ONC | HealthIT ADVISORY COMMITTEE

Transcript

PHARMACY INTEROPERABILITY AND EMERGING THERAPEUTICS TASK FORCE 2023 MEETING

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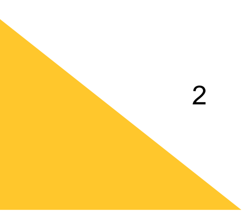
VIRTUAL

DEPARTMENT OF HEALTH & HUMAN SERVICES • USA

Speakers

Name	Organization	Role
Hans Buitendijk	**Oracle Health**	**Co-Chair**
Shelly Spiro	**Pharmacy Health Information Technology Collaborative**	**Co-Chair**
Pooja Babbrah	Point-of-Care Partners	Member
Chris Blackley	Prescryptive	Member
Shila Blend	North Dakota Health Information Network	Member
David Butler	Curatro, LLC	Member
Steven Eichner	Texas Department of State Health Services	Member
Rajesh Godavarthi	MCG Health, part of the Hearst Health network	Member
Jim Jirjis	Centers for Disease Control and Prevention	Member
Summerpal Kahlon	Rocket Health Care	Member
Steven Lane	Health Gorilla	Member
Meg Marshall	Department of Veterans Health Affairs	Member
Anna McCollister	Individual	Member
Deven McGraw	Invitae Corporation	Member
Ketan Mehta	Micro Merchant Systems	Member
Justin Neal	Noble Health Services	Member
Eliel Oliveira	Harvard Medical School & Harvard Pilgrim Health Care Institute	Member
Naresh Sundar Rajan	CyncHealth	Member
Scott Robertson	Bear Health Tech Consulting	Member
Alexis Snyder	Individual	Member
Fillipe Southerland	Yardi Systems, Inc.	Member
Christian Tadrus	Community Pharmacy Owner	Member
Sheryl Turney	Elevance Health	Member
Afton Wagner	Walgreens	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Tricia Lee Rolle	Office of the National Coordinator for Health Information Technology	ONC Program Lead



Call to Order/Roll Call (00:00:00)

Michael Berry
Good morning, everyone, and welcome to the Pharmacy Interoperability and Emerging Therapeutics Taskforce. Today is our last meeting, and I would like to thank Hans, Shelly, and all the taskforce members for their commitment over the past four-plus months. This taskforce meeting is open to the public, and your comments are welcome in Zoom chat throughout the meeting or during the public comment period that will be held later in our meeting. I would like to begin rollcall of our taskforce members, so when I call your name, please let us know that you are here. I will start with our cochairs. Hans Buitendijk?

Hans Buitendijk
Good morning.

Michael Berry
Shelly Spiro?

Shelly Spiro
Good morning.

Michael Berry
Pooja Babbrah?

Pooja Babbrah
Good morning.

Michael Berry
Chris Blackley? Shila Blend?

Shila Blend
Good morning.

Michael Berry
David Butler?

David Butler
Good morning.

Michael Berry
Steve Eichner?

Steven Eichner
Good morning.

Michael Berry
Raj Godavarthi?

Rajesh Godavarthi
Good morning.

Michael Berry
Jim Jirjis? Summer Kahlon?

Summerpal Kahlon
Good morning.

Michael Berry
Steven Lane is not able to join us today. Meg Marshall? Anna McCollister? Deven McGraw?

Deven McGraw
Good morning, everybody.

Michael Berry
Ketan Mehta? Justin Neal? Eliel Oliveira?

Eliel Oliveira
Good morning.

Michael Berry
Naresh Sundar Rajan? Scott Robertson?

Scott Robertson
Good morning.

Michael Berry
Alexis Snyder?

Alexis Snyder
Good morning.

Michael Berry
Fil Southerland? Christian Tadrus?

Christian Tadrus
Hello.

Michael Berry
Sheryl Turney?

Sheryl Turney
Good morning.

Michael Berry
I believe Afton Wagner is also not able to join us today. So, thank you, everyone, and now, please join me in welcoming Hans and Shelly for their opening remarks.

Opening Remarks (00:02:21)

Shelly Spiro
Good morning, everyone. I will go first, Hans. Thank you all. Hans and I felt it was important to have this last call. Although we are almost done, we just wanted to have one more time to look at our recommendations, so I wanted to take this time to thank everyone, the ONC team, Mike, Tricia Lee, Maggie, the Accel team, and also Hans, who has done an absolutely fabulous job of putting together the recommendations. We all owe him great gratitude for the amount of work that he has put into this important project, and I just wanted to take the time to thank everyone. I will turn it over to Hans at this time.

Review of Draft Recommendation Report (00:03:09)

Hans Buitendijk
All right. Good morning, everybody. Thank you, Shelly, and I appreciate the kind words, but all the input and suggestions, etc., are from the taskforce across the board. I was merely trying to move a couple words around, left and right, and see whether that worked. Today is the final round of that. Since last week, we had a couple updates that we made, and in a moment, we are going to run through them. Our aim today is to end up with a "clean" document where everything on the right-hand side where we had comments is taken care of, addressed, and accepted, wherever we land.

There are a couple of areas where we had some discussion that we still need to have, other areas that had edits, clarifications, and better words, and I went in and just accepted those because they made it clearer, so we are not trying to look at those. We are just trying to look at where we made a more substantive change that should be in line with what we discussed and where we have some final questions. I would like to thank particularly Alexis and Deven. Over the last couple of days, they have put a couple comments in there that will help us focus on a couple of those topics.

