morning session and the agenda for the afternoon and Agenda.

Afternoon Sessions

- Addy Naik presented recommendations on the governance workgroups and the resources that need to be address by the organization.
- Scott Afzal: For the purpose of our discussion let's put aside "who will govern", legal bylaws, etc. and Think about governance framework on the organizational side. Let's focus on open vs closed working of the workings. We need to discuss and figure out how our priorities are set, what are the use cases, and how we will be managing the development of the code. Do you have a natural reaction given work-to-date and stakeholders involved, on where popHealth should fall on that part of the curve?
- Jackie: There is a need for a reasonable level of governance. It cannot be a totally governed community. We don't want to have a Czar controlling everything but there is a need someone for quality and planning of the popHealth tool.
- Dr. Bush: We need to have some simple governance for the open source community. ONC's ongoing participation and direction is very important. We are coming down in the middle between free form and total governance.

- Scott: If there's a group with consistent contributions of code vs. a group that has short term funding and ramps up and down, should there be a consideration of the contributions that define weight of the vote or commit rights?
- Dr Bush: It should not be based on level of contribution, but should have a central framework allows you to design a plan around that structure. If Wyoming is paying for a lot of development of a particular feature or functionality, then the level of contribution in the larger open source community will depend to some degree on where the group is going with the tool itself.
- Tony Fernandez: Is there a budget that supports the strategic plan and development? How much would it cost to continue to maintain popHealth once ONC's funding expires.
- Kevin: ONC wouldn't have as good an idea on this and the community would know better depending on what the community wants to focus their energy on.
- Addy: We can develop a list of resources and type of resources that are needed and use that to develop a budget for the future needs/priorities of the community.
- Dr Bush: We will not fund popHealth but rather their own development resources that they use to create the features and functionality that are relevant to them in popHealth. Each state or stakeholder will have to design and develop their own projects and can coordinate with each other, but have to put the funding towards their specific project, not the popHealth tool in general.
- Tony Fernandez: We need to create a pathway for a diversity of contributions that would allow all states to submit and create a synergistic capability.
- John: The MAPPR model is a good model. For it, the states were looking to build the same thing, so they pooled their resources together to build one product that they all needed.
- Tony Fernandez: MAPPR is a good example because when they all contributed, they ended up better working together than separately
- Scott: What would a budget support for the actual entity? Development would be done separately for each organization and could potentially be coordinated among different organization. How thin should the entity operate? Some things list listserv would need common funding.
- Addy Naik: The community can develop certain use cases. Each organizations pick the use cases they want to work on. Each partner for a particular use case can pool their money or individually choose how to use their resources. There might be certain groups that can fund the FTEs. From a governance model perspective, depending on the group in question and the funding in question, someone can still support one development area while funds are still coming from multiple organizations. Stakeholders who are bringing in funds are typically bringing it for a specific purpose and want to have a specific feature developed. The community can also have project-based work groups that focuses on certain work groups. Each work group can be championed by a stakeholder. This workgroup can then decide who funds it, who does the development and how to decide what features to be built for the use case? The community doesn't have to stick with a particular model and can decide to mix and match.

