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Justin: So thank you very much for making time. I know your schedule is fully packed and you're wonderful and your team is wonderful, so thank you so much for taking the time to join us. So you've had some big announcements tonight; I haven't talked about much of them because I wanted you to announce them for the audience. So let's just go ahead and roll right in. Dr. Karen DeSalvo, ONC coordinator, but then also assistant secretary for Health and Human Services.

Dr. DeSalvo: Acting.

Justin: Acting. Yes, excellent. We're working on that too, part two, but excellent. So tell us about some of your announcements for the HiMSS this year.

Dr. DeSalvo: We have been working in the federal space to advance health IT as an important underpinning to better care, to precision medicine, so as part of that we said last year when we wrote the Interoperability Road Map and Partnership with the private sector, we would do some things. We would provide additional clarity on standards. We would push a payment environment that encouraged interoperability. But we also said that we shouldn't do that alone, that we really wanted to deal with the private sector. And so we spent the last few months since the release of the Road Map pulling together the vendor and developer community, the providers - especially major providers that deliver service in 46 states - and the vendors that represent 90% of the inpatient market, and many others in the outpatient space, and said, "Would you all commit to a future of an open, connected health system, one where consumers would have access to their electronic health information and be able to share it when and where it matters?" Secondly, that we would all agree we would not engage in blocking and that data would flow on behalf of the patients, and third, that we would move to a shared language, federally recognized, national standards, and not just basic standards but those also that include important privacy and security expectations and business practices.

So we asked for people to make a public pledge to those three commitments, and they did. They came in, as I said, at 90% of those EHR vendors that are supporting the inpatient market in this country, we have about half that are representing the outpatient market, five biggest health systems but dozens of health systems, and the American Hospital Association, the American Medical Association, American College of Physicians, American Academy of Family Practice; I could go on but I think what I'd rather people do is go to healthit.gov/commitments, take a look at who has publicly signed on to the pledge and look at what they've said they will do to help manifest this future world where not just systems are connected. We want it to be a place where data is free and the data is interoperable, a place where we're really getting

granular about those important aspects of a patient's or a person's health that tell their story, and can tell it not just in that one moment of care but across their lifespan.

Justin: Now that's fantastic. And I saw the pledge this morning and I did share it out, and actually all the companies the board I work with have made the pledge already and they're already posted up there, so...

Dr. DeSalvo: Well, I thank you so much for that. It's a moment in the market when...we put out our strategic plan federally about a year ago as a draft, and then put it out formally in the fall and said, "This is a time for us to move from the electronic health record at the center to the person at the center, and data to support better health care and better health," and we're going to use all of our levers. Meaningful use, but beyond that to see that we can advance it. We really want to meet not only the person in the center, that person we're here to serve, but the private sector's got to help us do that because they can make choices about advancing APIs well before the 2018 rule kicks in.

Justin: So what are your three goals for this conference? What are your three main things that you're going to focus on?

Dr. DeSalvo: Well, I think in the first place we want to make sure that the Office of the National Coordinator is present, that we are here to learn and there's so much innovation and excitement at this meeting, and it's a chance for us to get out of our usual space of what we're looking at and really think about what's coming because the policy and technology world that we need to support is evolving quickly, it's a broader array of health IT and it's just, I think, a chance for us to make sure we're staying connected.

Secondly, it's really important for me as a leader at HHS to demonstrate that all of HHS, through the secretary, is working in concert, that this is not an isolated IT agenda; that our IT agenda at HHS and across the federal government is one that is working in concert to enable better health for everyone in this country. And so, for example, this evening at 5:30 I'll be doing a session with my partner and friend, Andy Slavitt, who runs the Center for Medicare and Medicaid Services, someone I get to work with all the time to think about how we're going to build better business case for health IT beyond what we have already built. So that's number two.

I think number three is really just to make sure that we're reiterating the message and making sure that we're seeing where it's being acted upon of open data, of fire-based APIs, of opportunities for consumers and other really important parts of the health ecosystem, docs, nurses and others to have access

to usable data that's actionable, and make it such that the system is going to move out of what is an adolescent phase and help IT systems to make sure that they're presenting data in a way that makes sense. I heard your previous person talking about how that can be frustrating sometimes because it's not easy to visualize information and you're busy; nurses are super busy in the clinical environment just like docs are, and we all are in our everyday lives, so we want to make sure we're pushing that agenda about, this is the...not system interoperability only. This is also about data interoperability.

Justin: So I love, and I don't want to lead the witness here, but holding people accountable and accountability, and so what the show - for the first three and a half hours today - has been around actionable intelligence and best practices and just making sure people deliver. What best practice would you offer to care providers, health systems, hospitals to them? What would you offer them? Say, "In 2016, here are a couple of best practices or things that I would recommend you look into 2016, 2017." What would you say to that?

Dr. DeSalvo: Well I'm going to get back to what we've also announced this week because we talked about the pledges that the secretary announced last evening; we're building upon that with an action agenda that will include a set of challenge grants that we made public this morning. These are an opportunity for the entrepreneurs and innovators out there to work with electronic health record companies and providers to create fire-based apps that are going to unlock data and present it to consumers and one of the challenges to providers...

Justin: That's using fire, you said?