So, with that, we are going to jump in and see whether Tricia Lee's screen is indeed going to be large enough, but I think it should be. Let us know if that is not sufficiently clear. I can see it very clearly. So, we are going to scroll through, and the first place we are going to stop is on the charge, Topic 4, the last one. I think I could have already marked that, but at the end of the meeting, we were working on the footnote to clarify "direct-to-consumer." The footnote is in. When you scroll a little bit further down, the comment is there. We did not receive any further feedback on it, so unless there is any further discussion here, I am going to check the box and remove the yellow highlight. As I am doing it, I am hearing none. It is always nice when we can remove that. We will remove the yellow highlights later. I am not going to do that right now.

For the next one, if we go into capturing and sharing ECQMs in the use cases, we have an update that Christian suggested on adding a few more measures, and we want to make sure that they are outcomes-focused as much as possible. Actually, we will go to that one, but I skipped one before that, and we will jump back in a moment. What we see here is that, after the meeting, we got the feedback from the chat,

we got the update organized a little bit by like measures, and again, these are examples just to clarify the use case, not that these are all of them, the only set, or the initial set, but they just provide insight into that. Unless there are further comments or questions, since we did not see any comments pop up here during the week, I am going to hit the checkbox, and we will remove the yellow momentarily. There was one part before that in pharmacy quality measures where Alexis was keeping us honest. We missed a place where "or caregivers" should be in, so we will just be sure that is added in here. David, you have your hand up.

David Butler
I was wondering, since these are examples, should we have some phrase in here such as "for example," just to note that it is not all-inclusive?

Hans Buitendijk
That makes sense. Does this work, or do you think we need more?

David Butler
No, that works.

Hans Buitendijk
Thank you. This one is removed from the list. Are there any other comments here? If not, we are going to move to the next one. I am just fixing this little thing here. Oh, I missed that one. There was another word here, "relevant." Let's catch that typo. There was a suggestion to change "of" to "of relevant." The update that I started to make was to make it "of relevant" rather than just "of." So, this would read "bidirectional data-sharing and/or exchange among pharmacists and other providers of relevant patients' medical records held by…"

Deven McGraw
I do not think we are in the right place.

Tricia Lee Rolle
Yes. Where are we, Hans?

Hans Buitendijk
Sorry, we already went past that one. We are in general. I went to the next one where there were comments. Sorry, I should have looked to the left to see where you were.

Tricia Lee Rolle
Thank you.

Hans Buitendijk
Sorry about that. I will keep an eye on the left part of the screen a little bit more. So, Deven suggested not only to fix it, as it was the wrong word there, but there was a suggestion of whether it should just be "of patient records" or "of relevant patient records." It seems like it makes sense to include "relevant" in there. If we look at the highlight, the statement would read like that. Any concerns with changing it to "of relevant," therefore focusing on relevant medical records? I am not hearing anybody, so, if not, that is going to be accepted, and again, we will remove the yellow highlights later.

The next one is still in the same recommendation, but later on in the rationale. Deven was concerned that we did not quite land on the statement that would justify the words that are currently struck out. “Patients must have means to manage such access consistently.” That might have given too strong of a focus in an area that we might not have looked at as much. With that, I tried to craft something that would balance the fact that where there are consent directives, where there are privacy policies, they need to be honored, but the patient needs to understand transparency regarding access and sharing, and that is a theme that is in a number of places otherwise as well. Where there is consent, where it is authorized, and where it is applicable, it must be honored, so it also recognizes not only the consent choices that they have been given, in a way, but that if they ask for it and it is given, it will be part of it as well.

So, the question to Deven and to everybody is whether, rather than striking the last statement, which might give too strong of a focused rationale, we should go with what is highlighted here, “patients should have transparency regarding access to and sharing of the data and have an ability to provide that consent that, where authorized and applicable, must be honored.”

Shelly Spiro
Alexis has her hand up.

Steven Eichner
This is Steve. I think in addition to transparency, it is accountability. It is not just transparency.

Hans Buitendijk
Okay, that is Ike’s comment. Alexis, you had your hand up.

Alexis Snyder
Sorry, I lost my train of thought when Ike started talking. I had to read it again for a second. First, I think it is confusing to say “regarding access to” because that almost sounds like the patient’s access to something, so I think we need to reword. I do not know if you need “regarding access to.” We should have transparency about who is accessing and sharing their data. And then, more importantly, there was a second one, not just the ability to provide consent, but the ability to provide consent or not.

Hans Buitendijk
Okay, those are good clarifications. Deven, would this address the concern that you have with he original sentence?

Deven McGraw
I think so. I see Alexis’s point.

Hans Buitendijk
Hold on, Deven first.

Deven McGraw
Can you hear me?

Hans Buitendijk

Yes.

Deven McGraw

Okay. I see Alexis's point about the transparency around having consent or not, which I think makes a lot of sense. The way that it was framed, though, was about how they have this transparency, which would include who is accessing and sharing their data, as well as their consent rights, and where they have these consent rights, those must be honored. So, I think those are two separate concepts. There is the transparency concept, and then there is the consent piece. Where that consent right is provided, either by law or by policy, that is honored. So, I think we have to break it up a little bit, if I am understanding all of the points correctly. The accountability piece is really about holding the providers accountable, not the patients. They do not need to be held accountable.

Hans Buitendijk

Yes, yes. Fair point.

Alexis Snyder

I think that is what Ike was getting at, but it just does not sound that way when you read it back now.

Steven Eichner

Thank you for that.

Shelly Spiro

This is Shelly. Isn't this global, not just for pharmacy interoperability? Are we going too far on that? This is more of a global patient issue, not just for pharmacy, so how does it apply to pharmacy?

Deven McGraw

It follows on the statements that are in here around patients having different concerns about sharing. If we are raising it, yes, it absolutely has applicability outside of pharmacy, but we have raised these points here based on the comments of our patient members about concerns that patients have about who looks at their pharmacy records. I think the point was to have some follow-on on that.

