AHRQ evidence-based Care Transformation Support

(ACTS) Initiative

January 30, 2019

- Thanks everyone for joining us on this call to kick off the AHRQ evidence-based Care Transformation Support (or ACTS) initiative. Once again, we're very excited about our opportunity to improve care delivery and outcomes together.
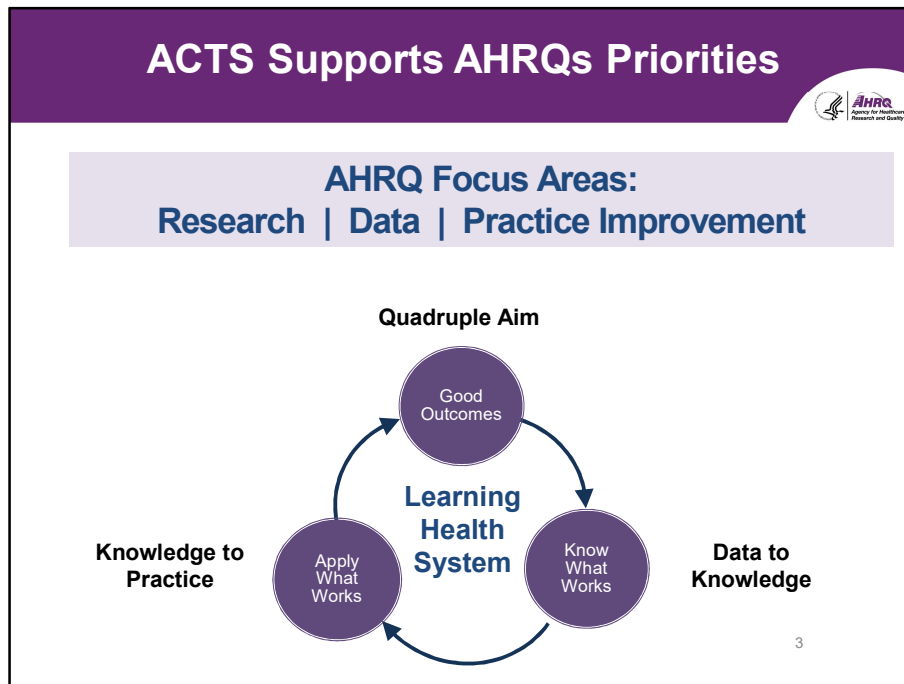
Kick-Off Agenda/Goals

- Build understanding / excitement for project
- Begin shared understanding of care transformation landscape
  - ▶ Goals
  - ▶ Activities
  - ▶ Future state and path to get there
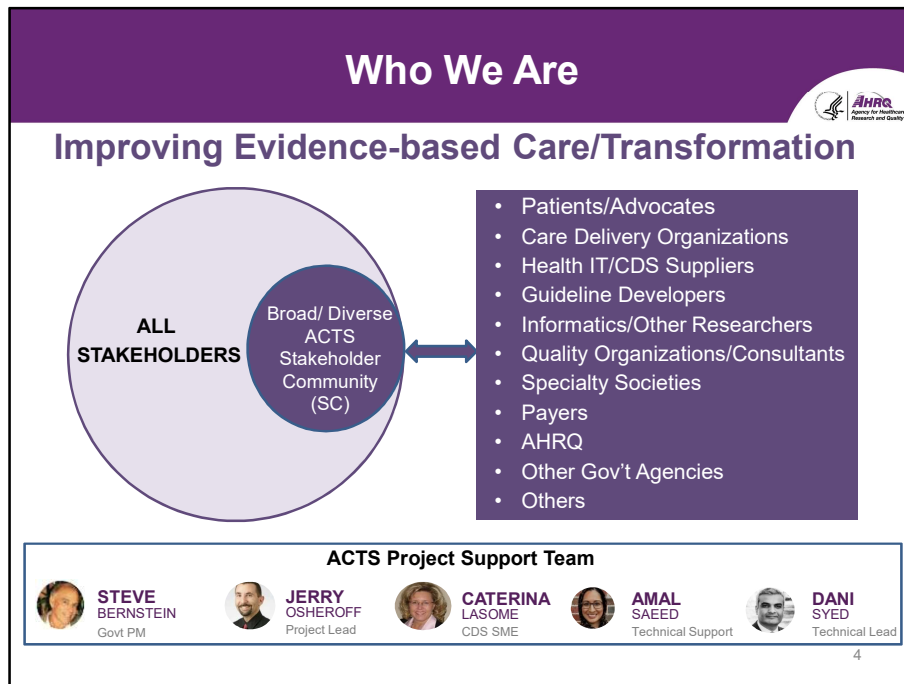- Define next steps to mutual value

- Our primary goal for today is to start building a shared understanding of how we can do that, and get you as excited about this collaboration as we are!

- We're all working on transforming care. If we're going to make this happen faster by working together, we need to understand what we're all trying to accomplish, what we're doing to get there, and how our separate actions could fit together better in realizing our shared goals.

- During this kick-off we'll lay out preliminary frameworks for fleshing out a shared desire future state, and steps we can take together to get there. By the end of the call we hope everyone has a sense of how the work we've outlined can help each of you and your organizations with mission-critical needs – since AHRQ's goals depend on that.

