Name: Summary of Comments from Council members Zato Demo Date: May 17th and May 23rd, 2016

For the following questions, please circle the number to rate the following on a scale 1 – 5;
(1) poor, **(2)** fair, **(3)** good, **(4)** very good and **(5)** excellent

1.	**In your opinion was the demonstration successful? Why or Why not?**	**Mean = 3.33**
	1. the presenters were knowledgeable and very relevant. The software is by far the best example of interoperability I have seen demonstrated in over 13 states 2. I felt the presentation was disorganized – no context setting, no clear statement of "this is what we are going to show you today and why". The physician leading the discussion had an unfortunate tendency to over-explain things as if we couldn't possibly understand his point. That being said, I do have a somewhat better understanding of the capabilities and limitations of Zato's technology. 3. Helped to be able to "see" it – very innovative product 4. Although the demonstration was intended to focus on edge processing and showcase ability to retrieve, aggregate, process and analyze data from multiple data sources, the demonstration focused on running queries on the data sourced from a single entity. • Another concern from the demonstration is that it illustrated that the system has the potential to create multiple duplicate records in certain cases when data is retrieved from multiple provider entities. It will result in inaccuracies and skewed data analytic results. Zato recognized the potential for data duplication.	

2.	**Did Zato demonstrate the following functional requirements:**	
A.	*Overarching Capabilities (Successfully deployed in a healthcare setting):*	**Mean =2.89**
	1. Overall yes, still concern about primary care EMRs which differ from quality and availability of certain necessary data elements 2. 2. Verifiable and auditable 3. It is not deployed at Baystate. It is being piloted in TechSpring. The CFO and VP Strategy had no knowledge of Zato and no representative of Baystate was even in the room. 4. Unclear from the demonstration	
B.	*Data Source Interface:*	**Mean=3.33**
	1. Many sources – use of data in federated model 2. They were able to demonstrate that they capture data from multiple sources but did not provide much detail on how that is done. 3. Data source used for the demonstration was a single entity's data source	
C.	*Data Retrieval and Aggregation capabilities:*	**Mean=3.33**
	1. Many examples 2. The one example they showed was a merger of two different data sets. They didn't show meaningful aggregation or integration of the data. Just that it was merged into a single pool. There was no patient matching ability demonstrated. 3. Demonstration did not showcase adequately; it appears to be a DRG identifier software.	
D	*Reporting capabilities:*	**Mean = 2.38**
	1. Issues related to evaluating [illegible] very goal, ability to create SAS analyzable data important. Still have questions about de-identified data which would need to have some ID date, e.g. age, R/E, language to do ..is that problematics. 2. Many examples 3. They showed us an excel spreadsheet. I was underwhelmed, to say the least. In their defense they were clear that their core value isn't in reporting but in data aggregation and that they build reporting to meet the needs defined by their customer. But still, they didn't demonstrate any capability on this front. The quality measures we are contemplating are all nationally recognized measures – they certainly could	

	have built a demo version of a better reporting UI than an Excel spreadsheet off of the Baystate data they had but they did not do this. 4. Demonstration did not address adequately; capabilities are unclear.	
E.	*Quality Measurement:*	**Mean=3.11**
	1. Seems very adaptable and subject to "slice" and "dice." 2. Several examples 3. They showed an example in the Excel spreadsheet that they could put together a measure. 4. Still a little unclear about how measures will be standardized consistent with NQF/NCQA guidelines. 5. The demonstration queried data to support the discussion related to HbA1c as an example.	

3.	**Did Zato demonstrate the following non-functional requirements:**	
A.	*Data Security:*	**Mean = 2.71**
	1. No question de-identified data safe, still concern about who can get security clearance, and need for some to have more data. Need to address patient consent or at least notification. 2. Auditable and verifiable 3. No, they didn't demonstrate this. They stated it but did not demonstrate. 4. Did not demonstrate	
B.	*Operations:*	**Mean = 2.5**
	1. Pilot overview and future expectation 2. I was able to get a decent sense of how working with Zato might proceed. 3. Zato Health does not have use cases and indicated that those will require future development.	
C.	*Customization and Requirements for SIM Pilot:*	**Mean = 3.06**
	1. Will see when we pilot 2. Adhoc reporting use for multiple measures including choosing wisely 3. They seemed to think this was their sweet spot – flexibility and customization. I'd give them a 3 for demonstrating that but a 2 for my perspective that we don't actually need that much customization. 4. Zato Health indicated that there is ability to handle customization and that the parameters for the SIM Pilot would have to be defined, which may require funding to evaluate accuracy of Zato Health output.	

Please use this space for additional comments and/or questions:

1. I think we are off the mark from a process point of view. Form should follow function. It's unclear to me that we've firmly established the ultimate function we are seeking. We have established the function we need for a small pilot – but what's the point of a small pilot that isn't done in the context of larger objectives? It would waste time, resources and money. Looking at the goals of SIM we need a data aggregation platform that can integrate clinical data, demographic data and claims data. Then we need user platforms that operate off of that aggregated data – to do quality measurement, to measure and report on socioeconomic factors, potentially to drive care management/community health interventions, etc. Zato might be the right tool for the data aggregation layer but the demo yesterday did not affirm that for me. I am not at all confident that Zato is the right tool for the quality reporting layer. There are countless PHM platforms in the market that have all of these measures pre-built and yet additional capabilities for customization (e.g. on demographic reporting we may want). We should take a step back and have small group of HIT council members develop a needs assessment and then go through an RFI/RFP process.
2. Would need ongoing process for providers/ACOs to disclose changes in relative real-time to assure continuity of data feed.

Descriptive data analysis of Survey data

N=9 (HIT council members =5; others=4)

Descriptive Statistics

	N	Range	Minimum	Maximum	Mean	Std. Deviation
Opinion	9	3.00	2.00	5.00	3.3333	1.00000
DeployedinHC	9	4.00	1.00	5.00	2.8889	1.26930
DataSource	9	4.00	1.00	5.00	3.3333	1.32288
DataRetrieval	9	4.00	1.00	5.00	3.3333	1.58114
Reporting	8	4.00	1.00	5.00	2.3750	1.50594
Quality	9	3.00	2.00	5.00	3.1111	1.26930
Security	7	4.00	1.00	5.00	2.7143	1.49603
operations	8	4.00	1.00	5.00	2.5000	1.30931
customization	9	3.00	2.00	5.00	3.0556	.95015
Valid N (listwise)	6					