- Andy: We might be talking about things in a reverse fashion, funding dictating features than features being built to identify funding needed. Our typical experience has been, companies want to submit code back to the project that they've developed, they then show up at your door and you decide if you want the code. Is there value in discussing how we would decide what features would want to be accepted if a code contribution comes forward. There is also a concerned about workgroups coming together and planning features because there's a tradeoff. If there's a community that chooses the features and puts resources towards, it you minimize duplicate work. The downside is that if someone owns the feature and they lose funding or it's hard to build, and there can be inertia that's hard to overcome.
- How would the cypress tool be aligned to popHealth and keep it consistent on an ongoing basis.
- Andy: This would be up to the popHealth community. They share the CQM engine and parsing for QRDA 1, if that's viewed to be valuable and something that wants to be maintained, then that should be a priority for the community. But if there are developers who feel there's a good reason to branch, then they should.
- Eric Whitley: We agree with Andy. We hear a lot of ideas and they are really positive, but in the end it comes back to code commits and code contributions. We would like to have popHealth continue to connect with cypress, and the vision ONC has for CQMs. It's going to be important to grow and be agile to move with what the industry is doing. In the near future to be able to build a measure is going to be really important as well. In the end, making commits to the code is really what's going to keep this alive. If ONC is willing to act as a stakeholder to make sure they don't veer off course in relation to the overall plan to measure CQMs that will be really important. We have spent a ton of money on the open source aspect, and want to see this continue, but need to know how CQMs are going to develop which is going to be critical.
- Kevin Larsen: ONC has a long history of commitment to open source CMS and ONC shares the goal that measurement and health IT are tools for providers to transform care. We working hard to make sure that the tools minimize cost investment in things that don't add value. We also have a long term commitment with Mitre, who has a contract with CMS on the Cypress tool, so they are committed to supporting it.
- Dr Bush: One of the biggest advantages of ONC's involvement is quantifying the CQMs that every CEHRT has to calculate and bring agreement on how the measures are calculated. The group shouldn't come up with quality metrics, but should work with those developed by ONC.
- Scott: How should the role as a member be defined?
- Andy: Code contribution should not be the only path to membership. We don't want to exclude other useful deliverables to the community. Although we believe the deliverables should be tangible. We have seen a lot of activity on the listservs with some members helping others. popHealth Helpers that can provide feedback but not necessarily code should have a seat at the table. Those that issue bug reports with great descriptions on how to create an issue are valuable as well. There are many ways for people to participate in

open source communities, but it should be tangible and measurable. Also have we decided that we want two separate groups: operational/governance and technical. Any group should have a bar for tangible/measurable bar for participation

- Scott: Is that voting or contributing?
- Andy: Anyone should be able to come in off the street and participate. Crux of the issue is what gets accepted. We would hope participation would be as open as possible. When code is committed or direction chosen, those folks who make the decisions should have made a tangible contribution to the project.
- Jeff: We are glad that the bar isn't just sharing code. We are in a position to contribute in-kind using 90/10 and have additional resources they could provide to partner up with other stakeholders and do development. We would hope that this would count towards consideration for membership.
- Jackie: We do have code that we plan to contribute once the governance structure is in place. We want to figure out that directionally, they are all going in the same direction. If everyone is developing code for separate use cases, how do they get contributed back and work together
- Scott: How do you make sure the branch doesn't get too far from the trunk and follows the roadmap?
- Andy: We haven't seen a ton of roadmap planning in open source. It so far been about how do you decide to accept something or not depending on if the code is diverging too far from true purpose. Part of the question is how to setup the group. Someone might say their doing something or developing something, but there's no legal contract in place that forces them to actually follow through. It's healthier when the group runs that decisions when the code shows up at the door, because you can conflict changes rather than having groups saying they are working on something but never contributing it. In his experience rarely are efforts duplicated.
- Mark Silverberg: Really interested in finding out what needs to be done for the community and figuring how what they can do on development and contribute back. Most of our open source experience has had a consumer facing front that's valuable to the developers. This product is more company, employer, provider facing which is harder to get developers motivated to contribute to for free. Putting bounties out there may help to get the community involved in development.
- Scott: Is there a services opportunity that's compelling that would drive you to contribute to the code?
- Mark Silverberg: This is exactly what we're trying to figure out. Some states have internal capabilities, some might want to engage them if they become proficient, but doing a cost benefit analysis on whether this is worth it. We want to know if people on the phone are looking for someone to do this for them.
- Scott: What motivates participation by a for-profit company to develop the code base?
- Dr Bush: Are we sure we have all of the appropriate people and entities in this discussion? Medicaid counterparts have been interested, but we may need to make sure we have all of

the right stakeholders who are driving this. Should we do more outreach to them to get them to participate? Also the perspectives of private companies and Medicaid are different.