- As a reminder, please use the chat function to raise any questions or comments during this call. We might not be able to address them all today, but will get to them after the call at the latest.

ACTS Supports AHRQs Priorities

AHRQ Focus Areas:
Research | Data | Practice Improvement

Quadruple Aim

Good Outcomes

Learning Health System

Knowledge to Practice

Apply What Works

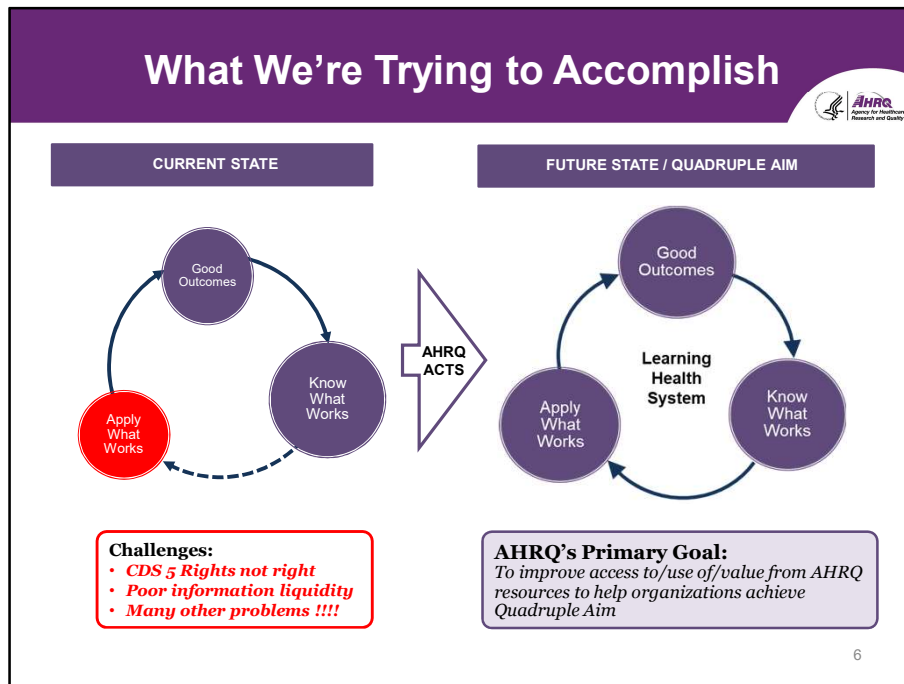Know What Works

Data to Knowledge

- As Steve mentioned, ACTS is an important initiative for addressing AHRQ's goal of supporting better care processes and outcomes and its 3 agency focus areas for doing that: research, data, and practice improvement.

- This diagram shows how these focus areas together support a learning health system. For example by funding and synthesizing research evidence about what works in healthcare, providing proven strategies and tools for applying information to improve practice, and providing data about care results to close the continuous improvement loop.

- As taxpayers, we provide AHRQ with hundreds of millions of dollars each year to support this virtuous cycle. AHRQ would like to provide a much higher return on this investment, and ACTS will produce a roadmap and concept demonstration for increasing this ROI.

Who We Are

Improving Evidence-based Care/Transformation

ALL STAKEHOLDERS

Broad/ Diverse ACTS Stakeholder Community (SC)

- Patients/Advocates
- Care Delivery Organizations
- Health IT/CDS Suppliers
- Guideline Developers
- Informatics/Other Researchers
- Quality Organizations/Consultants
- Specialty Societies
- Payers
- AHRQ
- Other Gov't Agencies
- Others

ACTS Project Support Team

STEVE BERNSTEIN	JERRY OSHEROFF	CATERINA LASOME	AMAL SAEED	DANI SYED
Govt PM	Project Lead	CDS SME	Technical Support	Technical Lead

- So the goal for AHRQ, for ACTS, and presumably for all of you is to improve evidence based care, and care transformation. Many different stakeholders have to work differently and collaborate better to achieve this goal. We've convened the ACTS Stakeholder Community to richly represent and bring together these stakeholder groups. For example, those who receive and provide care, and the complex ecosystem that supports these activities. All these voices are important in the Stakeholder Community work and in our deliverables.

- Here are smiling faces of the Project Team Steve mentioned – him and his 4 contractors – Dani, Amal, Cat and me.

Who We Are Specifically
(n = 98* as of 1/28/19)

AHRQ — Agency for Healthcare Research and Quality

Care Delivery Organizations (29)		Quality Organizations/ Consultants (14)	HIT/CDS Suppliers (11)	Other Govt Agencies (14)
• Adventist Healthcare • ASU • Children's Hospital of Atlanta • Children's Hospital of Phila. • DoD • George Washington University • HealthPartners • Inova Health System • Intermountain Healthcare (3) • Kaiser Permanente • Kittitas Valley Healthcare • Lehigh Valley Health Network	• Mayo Clinic • Peninsula Regional Medical Center • Rutgers/Robert Wood Johnson • Texas Health Resources • Vanderbilt University Medical Center (3) • Virginia Mason Med Center • UCSF Medicine • University of Chicago (2) • University of Utah • University of Washington • VA (2)	• Deloitte • IPRO (2) • KLAS • Klesis Healthcare • Mathematica • MITRE • NACHC • NCQA • RTI (5)	• Apervita • Cerner • EBSCO • EHRA/Allscripts • Epic • Health Catalyst • Intersystems • Meditech • Microsoft • Optum • Wolters Kluwer	• CDC (4) • CMS (4) • (DoD) • HRSA (2) • Idaho Dept of Health & Welfare • NLM • NIH • ONC • (VA)

