

# Health IT Safety Center Road Map Task Force

## Task Force Meeting #4

Date: April 27, 2015

### Attendance

Task Force Member	Status
Terry Fairbanks, MD, MS Director, National Center for Human Factors in Healthcare and MedStar SiTEL, MedStar Health	Absent
Peggy Binzer Executive Director, Alliance for Quality Improvement and Patient Safety	Present
Richard Landen, MBA, MPH QuadraMed, Director of Regulatory Affairs Representing the Healthcare Information and Management Systems Society (HIMSS) Electronic Health Record (EHR) Association	Present
Ronni Solomon, JD Executive Vice President and General Counsel, ECRI Institute	Present
Dean F. Sittig, PhD School of Biomedical Informatics, University of Texas Health Science Center	Present
Tejal Gandhi, MD, MPH National Patient Safety Foundation	Present
Rebecca P. Snead, BSPHarm National Alliance of State Pharmacy Associations, Alliance for Patient Medication Safety	Present
Steven Stack, MD President-elect, American Medical Association	Present
Diane Jones, JD American Hospital Association	Present
David Classen, MD CMIO, Pascal Metrics; Associate Professor of Medicine, University of Utah	Present
Gerard M. Castro, PhD, MPH Project Director, Patient Safety Initiatives; Office of Patient Safety, The Joint Commission	Present
Luke Sato, MD Senior Vice President and Chief Medical Officer, CRICO/Risk Management Foundation	Present
Susan McBride, PhD, RN-BC, CPHIMS Professor, Texas Tech University Health Sciences Center, School of Nursing	Present
Shafiq Rab, MD Hackensack University Medical Center Representing College of Healthcare Information Management Executives (CHIME)	Present
Eugene Heslin, MD Bridge Street Medical Group	Present
Stephanie Zaremba, JD athenahealth	Present
Missy Danforth Senior Director, Hospital Ratings, The Leapfrog Group	Absent
Michael Cohen, MD Professor, Department of Pathology, University of Utah	Present
Emily Barey RN, MSN (Alt: Jim Russell) Director of Nursing Informatics, EPIC	Absent

Task Force Member	Status
David B. Troxel, MD Medical Director and Secretary, Board of Governors, The Doctors Company	Present
Martha Donovan Hayward Institute for Healthcare Improvement, Public and Patient Engagement	Present
Marilyn Neder Flack Executive Director, Association for the Advancement of Medical Instrumentation (AAMI) Foundation; Senior Vice President, Patient Safety Initiatives	Absent
Bakul Patel, MSEE, MBA Associate Director for Digital Health (Acting), Center for Devices and Radiological Health, Food and Drug Administration (FDA)	Absent
Andrew Gettinger, MD Office of Clinical Quality and Safety, Office of the National Coordinator for Health Information Technology (ONC)	Present
Amy Helwig, MD, MS Deputy Director, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality (AHRQ)	Present
Ben Bartolome (Alt: Yahya Shaikh, MD, MPH) Special Counsel, Office of General Counsel, Federal Communications Commission	Present
Minet Javellana Center for Clinical Standards & Quality, Centers for Medicare & Medicaid Services (CMS)	Present
Project Staff RTI: Stephanie Rizk, Doug Johnston, Colene Byrne, Dawn McIntyre, Jonathan Wald, Linda Dimitropoulos, Shellery Ebron ONC: Kathy Kenyon	Present

## Topics

### Welcome and Review

Doug Johnston, RTI project director, began the meeting with the roll call, and a review of project objectives and timeline. This final meeting of the Task Force (TF) was intended to garner feedback on the rough draft of the road map, which was distributed to members the week of 4/20. Inputs provided during this meeting can be supplemented with written comments on the draft submitted to Stephanie Rizk by 5/1. The final draft of the road map is due to be delivered to ONC on 5/15/15.

### Roadmap Draft: Overview

Doug Johnston provided an overview of various sections of the road map, followed by a question and comment period.

#### Sections 1-4

Sections 1 through 4 of the draft road map focus on the Center’s background, attributes, and objectives and describe the core functions that have been proposed for the Center to execute. Feedback was generally positive; TF members reported that it was well written and reflected the input provided throughout the process.

Most of the discussion focused on a proposal from RTI to more clearly define the functions of the Center to better align with the proposed operational model. RTI proposed that the five core functions identified in the draft be collapsed to three—convene, research, and disseminate—which corresponds to staffing in the operational model that would support Center focus areas and activities. Most TF members were in favor of more clearly aligning functional areas with the operational model. RTI assured TF members they would have a

chance to review and comment on the revision to ensure all activities were appropriately mapped into the three functional areas before the road map was finalized.

One TF member noted that the Center's focus on providing solutions to identified issues was missing from the description of core functions. RTI will consider this feedback in reorganizing and possibly renaming the functional areas to reflect the proposed Center's focus on identifying solutions.

### *Sections 5-7*

Sections 5-7 of the draft road map focus on operations, funding, and considerations. Updates to both the operations and funding models were reviewed.

As requested in the ONC contract, RTI's funding model provides an overview of staffing and budget needed to fund the Center at an optimal level (100%) and also to describe what functions could be supported if funding was only available at 75%, 50%, or 25% of the optimal level. The proposed Center funding model focuses on supporting the full range of Center activities, including convening, research, solutions development, and dissemination. The inputs provided by the TF indicated that because many organizations are already engaged in these activities, the Center's most essential function should be to pull these disparate stakeholders together (i.e., convene) to identify and share preexisting solutions. Providing research and tool development that can help fill gaps in knowledge once identified is also important, but current work must first be aggregated.

TF members agreed that the 25% of optimal funding level could only support very limited Center activities that in turn would have no measureable impact on health IT safety. Many members supported the idea that the 25% level, if it must be included in the road map at all, should be clearly described as providing very little value. In general, TF members supported funding and staffing at the 100% optimal level.

### *Wrap-Up*

The meeting was adjourned with a reminder to submit written edits/comments on the draft by Friday 5/1, and a profound appreciation for the time and dedication each TF member provided over the 4-month process. In response to an inquiry regarding the timeline for release after submission to ONC, RTI noted that the process would end with submission of the road map, and that ONC would be responsible for determining next steps at that time.