- Mark Silverberg: It might be a chicken and the egg, what comes first users or developers. We don't see how popHealth could move too much in another direction. Health IT has a high barrier to entry, so not sure that this will run like other open source tools. Marketing would need to focus on users and developers.
- Kevin: HHS is committed to supporting measurement of improved quality for healthcare. It's easier for HHS to enforce and point to a free open source product than a single company/entity.
- Marie Barhams: We are building population health management tools that they can integrate into the EHR. We see popHealth as a way to incorporate the CQMs and report out on them. We want to make sure providers have the ability to report on the measures, but also want to be able to create own quality measures. We are interested in contributing technically. We want to develop an evidence based solution, and if popHealth can do that, they want to use it.
- John: The development model for popHealth will be a bit different than other open source tools. The users/developers will have funding to build parts of this, this is complicated because there are private sector entities who want to use this, but have public sector entities and need to figure out the best way for them to play together.
- Dr Bush: Medicaid medical director's network that meets once a year. We have gotten a lot of questions from Minnesota, Pennsylvania, and Washington that are interested in knowing how WY is proceeding. We are thinking of putting together presentation for the MMIS conference. And the National Association of Medicaid Medical Directors would be a good place to present it too.
- Addy: Engaging various agencies in this conversation is part of the transition plan. Having them involved will help to market to a wider audience and may help with funding.
- Scott: Medicaid directors need to know that this is a valid tool for CQM reporting. This could motivate for-profit companies to participate and develop services that run off of popHealth.
- Jackie: We think depts. of public health will also be interested around a number of initiatives that are federally grant funded. The tool either to report the quality measures, or see where there are deficiencies in certain populations. There are already some of the folks who are currently doing this under grant funding. There are folks who are interested in doing for-profit services as part of their sustainability, that are already in the group and are REC/HIE/Beacon, etc.
- Dr Bush: Public health agencies are integrated in WY and have been sharing the info and are very interested.
- Addy presented the technical development plan based on the environmental scan
- Tony Fernandez: We would be interested in being considered on the user list and can make contributions to the community as needed. There is a special need on the island for Medicare Advantage plans for CMS reporting for quality measures. The payers could potentially use popHealth to submit their quality scores to CMS.

- Jeff: NQF and ONC met to talk about future of CQMs. Some of the future CQMs discussed were very interesting, particularly from patient perspective. Number of falls, avoidable readmissions, drug/drug interactions, notification of high-risk patients all could be potential quality measures. These are interesting and futuristic, wondering if anyone is interested in working on some of those and may have some resources.
- Tony Fernandez: We consider these not to be futuristic and would like to partner to add support for these.
- Maria: We would be interested in working, especially in terms of drug-drug, proactively notifying clinicians. Is Cyprus is doing this already?
- Kevin: Quality Measures are in Cyprus tool and we shouldn't expect that the 64 measures in the tool are all that will ever be there. The goal is to develop popHealth around the measure contents themselves.
- Andy: I am not sure what did the capability to build the measure entail? The popHealth architecture tool will accept the measures that are provided in appropriate format.
- Jackie: We were envisioning a drag and drop tool where a non-programmer can put together the measure that can then be used in the popHealth tool.
- Eric: How did we get the bundles that were accepted into popHealth now? I wouldn't think that the drag/drop tool would be in popHealth, but outside of it as a service. And there are tools for doing that already available. Mitre has tools that take a codified measure into the code language. There is something that exports HQMF and pulls it to popHealth and pulls down the value sets with the bundle that contains the value sets and JSON framing necessary to calculate the measure. Those bundles should be able to be imported into popHealth.
- Kevin: The Measure Authoring Tool was made for professional measure developers to build from scratch. It wasn't really built for the non-professional folks who want to do easy measures so the learning curve for that tool is high.
- Jackie: We might need some documents and training around the tool and second issue having everything certified.
- Eric: Northwestern is certified for the hospitals and almost done with the providers. Open question on having working code or a certified product. We trying to figure out how it works - trying to make the certified code available along with the certified product. We are also waiting on the trademark name. There are some concerns about having certified code that can't be changed, and how folks go about downloading that.
- Jackie: When things are contributed how do you not lose certification or can the certification be transferred to the update code.
- Andy: Multiple provider access has frequently comes up. This is where the tool is not very strong, but there is good ground available for development.
- Jackie: That functionality is already available and we are willing to commit back the code, but need to know which version and branch to commit it back to.