Steven Eichner

This is Ike. One of the other changes is that in some ways, pharmacy exchange is new development. We are at a different technology place than where we were 10 or 12 years ago, so we have better opportunities today to put in infrastructure to track disclosures and enable patients to have more access to information about where data has been shared, so we can have the opportunity to take corrective action to build a better environment. Right now, we cannot get a whole lot of information about every disclosure that a hospital has made about your data.

Shelly Spiro

I am just wondering if we should put in "patients should have transparency and accountability on who is accessing and sharing their medication data" to make it more specific to pharmacy.

Steven Eichner

This is Ike. Again, because we have already outlined that pharmacies may have a role in test-to-treat or other activities, I do not think you want to constrain it just to medications.

Hans Buitendijk
Right. I would agree with Ike there. We said pharmacists may be the provider or the generator of other data, not just medication data, and need to have access to other data that goes in there. We will hear from David in a second. As we do that, the question that we are trying to get to is whether, then, this last updated statement is better reflective of what we intend it to read. So, we are trying to get to a conclusion on if this statement is acceptable, and if not, how can we further modify it to do that. Scott?

Scott Robertson
I want to go back on this to the idea that there are really two concepts in this statement. The first one ends with "sharing their data," so patients should have transparency and accountability on who is accessing and sharing their data. Then, I think the next part is the second concept. Patients should have an ability to understand their consent rights and provide their consent or not. I think that might need to get reworded. I heard two things, and I really see it as set up that there are two sides to this, a patient being able to see who is accessing their data and that they have an ability to understand… I like the idea of understanding their consent rights and provide or rescind their consent.

Deven McGraw
I made a suggestion in the comments because I was trying to make sure there was only one of us in the document.

Hans Buitendijk
The comment in the chat? Okay.

Deven McGraw
Yes. I was not trying to jump ahead of Alexis, though.

Hans Buitendijk
I will try to copy that into it, and then we can put them next to each other. Hold on, let's see whether it worked. No, it does not work. I will type it. So, Scott or David… Shelly, can you progress?

Shelly Spiro
David, you are next.

David Butler
Like Deven did, I inserted an opening phrase or replacement sentence suggestion in the comments.

Deven McGraw
David, that goes back, though, to exactly the problem that I had with the comment that was there. I do not think we had a discussion about saying patients should be able to manage and have consent rights over data, even in settings where maybe the law does not provide it or it is not provided by policy. I do not think we spent enough time on it to make such a sweeping statement, so managing who is accessing and sharing

their pharmacy-utilized data goes farther than I would feel comfortable with, given the limited amount of time we were able to spend on such a big topic.

David Butler

So, your suggestion is to just give them transparency. I do not know the difference between monitoring and… So, you are saying "managing" is too strong?

Deven McGraw

Yes. To me, "managing" suggests a wonderful little checkbox to say that this person can access it, but this person cannot. That is active management of who can access data as opposed to being able to have some vision into how your data is accessed, used, and shared, and then, of course, there might be some rights that follow from that around being able to challenge access that you did not think was authorized and things of that nature, but "manage" is a strong word.

Deven McGraw

I can accept that. So, "manage" could be removed, and I do not have a problem with what you have written with regard to that comment, but what I was also trying to bring in was that opening phrase, such as what Shelly was saying. We are saying that we are not trying to make pharmacy unique among all healthcare practices, but trying to make it like all healthcare practices, so I was hoping there could be some opening phrase, maybe just "as with all healthcare data," "all healthcare practitioners," or something like that to begin your sentence. Could we include that in there just to note that every healthcare practice should be compliant with this requirement?

Hans Buitendijk

So, you are suggesting adding this to the statement?

David Butler

Yes, and maybe rather than "healthcare data," we should put "healthcare data and practitioners."

Hans Buitendijk

We use the term "providers," if that works, David.

David Butler

Yes.

Shelly Spiro

I think that is better. I also have a problem with "need." I think it should be "should." In the last sentence, "entities need to be accountable" should be "should."

Hans Buitendijk

I thought that I saw Alexis's hand up, and I have a comment too. Alexis?

Alexis Snyder

I had put it down because you were taking care of it during that conversation, but as I am rereading, I think in the second line, as well as on their rights to consent to access, again, we need the "or not."

Hans Buitendijk

Thank you for that. I have one comment, and then I want to go back to Deven and see whether we landed. There is a challenge with not including "managing," but I can see the challenge with including it as well, in that it may be interpreted that we are asking for an online place where the patient can start to check the boxes, yes, no, or whatever, and then, based on authorities' acceptance or whatever, they are granted or not, but we are looking at how "managing" means that kind of tool, and that can mean that. But, there is another part. Whether it is done that way or another way, from an interoperability perspective, managing this also means that, where a patient can further manage and understand it, we need to get to computable statements. Otherwise, it cannot be managed in any way, shape, or form, whether by the patient or anybody else, and that is the larger construct of managing.

I think if we do not acknowledge some of that in here, which was part of the intent of the word "manage," though I think it overreaches in some areas, then we are not on a path either because if it is just written on a piece of paper, they have transparency in an office on it, but it is not really managing the ability to quickly share or not share it based on the transactions, the change, the queries, etc., that are happening, whether they are FHIR-based, CDA-based, or whatever. If we do not recognize that, I am concerned that we are not moving the ball forward in that direction. So, Deven, acknowledging your concern that we have to be careful not to make the statement too big, at the same point in time, it needs to move in a direction so that it becomes computable, and therefore manageable in the environment that we are dealing with here, which is the electronic exchange of data.

Shelly Spiro

Pooja?

Pooja Babbrah

I just want to make sure of something. I now see the bottom one about accountability. Are we now saying that it is the second section we are going to use, not the first? I think the accountability in the first one, where it says patients should have transparency and accountability, is confusing.