Informatics/ Researchers (4)	Specialty Societies (3)	Patient Advocates (1)	Guideline Developers	AHRQ (22)	Payers
• Duke University • Idaho State University • Indiana University • University of Arizona • (Vanderbilt University)	• AAP • ACEP • AMA	• Health-Hats	• (AAP) • (CDC)	• Center for Evidence & Practice Improvement (16) • Center for Financing, Access and Cost Trends (1) • Office of Management Services (1) • ACTS Project Team (4)	• (CMS)

*Names in parentheses are counted elsewhere; numbers in parentheses are individuals

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- This slide is a snapshot of the stakeholder groups and specific organizations that we've engaged in launching ACTS. The categorization is a rough first pass.

- The point is that there are already around 100 people from organizations that play important roles in care delivery and transformation that are interested in working together under this initiative.

- We hope to further build on this great power and breadth as ACTS unfolds.

What We're Trying to Accomplish

CURRENT STATE

FUTURE STATE / QUADRUPLE AIM

Good Outcomes

Know What Works

Apply What Works

AHRQ ACTS

Good Outcomes

Learning Health System

Apply What Works

Know What Works

Challenges:
- *CDS 5 Rights not right*
- *Poor information liquidity*
- *Many other problems !!!!*

AHRQ's Primary Goal:
To improve access to/use of/value from AHRQ resources to help organizations achieve Quadruple Aim

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- So lets dig deeper into what exactly we're trying to accomplish.

- The key problem is that we're far from achieving the virtuous Learning Health System cycle we showed earlier. We know a lot about what works in healthcare, but don't do nearly as well as we could in applying it to care for individuals and populations. A major reason for this is that we often don't get the right information to right people in the right ways to support effective decisions and actions. A lot of people, process and technology challenges get in the way.

- Through AHRQ, we all invest heavily in research, data and tools that should be doing much more to make patients healthier, make care delivery more rewarding for patients and care teams, and ensure better use of limited resources. That is, AHRQ offerings should be helping us get much closer to this so-called Quadruple Aim than we are now.

- We believe some of the obstacles to better value from AHRQ offerings include suboptimal ways that potential users identify and access these resources, and integrate them into their workflow. We'll work with this Stakeholder Community to better understand the barriers to applying what we know works, the transformed future state that care delivery stakeholders are working toward, and what they're doing to get there.

- This analysis will provide the context for defining specific ways that AHRQ – and other stakeholders - can more effectively ensure that knowledge about what works in healthcare is applied successfully and results in better outcomes than we have today.

What We'll Do to Get There

Define AHRQ's role in delivering future state...

- Engage Stakeholder Community
- Define Current State (Needs, Activities, Challenges)
- Develop Consensus Future State Vision
- Foster Concept Demos (AHRQ/Others)
- Develop AHRQ Implementation Roadmap (Others)
- Implement / Evaluate / Optimize

QUADRUPLE AIM ACHIEVED

Better Outcomes — Improved Clinician Experience — Improved Patient Experience — Lower Costs

...**and** also drive broader progress for *YOU*

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- This slide outlines our workplan through this October. It shows how we'll accelerate care transformation through better application of AHRQ assets and by also enhancing other great work now underway in all of your organizations

- The foundational step is building this collaboration with you – the ACTS Stakeholder Community. Since you are all current or potential AHRQ customers or partners, you play a critical role in charting the path for how AHRQ's offerings can serve you better. A key byproduct of this collaborative work is surfacing ways all the stakeholders can work together better to achieve shared goals.

- A consensus model for how AHRQ's clinical evidence, guidance and other resources could support care transformation must account for a complex and evolving information ecosystem that's driving care processes and outcomes improvement. Every one of you and your organizations has a huge stake and in transforming healthcare, and you're doing a lot to make this transformation happen.

- A key initial ACTS deliverable is synthesizing an overview of our collective current state. To do this we must understand what are the needs for evidence-informed tools to support care? How are these needs currently addressed? How does AHRQ's asset portfolio align with these needs? How do AHRQ assets fit in the context of other related offerings? What are the opportunities to meet the needs better through AHRQ assets and beyond?

- We also need to document the future state everyone is collectively pushing toward. This means understanding what a more desirable state looks like for meeting the information needs of patients, care teams and everyone who supports their interactions. And what is the role for resources from AHRQ and other sources in meeting those needs, and how are these assets best deployed and used?

- We'll apply the insights from this analysis to identify one or more use cases for AHRQ offerings, and design and execute a concept demonstration of what an important part this future state might look like. We hope this work will enhance or stimulate similar demonstrations beyond AHRQ information within the Stakeholder Community.