- Andy: There have been issues with the pull requests and comments have been provided for the pull request to fix those issues.
- Jeff: We have technology that displays quality metrics which providers are most interested in seeing. Michigan is funded to do this through September 2015, in terms of using popHealth; they're on QRDA Cat 3s and are looking to leverage what others have done on QRDA Cat 1s.
- Illinois: It is difficult for FQHCs to produce QRDA Cat 1 files, so they are working to develop an engine that will allow different imports into the popHealth database. We are working to have EHR neutral data feed to popHealth.
- Sandeep: Being able to do the analysis of the QRDA 1 files is important, but one challenge is the reporting period on popHealth. Grants require quarterly reporting, and it's hard to figure out how it uses the reporting period to calculate the measures.
- Jackie: They've done some work on the parameters of the measures and making it work.
- Illinois: There are some concerns about the data feed changes affecting certification. As per Kevin most likely not. In an open source community, there are continual changes to the code, part of the governance will probably need to be keeping the code certified, or telling users when they need to certify their piece of the code and feed it back.
- Kevin: Agrees, and this is where ONC can be a partner and help understand the implications for certification.
- Andy: There's a lot of interest on importing other data formats into popHealth. There are already a lot of components to help people along, and seems like a right path. Feedback for folks working on the backend would be how is this is being used in the field. I anticipate that patient data gets sent in QRDA files in one lump and gets calculated overnight.
- Jeff: We want to migrate towards a transaction/streaming version of popHealth as opposed to batch loading.
- Jackie: Depending on what EHRs can support, we will need a mix of ways to send the data. It could be Direct or through an HIE. EHR companies aren't ready to send transactions in real-time yet.
- Jeff: If provider is in the loop they will get the files sooner. We would like ONC to push vendors to do automatic pushes of QRDA files in real-time.
- Dr Bush: The timing depends on what you're using the data for, for their reporting, they want quarterly because they can fall off on measures from day to day.
- Andy: It would be good to have a discussion on frequency and may need to be different across use cases. It would be good if someone in the community could build a feed via Direct that could be helpful.
- Dr First: Use of HL7 interfaces has come up on how they share data with them and stream it back to the provider.
- Kevin: QRDA 2 files could be used in the future to meet halfway between the Cat 1s and Cat 3s.
- Jeff: We are very interested in the Cat 2 files since it gives you a patient list.

- Dr First: Payers want a provider scorecard that can be built on top of popHealth.
- Tony Fernandez: Does patient access fit in the roadmap for popHealth.
- Dr First: We are building a patient portal where the patient has access to their record in a contextual way.
- Wyoming: We have been meeting with payers to look at the total population of practices and will work on the same CQMs
- Joe Walker: In the HIE there is an analytics environment that we would like to load CCD data and access the results data or integrate with other analytics products. Question: is this an allowed use of individual patient data?
- Tony Fernandez: There is an opportunity for Clinical research and academic communities that want to look at health disparities to utilize popHealth.

Next steps

- ONC will create blog post about popHealth for the Buzz blog.
- Ai and ONC will continue one on one discussions to gain additional feedback.
- Ai and ONC will host at least 2 more stakeholder calls to ascertain the community's thoughts on governance. The next call will be scheduled for February, the week before HIMSS.