Hans Buitendijk

What are you suggesting, Pooja?

Pooja Babbrah

Sorry, I was just confused. I want to make sure that we are now focused on the second paragraph, not the first.

Hans Buitendijk

That was going to be the next question.

Pooja Babbrah

Okay. I think I was just struggling with "accountability" in that first paragraph because it is not the patients that have the accountability, it is the pharmacy entities or pharmacy systems.

Hans Buitendijk

I am hearing that we are shifting away from it in this first part and that we can delete it, and that we are focusing on finalizing the second paragraph there. We are saying that this is not as good, and the other one is better.

Pooja Babbrah
Yes, I think the second one is good. I was thinking about the first one, where we had put "accountability," so I am good, thank you.

Shelly Spiro
David?

David Butler
This is more of a question to come back to the comments that have been made about managing, and I am asking if that is within the scope of this group to recommend that ONC look at patient management rights for not just this group, but all of healthcare practice, like everything we were discussing about giving patients more control over managing who has access.

Deven McGraw
I do not think so, David, and that is why I made the comment that I made in the chat. Hans, I understand the desire to say something more substantive on this point, but I just do not think we have the time to discuss it. It is something that is not just limited to pharmacy data, arguably, in terms of the set of issues, although certainly the patients in our group have made very good points about how important it can be in the pharmacy setting because medications can be very sensitive, but it is not the only place where it comes up. All of this is in the explanation part of this. It is not even a recommendation, so I think we should be careful about how far we are trying to go here without having had a lot of discussion about it.

David Butler
I agree with you fully. My thought was not that we put recommendations with regard to that, but rather that we recommend further exploration of that area by ONC. Nothing we set down needs to be this way, but it needs to be explored. Is that within our scope, or should we leave it alone?

Shelly Spiro
Tricia Lee, can you go up to the recommendation portion of this? This is just the general. Did we cover it in the recommendation?

Hans Buitendijk
Before we go there, in Recommendation 23, we actually do talk about exploring that particular part. We are touching on it, and the one we just talked about is where we can further link to it, but we do not have to because in 23, we look at the first statement already there about the potential and the exploration because that came from the discussion that we had around this, and we came to the conclusion that we cannot specifically indicate what it should look like, but we should start to look at something because without enabling the management and the coordination that is needed on when to send what, you cannot do that. You have to do something. So, 23 is more about how we need to start exploring. Deven, I am wondering whether between the one that we just talked about, though I did not look at the number, if you look at the combination of what is in Recommendation 3, where we just came from, and 23, whether we have the

elements in place without overstepping what we are doing to say that it is important and we need to explore it.

Deven McGraw
It is jumping around, so I…

Hans Buitendijk
It is R3 and R23, if you can compare the two. I do not think that split-screen works here. With that, if we can look at it, it sounds like in the last paragraph in R3, while we still have some discussion of what we have here, there is general consensus that this is reflective of what we talked about. We have some variations that we are not putting in here at this point in time, so I am wondering if we have enough for R3 here, and considering there are no further comments in 23, if I am not mistaken, if we have the other aspects there and we are not trying to mix them, because that would get confusing.

Deven McGraw
I do not know what you are asking. Sorry, I got lost.

Hans Buitendijk
I am asking if you are okay with this paragraph.

Deven McGraw
Oh yes, I am. Is everyone else okay with it?

Hans Buitendijk
That is what I am asking.

Shelly Spiro
I think we are getting consensus on that.

Hans Buitendijk
And whether the other aspects are sufficiently addressed in 23, so that we do not mix them here. Not hearing anything, I am hearing that I can hit the checkboxes and that is going to read like this. Deven is okay, having given her original concern, and based on the discussions and the additions, it sounds like everybody else is okay with that as well.

Shelly Spiro
I think we can go on, Hans.

Hans Buitendijk
Okeydoke, then we are going to go to the next one. There were a couple wordings included that actually did not show up when I was looking at it, but they are straightforward edits, so I am just going to accept those. Oh, that one was one too many, but I think I had a comment there. This one here does not have the authority to address the gap.

Shelly Spiro

I think you need to let Tricia Lee catch up with you.

Hans Buitendijk
Sorry, I was just going to the next one, R37. We are following the comments. The comment there is that in Recommendation 37, we are saying to address the gap where PBMs and payers are not considered covered actors, and that this requires working with federal policymakers. So, I think this would be "with federal policymakers." Deven, I think this would cover your topic there, correct? Is this workable?

Deven McGraw
Yes.

Hans Buitendijk
Do others have concerns with that adjustment?

Shelly Spiro
I am not seeing any hands up, so we can go on to 38.

Hans Buitendijk
Okay. We will take these little words out. This one can now be accepted, though that one is missing an S. On the next one, which is 38, we had some highlights in there that may change this. We did not see any further comments from anybody as I am looking at the comments there. Any further comments before I start to hit the checkbox?

Shelly Spiro
No hands are up.

Hans Buitendijk
I am beginning to take them out.

Shelly Spiro
Christian, do you want something? No? Okay, go ahead.

Hans Buitendijk
Okeydoke, we are then jumping down to 12. Here, we had the discussion that also, ONC does not have the authority in itself and needs to work with others, and the suggestion was to insert "work with CMS, other elements, and industry to advance and then continue," and the question from Deven was whether that would address the concern or we would need to do more.

Deven McGraw
My concern was that ONC did not have its authority on its own for all of the actors in that paragraph, so I think this does it.

Hans Buitendijk
Any concerns from others?

Shelly Spiro
No hands are up.

Hans Buitendijk
Okeydoke, then we are going to mark this one, we include that, and that is there. Next one.