- Based on the current and future state analysis and the concept demonstration, we'll synthesize a roadmap for how better delivery, uptake and implementation of AHRQ resources can drive progress toward the quadruple aim. Again, we hope the Stakeholder Community collaborations on these deliverables will help other stakeholders enhance their own care transformation roadmaps.

- To summarize, we'll define AHRQ's role in delivering a desired future state and begin taking steps in that direction, while at the same time.

- Also accelerating and enhancing the care transformation journey for each of you and your organizations.

How We'll Work Together

Synthesize current / future states; do pilots, roadmap
- ▶ Review/comment/discuss online documents
- ▶ Regular web-based collaboration calls
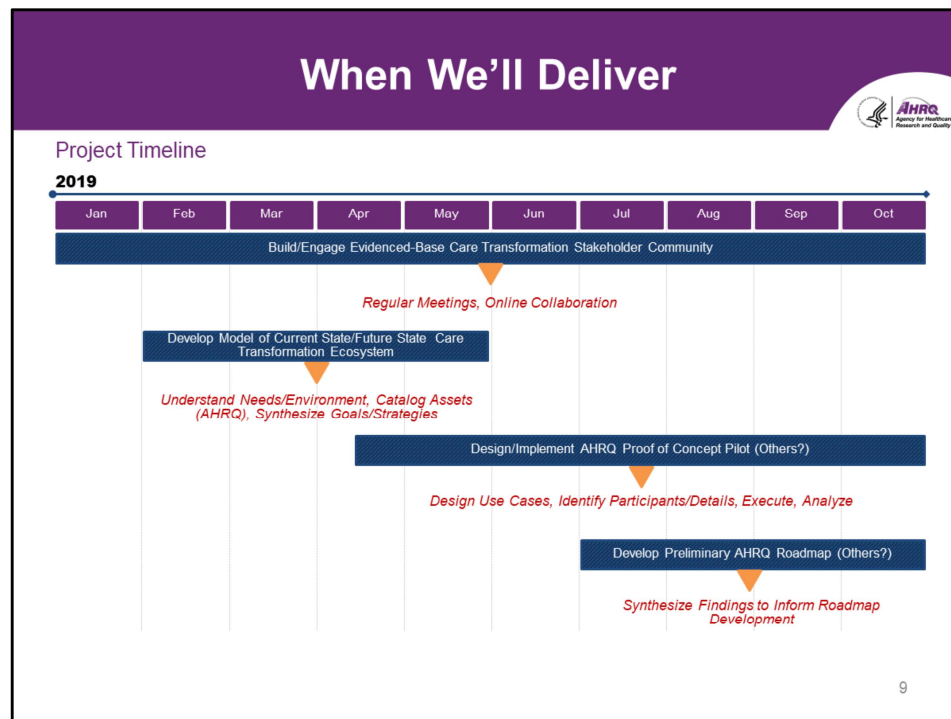- ▶ Opportunistic face-to-face meetings? (e.g., HIMSS)

Use Confluence site to underpin collaboration
- ▶ Schedule, Agenda, Minutes, Docs, Contacts
- ▶ Listserv/Discussion Board
- ▶ Shared work/discussion on documents

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- This work to synthesize the current and future state descriptions, and do concept demonstrations and roadmaps will be highly collaborative. The project team will develop draft frameworks, diagrams and documents – as we've started to do in these kick-off slides - and share them with the Stakeholder Community for feedback.

- One key channel for this collaboration will be regular meetings like this one. They'll be more interactive than this call, and we recognize that only a fraction of the Stakeholder Community members will be able to attend any give call.

- In addition to developing and refining the deliverables during the calls, we'll also gather input and feedback asynchronously between the calls.

- We could also meet in person opportunistically, for example at the upcoming HIMSS conference. We'll return to this possibility at the end of this call.

- We'll be using the online collaboration platform called Confluence for our asynchronous work together. We'll also use a Listserve for the project.

- Let me emphasize again – the project team will do the heavy lifting on creating the project deliverables. Our ask of the Stakeholder Community members is mainly to scan the materials we create and provide feedback and pointers to pertinent material we should consider. If most of the roughly 100 or so members we've engaged so far do that for an hour or so a month we should be able to fully deliver on our ambitious goals.

When We'll Deliver

AHRQ — Agency for Healthcare Research and Quality

Project Timeline

2019

| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct |

Build/Engage Evidenced-Base Care Transformation Stakeholder Community

Regular Meetings, Online Collaboration

Develop Model of Current State/Future State Care Transformation Ecosystem

Understand Needs/Environment, Catalog Assets (AHRQ), Synthesize Goals/Strategies

Design/Implement AHRQ Proof of Concept Pilot (Others?)

Design Use Cases, Identify Participants/Details, Execute, Analyze

Develop Preliminary AHRQ Roadmap (Others?)

Synthesize Findings to Inform Roadmap Development

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- Here's the timeline for what we're delivering between now and the end of October.

- As we've seen, interactions with this Stakeholder Community through regular meetings and online interactions will drive deliverable creation and vetting throughout the project.