Dr. DeSalvo: I'm sorry, fire-based apps.

Justin: That's fantastic.

Dr. DeSalvo: One for consumers, one challenge set for clinicians, and then a challenge that is to create a discovery site - call it a fire cloud if you will - a place where you can go look for these apps. We know that these are being generated but we want to further catalyze the development, specifically of platform-neutral or platform-agnostic, fire-based apps. So the best practice world I want to see is one where these kind of ideas - apps like that made by Energy for the rheumatologists that was showcased recently - that can fit on top of any platform because it's a way that we can unlock that data and present it in a way using an app that is clinically relevant - in that case for rheumatologists - but there are so many other ways that it can be done to present it to clinicians. So I think what I'm trying to say is, we want to catalyze the market to use fire, to use apps, to leverage APIs to do that sooner than we're expecting in our rule,

and the meaningful stage three rule in the 2015 cert, and help us understand how that creates a pull for the data. Pushing is only going to get us so far. I think there's got to be a point at where it's so easy to access usable information that's actionable but there's going to be a lot of pull and that's going to really help to advance the marketplace.

Justin: Yeah, I participated in the White House summit a couple of years ago on consumer access and push was easy, and pulling is really what we want people to be able to pull that information into their different systems and so forth.

Dr. DeSalvo: We've had this real success on the demand side of the equation in the last six years. We've tripled the adoption, means there's a lot of digital information. Just take the hospital space where there's essentially a digital footprint for everybody. Now we have to work on the demand side. And there's a lot of demand for Big Data; we just had a White House event last week where the President himself talked about the need for interoperability to support precision medicine, and he talked about the need for us to step down, put down our shields around blocking, right? To get data out of silos and give consumers access to their information. All of this is really also about creating demand in the research agenda so that there's another opportunity to pull our Sync For Science grants that ONC and NIH announced at that event are similar to these other kinds of challenge grants that I described. We want people to use a technology; we're encouraging fire-based apps that sit on API that allow consumers to pull their data from their electronic health record and share with precision medicine scientists.

Justin: That's fantastic, and there's been a lot of fire support on this panel today. We started off with Halamka this morning, we had Farzad, Aneesh came on, and so everybody spoke about fire and the need to accelerate, and even an argonaut project and how to engage, but for everybody not just for a select few.

Dr. DeSalvo: And you worry too much about settling on a technology. The high curbs have stayed pretty high for fire and I think that team of the argonauts has done a great job. I think the general policy motion that we're trying to take - without over-prescribing a type of technology - is a policy world in which data is free, and we recognize that it is telling a story about a consumer, about communities, about the public's health, and so it needs to be more readily available. It also, though, requires us to all get on the same language and use the same set of standards because early in this journey of health IT we let a thousand flowers bloom, and really we've got to move to a time where we're going to agree on some common standards and we propose them as a common clinical data set, though I think that the private sector can really help pull that

forward more quickly and innovate just as they're getting more specific on the standards.

Justin: Fantastic. So one thing in closing here, I do a lot of public speaking and I'm always concerned when I bring up MACRA that so many care providers don't know what it is, haven't researched it, and so I begin to discuss it with them. But is there anything you can say regarding MACRA and just when we should see some rules? Is it summer, is it spring, summer, and we should see something coming soon - and obviously this is how a significant proportion of our health care system is being paid, either off of MIPS or Alternative Payment Models - anything you want to say to that because I just love to educate around MACRA?

Dr. DeSalvo: Well,3 I'm really glad that you raised it, because in the universe of things that are going to really change our world - let me say it that way - as a doctor I can tell you, looking at that law and the rule-making and other activities we have out of it, it's got the opportunity to help us move to a value-based payment system but it also has the opportunity, I think, to be missed and there's some complexity in that I think is important for physicians, in particular, to understand since it's directed to them. I usually try to start by saying it's the SGR fix because a lot of us know about the doc fix, and it came through as a way that we could move folks into alternative or value-based payment models, some of which we still have to create, and then...or that this incentive payment structure, this MIPS, built into both streams - Alternative Payment Models and MIPS - is the use of certified technology.

So there will always be an underpinning but our opportunity with this law and enacting it at HHS, or regulating around it, is to get to a place where payment models for docs are more flexible than they were under meaningful use, and be able to focus more on interoperability and on data flow and movement, and titrate our regulatory expectations and really emphasize more on outcomes. Congress set out a timeline for us to get requests for information and to put out rules so we are still on track to meet those expectations. The request for information was already out and we have been taking in that data. We are planning later this spring to have rule-making around MIPS and trying to make sure that we meet all of those expectations. I'm glad that you raise it with docs also because it's really worth paying attention to.

I do want to make certain that we underscore MIPS and the SGR fix bill and the MACRA legislation did not affect meaningful use for hospitals or for Medicaid providers that are in meaningful use, so we still have that challenge ahead of us to think about; making sure that meaningful use, successful as it was in the early days is now going to be a part of this next chapter of really rewarding

outcomes and better care using health technology instead of an early focus, which was rewarding technology.

Justin: Fantastic, excellent. Dr. DeSalvo, thank you very much for joining me on air. I appreciate it, and hopefully we'll see you soon.

Dr. DeSalvo: Thank you very much. It was great to be here.

Justin: Thank you.