Shelly Spiro
Which is that?

Hans Buitendijk
Thirteen and 14. There are two questions here. One was whether we should keep it split or combine it. Thirteen and 14 that you see separate are slightly enhanced if kept separate, and 13 plus R14, when you scroll down just a little bit further, is where it was combined. Feedback so far was that the combined reads better. With either choice to make, there are still a couple of comments that need to be addressed regardless. The first one to resolve is if there is anybody else that objects to combining these two so that we only have 13 and 14 combined, which means I am going to delete 13 and 14 separated.

Steven Eichner
Hans, this is Ike. I do not want to take much time for this, but we have a potential inconsistency about the use of the words “pharmacy” and “pharmacists.”

Hans Buitendijk
If we go first to the decision to keep them separate or combined…

Steven Eichner
Well, looking at the combined text, there is two-way communication between the pharmacy and the patient, but we have not talked about communication regarding the pharmacist in that space.

Hans Buitendijk
I agree. I was first trying to resolve 13 and 14 combined to make sure that was the case, and then focus on 13 and 14 and address any issues like that, so, hold on for just a second with that. Does anybody object to combining these and then focusing on 13 and 14 combined? David, you had your hand up, then lowered it.

David Butler
I was commenting on what Steve was talking about.

Shelly Spiro
I think we are getting consensus that the combination one works.

Hans Buitendijk
I was just trying to give the right amount of pause to that to make sure that was there. So now, we are going to just focus on the combined. There was a comment that Deven had made on ONC authority that needs to be addressed in here, so we need to look at that. We have the comment from Ike that the word “pharmacy” might be limiting, so those are the two, and we have clarification on “caregiver.” So, let’s go

through them in order. The first part of the sentence is the authority of ONC, then we get to "pharmacy," then we get to "caregiver," and then anything else.

Shelly Spiro

Alexis had her hand up first.

Hans Buitendijk

Hold on. I just wanted to jump in here on that first part of the recommendation. Deven, are you suggesting we should have the same reference to policymakers and CMS that we had before? Who would you like to include in here that ONC should work with?

Deven McGraw

I guess "address the ability" felt like it was enough here to me because if you think about it, we do have some recommendations around the development of standards for interoperable health IT for pharmacy, and so, in developing what could end up being voluntary standards, ONC could address this in that context, through portal requirements or things of that nature, so I was personally okay with the way this was framed, but if folks are more comfortable, it could also say "ONC should work with federal policymakers."

Hans Buitendijk

Any comments there? Alexis, did you want to comment on this or something else?

Alexis Snyder

It was on "address the ability." I am not sure that that phrase really works here because you could address the ability of a pharmacist to do it, but that does not mean that we are actually recommending that they put it in place. You are just addressing whether or not they have the ability to do so, and then what?

Deven McGraw

Right. My point was that ONC has limited authority over the technology that pharmacies buy.

Shelly Spiro

Correct.

Deven McGraw

But we still want to make this point to them. Does it work better, Alexis, if we say "ONC work with other federal policymakers and the private sector" to make sure this capability is available?

Alexis Snyder

I think I made this point last week. There are some pharmacies that already have the ability, but they do not use it, so I do not know how we get that across, but if you have that patient-facing app with two-way communication available, but you do not use it…

Hans Buitendijk

If we put the word "advancing" in here, that it advances beyond where we are, would that combination help this work?

Alexis Snyder
I guess that is better.

Hans Buitendijk
Deven, are you okay with that?

Deven McGraw
Yes.

Shelly Spiro
I think you need to put "to" in front of "address."

Deven McGraw
Or just say "to advance the ability" instead of "address advancing."

Shelly Spiro
Yes, "to advance" is fine.

Hans Buitendijk
Okay, that is the first part. Then we go to the next one. Ike, you had a comment here, and David had his hand up as well.

Shelly Spiro
I do too. Go ahead.

Hans Buitendijk
Okay, Ike, then David, and then Shelly. Ike? Okay, let's go to David.

David Butler
I was going to comment on Ike. I liked what he had to say, though I was reading this differently. I have a comment, and then a possible recommendation that might accommodate what Ike was saying. To me, addressing the pharmacist was already there, and you have already changed it now, but it said "between the pharmacist and/or the patient or caregiver." That addressed the question above about the pharmacy apps and portals, but sometimes, it is the pharmacy technicians who are doing this, so it could be "pharmacy…" Well, now it seems to have changed quite a bit, so I am not sure where it was, but something to the effect of "pharmacy personnel, pharmacist, and/or patient or caregiver" is how I would put it, "between pharmacy personnel, the pharmacist, and the patient or caregiver."

Hans Buitendijk
Before you jump in there, Shelly, earlier in the definition, we had defined that "pharmacy" would be inclusive of the pharmacy personnel.

Shelly Spiro
That is what I was going to say.

David Butler

Sorry, I did not read far enough. In the line just below where you are now, we could just get rid of the word "pharmacist" there and say "pharmacy personnel" because we have already addressed the greater pharmacist-patient-caregiver interaction in the next line down, where you are currently, so I would change the line above to say "between pharmacy personnel and the patient or caregiver."

Hans Buitendijk

Other than that, in the definition of "pharmacy" all the way above, we already included personnel in there.

Shelly Spiro

I would change it to "pharmacy and pharmacists with the patient or caregiver" instead of "and."

Hans Buitendijk

Ike started this question by asking to clarify this. Ike, does that address the concern that you had, and is there anything else you would like to see clarified?

Steven Eichner

I think it is fine. I just wanted to make sure we were consistent in our use of "pharmacy/pharmacist" here, as we have been throughout the rest of it.

Hans Buitendijk

All right. Any other comments on this part before we jump to the next change that happened here?