- Our initial focus over the next few months will be documenting the current and desired future states – and activities to bridge the gap - for evidence-based care and care transformation. As those pictures come together around April, we'll begin defining use cases for highly desired AHRQ offerings and then plan and implement concept demonstrations for better delivery and use of these offerings.

- Building on the ecosystem analysis and the concept demonstration work, during the summer we'll begin crafting a roadmap for how AHRQ can more fully meet care transformation needs. Again, we hope these AHRQ-focused concept demonstration and roadmap deliverables will stimulate or enhance related demonstrations and roadmaps beyond AHRQ assets by other Stakeholder Community participants.

Check Point

✓Do you understand this project/goals/output

✓Do you understand your role?

✓Understand participation benefits for you:

  ► Leverage evidence resources from AHRQ/others better

  ► Broaden collaborations for care transformation

- Let's pause here to make sure everyone is getting a sense of what we're trying to do and how we're proposing to do it. And most importantly, why participating in this work is valuable for you and your organization. For example, by helping you leverage evidence-based resources from AHRQ and others better, and by enhancing your current care transformation collaborations and efforts.

- Please chat in any questions or comments you have about this, or if you want to speak, click the raise hand button to be added to the queue.

What the SC is Producing

Deliverables to Improve Evidence-based Care Delivery/Transformation:

Users? Needs? (use cases)
- Patients/care teams/QI teams/other

Addressing needs (current state)?
- Evidence/tools (from AHRQ/others)
- Delivery approach
- Successes/obstacles

Proof of concept/roadmap
- For AHRQ
- Foster for others

Improvement plans?
- E.g., around organizing/disseminating info to improve care/transformation

Desired future state?
- For AHRQ and others

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- In the next set of slides we'll dive into more detail about the deliverables we'll be creating. This slide is an overview of the key deliverable elements.

- The foundation for our work is understanding the key consumers of evidence-informed information and tools, what their needs are, and high priority use cases for how they consume needed materials.

- We need a picture of what's going on today to address these needs; for example, what tools are people using (from AHRQ and other sources), how is the information delivered to users, and what's working and what's problematic in these processes.

- Essentially all of us are working to improve healthcare information flow; we need to summarize the thrust of these efforts since they provide the momentum we can leverage to further accelerate progress toward transformation goals.

- And, of course, we also need to summarize those goals so we have a clear, shared picture of the desired future we're trying to achieve. We know that there's a lot of information in various places about these issues, and plan to fully leverage it, rather then re-inventing any wheels that already exist.

- This picture of the care transformation ecosystem will underpin the concept demonstration and roadmap for better use and value from AHRQ resources, and again, hopefully foster or enhance other roadmaps and demonstrations by Stakeholder Community members.

"Good Outcomes" – Quadruple Aim?

- What future state are you driving toward?

- Does Quadruple Aim cover it? (Chat response)
  - ▶ Efficient/effective care processes satisfy patients and care teams, make patients healthier, lower costs

- Anything else/different?

- We've assumed so far that the Quadruple Aim – that is, better health, patient and care team experience, and resource utilization - is the north star we're all driving toward. A first step in understanding goals is ensuring that this is true. It would be great if you could use the chat now to share whether this is your high level goal, or let us know if it's something different.

- We might be able discuss this later during this call, and in any case we'll use your input in our next crack at synthesizing shared goals.

Care Transformation Ecosystem:
Framework for Answers

What's happening now, what organizations are changing, and where they're trying to go with each circle and arrow?

Good Outcomes
Quadruple Aim?

Know What Works:
•Clinical evidence
•Clinical guideline
•Best practices
•Analytic results
•Others?

Apply What Works:
Workflow integrated tools support patient-centered decisions, actions, communication

PROBLEMS with Knowledge to Practice: Access/integration/display, trust/currency/value/relevance

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- On this and the next several slides are graphics that we can adapt into frameworks for fleshing out current and future state details. It may be that there are other, better frameworks we could use, and we welcome any input you have about this. The diagram on this slide uses the 'virtuous cycle' we presented earlier, has a few more details about 'know what works' resources, and highlights challenges related to the 'apply what works' step.

"Applying What Works" Framework

Evidence/Resources → Access/Delivery Channels → Consumers/Needs

Need to synthesize / understand / document current state, activities, future state
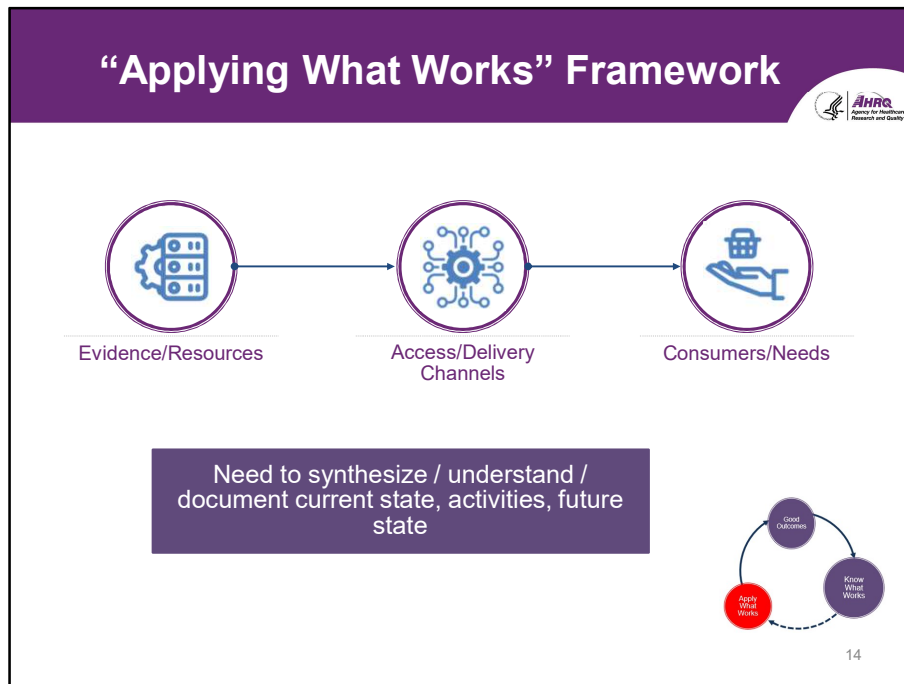
- The framework on this slide focuses on the 'apply what works' activity we're all currently having a lot of trouble with. It can be used to illustrate that there various information consumers with different needs, that these individuals use various channels to access needed information and tools, and that these channels draw on a many, many different resources.
- We need to address these 'what works' dimensions in all the deliverables we produce.

How Can AHRQ/All Support Care Delivery Better?

"CDS 5 Rights" Framework to Improve Care Processes/Outcomes

...at the right times
key decisions/actions

WHEN

...the right information
evidence-based, actionable

WHAT

...through the right channels
EHR/PHR, smartphones, smart home devices

WHERE

...to the right people
clinicians and patients

WHO

...in the right formats
Registry reports, documentation tools, data display, care plans

HOW

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- This slide presents the 'CDS 5 Rights" framework that's a widely recommended and used approach for improving care processes and outcomes. It extends the simpler 'apply what works' framework from the previous slide by adding additional information delivery dimensions and emphasizing that some configurations for each dimension will be more valuable in driving particular desired improvements.

Complex / Diverse Consumer Needs

- Patients
  - ► What should I know? What should I do?
- Care Teams/Clinicians
  - ► What are best actions for this patient?
- QI Teams
  - ► How can we change care to improve outcomes?
- Provider Organization Leaders
  - ► Where should we focus improvement efforts?
- Other Stakeholders
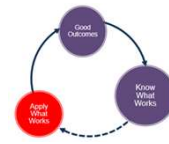
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- Clearly there's a complex and diverse universe of consumers for information and resources to optimize care. Patients (or people, more broadly) are the center of the entire healthcare enterprise so they're are a good starting point for sorting out the players and their needs. They have questions such as 'what should I know and do to optimize the aspects of my health I care about most?'

- Clinicians - and care teams more broadly - need support for applying what's known to help individual patients achieve their health-related goals.

- And so on, for additional onion layers of roles that support optimal care and outcomes.

Sample Current / Future Template
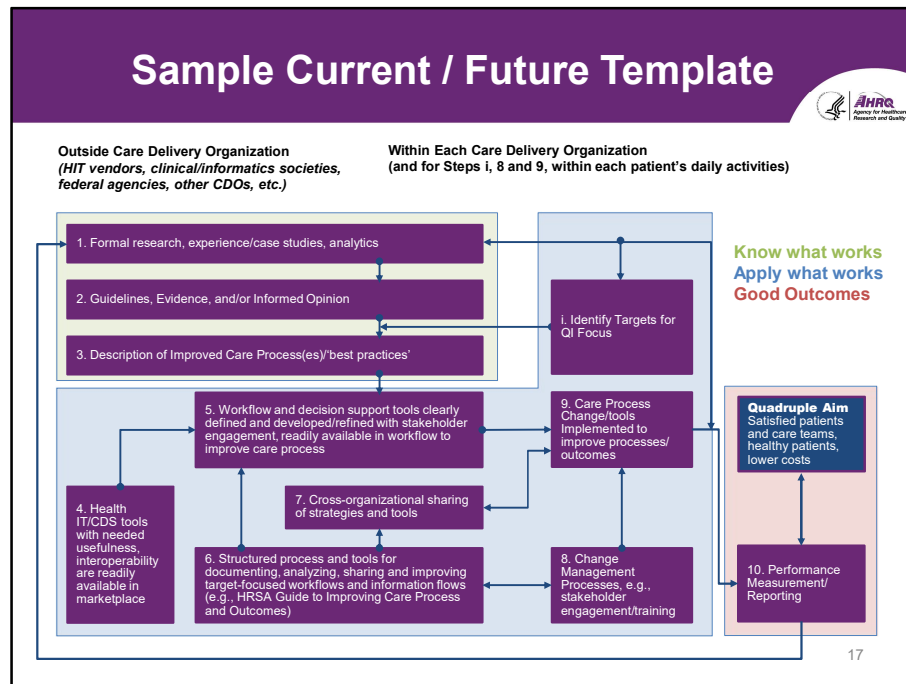
- This slide presents a much richer sample framework for outlining the current and future care transformation states. It presents more detailed steps and information flows within and across the Know What Works, Apply What Works, and Good Outcomes components of the Learning Health System virtuous cycle. It also illustrates steps that typically happen within and/or outside care delivery organizations – which could help with further sorting out the information users and needs at each step.