Shelly Spiro

Alexis has her hand up.

Alexis Snyder

I am confused about what you have just added, "between pharmacy and pharmacist," because the two-way communication is not between the pharmacy and pharmacist with the patient. Wouldn't it be better to just put a slash there, so we are talking about whether it is the pharmacy or the pharmacist? And then, I think it is "and," not "with," because that is what we are talking about. It is two-way communication, so it is the pharmacy or the pharmacist, and I think you could put "and with," but I think "and" needs to be there.

Hans Buitendijk

Shelly, are you okay with that?

Shelly Spiro

Yes, I am fine.

Hans Buitendijk

Any other ones? The next one was that Alexis found another "caregiver" missing here, so that has been added. Anything else on R13 and 14 combined that we need to address, or are we okay with where it landed?

Shelly Spiro

I do not see any comments. I think we can go on.

Hans Buitendijk
We are going to make a number of these checkboxes done, and we can move on. You can already start to scroll to the next edits that are out there. I am going to remove these strikethroughs in just a moment. There, that is gone.

Shelly Spiro
Go up a little bit. I think you missed one. Right there, 22.

Hans Buitendijk
Okay, so, the next one is on 22. The comment here was on the last part. We were switching around "best practices on data capture from patients by pharmacists," and Scott, you were particularly the one that raised this recommendation. Is that update still in sync with what your intent was? Scott appears to be on mute. Does that still read the way you intended?

Scott Robertson
Yes.

Hans Buitendijk
And then, Deven, you are putting in "pharmacy entities."

Deven McGraw
Only because is it really just the pharmacist, or are we looking for that broader community?

Scott Robertson
While the patients are at the pharmacy, this is an opportunity.

Hans Buitendijk
Scott, I think you were explicitly talking about "pharmacist" at the time, but if we include "pharmacy personnel" as well, then we would have to include "pharmacy" because there would be other staff as well that might have the opportunity to capture.

Scott Robertson
Yes, "pharmacy." This is not something that necessarily requires professional judgment by a pharmacist.

Hans Buitendijk
Okay, so then, would this be better, "from patients by pharmacists and pharmacies," in line with our…?

Shelly Spiro
Agreed.

Hans Buitendijk
That addresses your comment, Deven. Anybody else? Scott, it sounds like you are good otherwise.

Scott Robertson
I am good.

Hans Buitendijk
I am going to start to hit the checkboxes, and there are no hands up.

Shelly Spiro
Go down to the next one, Tricia Lee.

Hans Buitendijk
This goes back here. The question here is if you can keep as much as possible No. 31 and the prior one, which is No. 23, in the same frame, there is a question that is going to come up based on Deven's comment. Should we make sure that 23 covers the parts in 31 that are not covered in 23? For example, in 31, there is a reference to PBMs, and in 23, there is not, but if you read the rest of it, it starts to look very similar, and the rationale is similarly in play, so, Deven, it really sounds like it is similar to what preceded it. Should we actually combine these two and let it flow?

Deven McGraw
That would make a lot more sense to me. I was just not sure what we were trying to say separately here beyond what we had said in some of the other recommendations.

Shelly Spiro
So, you are saying to combine this with the one we worked on in 23? Is that correct, Hans?

Hans Buitendijk
Twenty-three is the one above, so could you put that slightly in frame as well? Go a little bit further up. So then, we would include PBM in here, as in the first part, because that is really the main difference that the other one accounts for, but make sure the PBMs are in here. I am not sure exactly where, but we can work on it. And then, the rationale is to expand on the rationale here with the essential elements from 31, where this is coming into play, which is mostly already there, but again, PBMs need to be listed. That is the intent that probably requires a little bit more wordsmithing, but if we say the intent is to combine them, then we can smoosh them together.

Shelly Spiro
Does anybody disagree with combining 23 and 31? Let's start there first. I am not hearing anything, so let's go ahead and do it. Hans and I will wordsmith it and make sure that we have encompassed both of those. Is that reasonable to everyone? Does anybody have a comment?

Hans Buitendijk
Are we good with the way that we might end up smooshing it together? Does somebody need additional review, just to run it by and make sure that we got it? Deven, once we have done it, I am happy to ping you quickly and make sure we got it.

Deven McGraw
I think this looks good.

Hans Buitendijk
Okeydoke, we will get that smooshed together. That means that we are probably a little bit further down.

Shelly Spiro
Thirty-five, I think.

Hans Buitendijk
Thirty-five. Keep on going. You will see the yellow pop up. We were not consistent here in our references to PMS, pharmacy management system, and clinical pharmacy system and vendors, so we cleaned that up here and are consistently now using “PMS” when there is the system, which we introduced earlier, and in the first part of this sentence, we are really looking at the PMS vendors, and in the second part, we are looking at the system, so I wanted to make sure that there is agreement that we referenced this correctly, and as a result, we would consistently be referencing PMS. While you are looking at that, David, I saw your chat, and I will pick that up as part of the merge. Thank you.

Shelly Spiro
I am not seeing any hands go up, so I think we are okay.

Hans Buitendijk
I think we are going to start to hit some boxes here. Let’s see how fast I can do that today, after practicing earlier.

Shelly Spiro
I think our next one is 11 and 32.

Hans Buitendijk
Yes.

Shelly Spiro
Christian has his hand up.

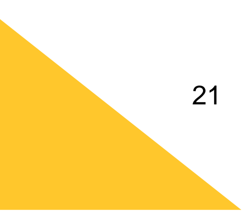
Christian Tadrus
Sorry, I was late to the draw on that last one. Can we scroll back real quick?

Shelly Spiro
I think we are at 35.

Christian Tadrus
The one that we were just on?

Shelly Spiro
Yes, that is 35.