- In the coming weeks we'll refine or replace this framework, ideally leveraging related helpful frameworks already being used successfully.

- Speaking of which, if any frameworks for the care transformation current and future states jump to your mind, or if you have any pressing thoughts about what a helpful framework should look like, please enter them into the chat.

- This slide isn't meant to be read on the screen now, but it contains links to many of the resources in AHRQ's large portfolio of 'What Works' offerings.

- The important point to make here is that these AHRQ resources have been organized into the same steps outlined on the last slide. This sorting tees up a deeper dive into users and uses for these resources. Which in turn tees up explorations into how these resources can be organized, delivered, and implemented better to meet user needs more efficiently and effectively.
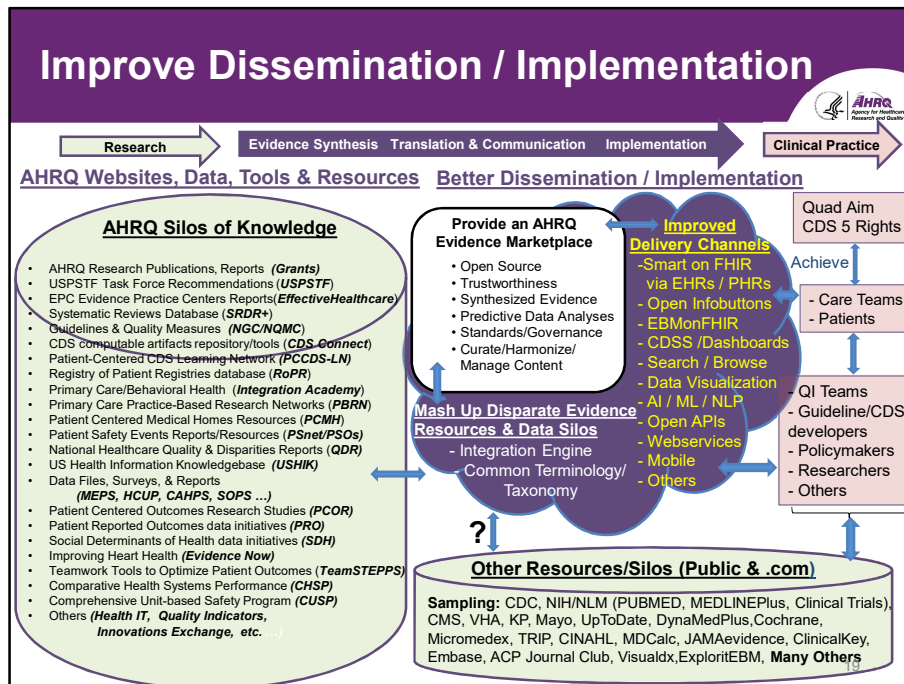
- This slide illustrates one way to look at how AHRQ could improve dissemination of its resources so they create more lift for evidence-informed care delivery and transformation.

- These arrows illustrate that AHRQ funds research, and supports evidence and data synthesis and dissemination. These assets are then implemented to support clinical practice.

- The large disc on the left outlines the rich portfolio of AHRQ offerings, and also that they are highly siloed right now. The disc at the bottom reinforces that there are many other related information sources that are widely used to address needs.

- This cloud illustrates current thinking about possible ways to better find, disseminate and support implementation of AHRQ resources – in the context of all the other options.

- A key element is providing an AHRQ "evidence marketplace' to serve up its vast offerings through a broader, open source array of sophisticated delivery channels. The diagram addresses the importance of breaking down the AHRQ knowledge siloes so the information delivered is optimized for many different needs, and not constrained by the source. The diagram also raises the question of whether AHRQ should seek to include non-AHRQ offerings in its knowledge mash-up. Or alternatively, are there external mashups that AHRQ should leverage in serving its offerings most useful for a particular need.

- As we've emphasized, the goal is to better support care delivery and care transformation by getting the CDS 5 Rights right – especially for priority use cases with the greatest benefits for the most patients.

Specific / Pressing AHRQ Needs

- Define "AHRQ evidence marketplace" to achieve CDS 5 Rights/Quad Aim and satisfy use cases
  - ► AHRQ evidence supports insight to action
    - ▪ Manage better: integrate silos; common taxonomy
    - ▪ Deliver better: browse, search, HIT integrate (CDS/FHIR/ open API, data visualization, dashboards, infobutton, mobile, AI, etc.)
  - ► How to integrate with other public/.com marketplaces?
- AHRQ short term solutions/roadmap to align with future state

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- This slide teases out some specific, pressing needs AHRQ welcomes stakeholder input on sooner rather than later. At a high level, these relate to validating and fleshing out the 'evidence marketplace' approach outlined on the previous slide. More specifically, are there approaches to managing the content better that would best align with transformation ecosystem needs and evolution? For example, approaches to indexing and integrating the knowledge silos.