Christian Tadrus



Okay, that one. The first line of that recommendation reads "different pharmacy settings, e.g., specialty pharmacies and PMS vendors, in any requirements," then we just go on to talk more about the vendor systems. Do we need the words "e.g., specialty pharmacies"?

Hans Buitendijk

Are you saying to drop this and keep it as "include different pharmacy settings, pharmacy settings, PMS vendors," and go from there?

Christian Tadrus

It may be more wordsmithing, but it seems to lean a lot more towards the… I know we are talking about different vendors within those different pharmacy settings, but it reads clunky and almost overemphasizes specialty pharmacies, so we should either broaden it or take that out and talk more about the vendors conceptually. That was my only read on that.

Hans Buitendijk

Any concerns? That sounds reasonable. It makes it a little bit cleaner. All right, I am not seeing anybody. Thanks, Christian. Okay, 11 and 32, where we combined the two. There was a comment left over from last week, that the first sentence that you see in the rationale was a run-on and did not really work well, and after trying to fix that, it seemed that adding a sentence in the end might actually make it clear, so we would strike the first one that was not quite readable and put in the last one. I wanted to make sure everyone had a chance to look at that and see whether there are any concerns with that clarification.

Shelly Spiro

Christian?

Christian Tadrus

Again, I have been vocal on this. I am going to be careful about calling out that this is the primary goal here, nearest and quickest, without the proper contextual issues. I would say "where appropriate, having better insight into" or possibly using some sort of qualifier there where, situationally, this could be an important value proposition. Otherwise, I am still concerned that it always comes down to convenience in the end, and we really do have to have that qualifier. I know there is some anxiousness about a gray word like "appropriate," but something along the lines of "as appropriate" or "with patient interests in mind" is all I am looking for.

Hans Buitendijk

Are you looking for it more in the first spot where I typed it in here, or in the second spot?

Steven Eichner

Hans, this is Ike. It is probably the most convenient pharmacy, not the nearest.

Hans Buitendijk

I am going to do that. Christian, as far as placement of the word "appropriate" goes, do you have any preference between before or after? We will go to David and Alexis in a second.

Christian Tadrus

We could probably delete “as appropriate” if we were to address the issue the quickest, and really work on the word “quickest.” That gets back to where patient care is at risk. That is what I am trying to dial into. If we are going to pull in speed as an alternative for convenience, we need to be sure there is a patient care/patient safety issue in play. That would probably solve my concern mostly.

Alexis Snyder

This is Alexis. We discussed this at length last week, and we talked at length on how it is not just at risk, that there are convenience issues beyond it being a risk issue, and we were all in agreement that the way you had the rationale in the beginning was all said and done and unhighlighted, and I get that, Hans, you then crossed it out and put in the new suppositions on the bottom because it seemed like a run-on, and I think what you added was fine the way it was, and now, to take out some of the run-on, it captured everything that was at the top that is struck out, but now we are completely changing it again.

Hans Buitendijk

So, with that, I am going to do the following.

Shelly Spiro

Let’s hear from David first. David, go ahead. What did you want to say?

David Butler

I struggle with this one as well because I understand the problem, which is what is in the last phrase, that we want to reduce burden and wait time for patients to fill their prescription, but we are putting in a solution in what we are saying about “nearest” or “convenient,” et al, and I know patients who will skip the nearest pharmacy or the most convenient pharmacy because they do not like the pharmacist there. They go to a different one, and will quite often pass several. So, we have to be very careful about giving a directive in here that could alter the patient’s desires. We need to satisfy those patients who want the one that is most convenient or nearest, but we also have to consider those patients who are not looking for that, so we have to be very careful about how much of a direction we give to this solution to the problem.

Steven Eichner

This is Ike. That was part of why I was trying to change the word to “convenient,” not “nearest,” because from a patient perspective, or at least from my perspective, part of that convenience factor is a spectrum of factors that may include whether that pharmacy delivers or if there is a good relationship with the pharmacy staff and the pharmacist. In my mind, all of those factors are a convenience.

David Butler

Exactly, and that is where I am also agreeing with what Christian was saying. Quite often, people are picking the pharmacist because they feel that that pharmacist they want to go to does a better job of being careful about protecting their health, and so, we need to have something in here about availability for the patient-preferred pharmacy. That is what should be desired, and it should not necessarily have the quickest time because if the pharmacist spends time with the patient asking questions about their health, what their needs are, when they need it delivered, and all kinds of things, then that is not going to be the quickest, so this is a complicated issue, and I think we are being too directive.

Shelly Spiro

I think I have a solution. Hans, what if we say "nearest preferred convenient"? I would take out "nearest" because I do not think it makes sense. "…pharmacies that can fill the prescription that can reduce burden," getting rid of "quickest," because that is the whole idea behind this, reducing the burden to the patient, and I think we need to take out the time constraints on this.

Hans Buitendijk

Before I make those adjustments, would you start with the phrasing of Alternative 1 or Alternative 2?

Shelly Spiro

I am looking at Alternative 2, where it says "where appropriate, having better insight into the availability of information where the most convenient pharmacy that can fill the prescription, that can reduce burden," getting rid of "wait time," "for the patient to fill their prescription." In some cases, the timing issue is irrelevant.

Steven Eichner

As a friendly amendment, I suggest "convenient for the patient."

Shelly Spiro

Correct, "convenient for the patient."

Hans Buitendijk

Let me make sure I now have the right words.

Shelly Spiro

"Pharmacy" does not go in there. "…that is convenient for the patient." So, you have to get rid of "pharmacy" before "convenient for the patient."

David Butler

It is too quick of a sentence. It probably needs a little expansion, but it seems to me that what we are trying to do is give the patient better insights into which pharmacy best meets their personal needs, and so, that is why I think a phrase saying having better insight into availability of information about the pharmacy that best meets the patient's needs would give the patient the power that they would desire.