- Likewise for approaches to delivering the content better. For example, what are the priorities and desired attributes for search/browse functionality, and for health IT integration? Are there preferred strategies for addressing how AHRQ offerings should be delivered and consumed in the context of all the other available resources?

- These aren't philosophical issues. AHRQ is poised to evaluate ways to move forward with better content management and delivery approaches and is counting on the Stakeholder Community to ensure that these next step deliver optimal value for each of your efforts, and for care delivery and transformation throughout the country. You input will help ensure that the hundreds of million dollars we have collectively invested in AHRQ will yield the greatest returns.

What People Are Doing to "Apply What Works"

Need overarching framework/architecture/model:
- How does evidence get into care delivery/transformation workflow?
- Incorporate what people are currently doing/planning

Many, many others...

- There are many important and valuable initiatives that seek to improve information flow in ways related to goals that AHRQ and the broader care transformation ecosystem share. This slide illustrates a tiny fraction of this initiative alphabet soup: HSPC, HL7s EBM on FHIR and OpenInfobutton, HL7/OMG's HSSP, CDC's ACG, NLM's MedlinePlusConnect, and MCBK.

- Our current state documentation will include an overview of these efforts and their implications for getting to the future state.

- We'd love it if you could enter into the chat any other 'big rocks' that we should include in this analysis, as well as any resources that provide an integrated overview of key initiatives.

Consensus Future State

- Satisfy care delivery/transformation needs
  - ► Leverage AHRQ and non-AHRQ assets
- To make this happen:
  - ► Understand actors/needs/key use cases
  - ► Map needs to AHRQ/other assets and delivery channels
  - ► Incorporate resources into health IT
  - ► Integrate content/delivery into workflow

What does this look like?

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- This slide outlines details we'll need to address in the future state description. That is, what will it look like when everyone is optimally (or at least better) leveraging assets from AHRQ and others to satisfy care delivery and transformation needs?

- What do the drivers for this look like? For example, what are priority needs and use cases? How are the assets served up, integrated into information systems and then into workflow to ultimately improve care processes and outcomes.

- The future state deliverable will provide actionable, best guess, consensus answers to these questions.

- Let's pause again here to invite any comments or questions about what we've just covered. You can jump in via the chat, or click the raise hand button to be added to the speaking que

- We'd love to hear your thoughts. Are you getting a sense of the ACTS deliverables that the Project Team will create, and how we'd like at least your light but focused input on what you know that can help us get them right?

- Do you have any quick feedback or input right now about the embryonic content and frameworks we've shown for the deliverables?

- Any input you'd like to share now about AHRQ's 'Evidence Marketplace' approach?

- Are there burning use cases you think we should address in outlining user needs and setting up a concept demonstration for next-generation AHRQ information delivery? For example, AHRQ has powerful assets focused on improving opioid use, preventive care, and chronic diseases like hypertension and diabetes. If many of you are highly focused on transforming care in these areas– or others where AHRQ had broad and deep coverage -then we could potentially zero in on one or more use case topic area quickly.

Next Steps

Stakeholder Community	Project Team

• Meeting schedule
  ▶ Every other week?
  ▶ Same time slot?
• Meet at HIMSS?
• How do AHRQ assets support your work? How can they do better?
  ▶ Discuss via Listserv
• Other key stakeholders?
	• Establish regular meetings
	• HIMSS meeting Doodle Poll
	• Listserv launch
	• Continue building SC members
	• Confluence collaboration site
	• Agenda, goals for next meeting

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- So, where do we go from here?

- The next steps we'd like to take with you are establishing a regular meeting schedule, recognizing that only a fraction of the Stakeholder Community will be on any given call. We'd like to have these calls every other week, starting in 2 weeks, using this same time slot. They'll be much more real time interaction than we've had today.

- The upcoming HIMSS conference is a potential opportunity for some of us to meet face to face, though we realize this might not be feasible given packed schedules.

- We'd like to continue the dialog on creating the ACTS deliverables between now and the next meeting. Of particular interest is understanding better how AHRQ assets currently support your work and how they can do so better.

- We'd welcome any input before the next meeting on anything we've covered today or that you think is important. We'll use an ACTS listserve as the primary channel for these between meeting interactions until we get the Confluence site set up.

- The project team will establish regular meetings based on your input, do a doodle poll for a HIMSS meeting if there's interest in that, launch the listserve and the Confluence site, and prepare for a more interactive next meeting.

Check Point / Closing Discussion

✓Chat your thoughts on:

- ► OK to meet every other week? Other suggestion?

- ► Meet at HIMSS?

✓Questions/concerns/suggestions about SC collaborations?

- ► We'll send you instructions for use of the listserve

✓Other comments/suggestions/discussion?

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- If you haven't already, please chat in your thoughts about the proposed every other week meeting frequency and time slot, and if you'd be interested in trying to meet at HIMSS.

- We'd also welcome any other questions, concerns or suggestions you have about the Stakeholder Community collaborations. You can also use the chat or click the raise hand button for any other discussion.

- Many thanks for your engagement and input – we're going to do great things together!