Steven Eichner

Fundamentally, it is not insight into the availability of information. You have to give me the information. I do not want to know if the information is available, I want the information.

David Butler

Yes, you are right.

Hans Buitendijk

Okay, Alexis has her hand up. In the meantime, we have three variants, the original one that we had here just as a clean up of the run-on sentence, and then two variations that, to a greater or lesser extent, might deviate from what we have. Alexis?

Alexis Snyder

I think Ike and David just clarified what I was going to say, so that is more along the lines of Choice 3, that it was not doing for the patient, but the patient is determining what is best for them.

Hans Buitendijk
Am I hearing that you would feel comfortable with No. 3, Alexis?

Alexis Snyder
Sorry, I was just rereading it.

Hans Buitendijk
Give or take a tweak…

Alexis Snyder
It was more "as determined by the patient," if we are getting rid of "convenient."

Steven Eichner
Hans, this is Ike. It is not better information into the availability of information. What the patient needs is information about the availability of the drugs. Please do not tell me about information being available.

Shelly Spiro
I would put "prescription medications."

David Butler
I have a couple of things here. One is having **[inaudible] [01:03:58]** information about the pharmacy that best meets the patient's needs regarding availability of the prescription, care provided by the care team, and other factors important to that patient.

Hans Buitendijk
Like this, David?

David Butler
"…that best meets the patient's needs regarding the availability of prescription, the care provided by the care team, and other factors that are important to that patient." Okay, one more time. "…availability of prescription, the care provided by the pharmacy care team," or "pharmacist," whichever you want to say, "and other factors important to that patient."

Hans Buitendijk
I see that Alexis's hand went up.

Alexis Snyder
I think I was in the middle of saying it before, when everybody else started jumping in. Who is determining what is best for the patient?

Shelly Spiro
The patient.

Alexis Snyder

Right, but that sentence does not say that. It says "that best meets the patient's needs," so you need something about "best meets the patient's needs as determined by the patient."

David Butler

So, would there be something to add? We have "regarding the availability of the prescription" there by "the pharmacist." Are there other things that we would want to include?

Christian Tadrus

"Health plan interests"?

Hans Buitendijk

You were breaking up for a moment. Can you repeat the first part?

Christian Tadrus

Hans, it was my comment. This is Christian. Other players in that decision, unfortunately or fortunately, involve the payer and purchaser, so the health plan may have a vested interest in patients using pharmacies that are part of their care coordination models and their health outcomes initiatives. Although this started as a convenience and price type of thing, it really does encompass a lot of things. It is the balance that we all agree patients should have choice and make their own self-determination, but we live in an ecosystem where there are a lot of players in that arrangement, and while it would not apply to every specific prescription pickup or delivery scenario, in many, it would, so on this theme of all these factors being important information to be made available, part of that might include a health plan trying to make sure patients get healthier. That is something to think about.

Hans Buitendijk

Well, we only have about 10 minutes left before we go to public comment, and we have one more after this to look at, so I am trying to see whether we can get this across the finish line. So far, I am hearing that we are comfortable striking Options 1 and 2 and are really focusing on cleaning up Option 3.

Shelly Spiro

Does anybody disagree with that? Okay, let's strike it, Hans.

Hans Buitendijk

In the next one, we are focusing right now on "as determined by the patient or caregiver," as suggested by Alexis, and Christian indicated that that still has some limitations within what the plans are offering. Alexis, you have a comment.

Alexis Snyder

I am not sure how to further address it at the moment. I would have to think on it. I get what is being said, but that is not what I am trying to say. I am saying once you have all the choices, and those choices include the restraints from your insurer, it is then up to you what meets your needs best once you then have all those choices, which include any restrictions. I do not know if what I am saying is clear.

David Butler
I agree.

Shelly Spiro
Maybe we should say "having better information about the pharmacy…"

Hans Buitendijk
Where are you?

Shelly Spiro
The first sentence. "…having better information about the pharmacy, the formulary" or "the health plan's formulary."

Alexis Snyder
Can we just make it simpler, just having all the information you need, including any restrictions?

David Butler
I agree with that. Would it work if we just cut everything after we said "best meets the patient's needs" and then delete the rest of that sentence? "…having better information about the pharmacy or pharmacies that best meets the patient's needs."

Alexis Snyder
As determined by the patient, though, because again, who is determining what best meets the patient's needs?

David Butler
And shouldn't every patient have the right to say, "These are my needs"?

Alexis Snyder
Yes, but without that there, that is not how that reads. Someone else is determining what is best, and what a pharmacist or anybody else might think might not be patient-centered.

David Butler
I am not sure I am seeing that someone other than the patient is deciding what best meets the patient's needs.

Alexis Snyder
But that is the way it reads without the addition that was just added.

Hans Buitendijk
So, is the solution to just keep it short like this? Would that work, and then I delete what I have highlighted right now?

Shelly Spiro

I agree, because if we start to make a list, it is a long list of everything, so I agree with keeping it short. Does anyone disagree with keeping it short and keeping No. 3 at the top?

Hans Buitendijk
I would like to get some feedback from Alexis, then Pooja has her hand up, and then we need to jump to the other one.

Alexis Snyder
I agree with it being shorter because otherwise, we have too many examples.

Hans Buitendijk
Pooja?

Pooja Babbrah
I agree with making it shorter, and to address the question about the insurance, I am just wondering if we should add it above where we are working right now, where it says prescriptions may need to be transferred and rerouted multiple times. Maybe we can add something around the insurance restrictions up there, just to address it, because I do think that needs to be addressed somewhere.

Shelly Spiro
Yes, because it is out of the hands of the pharmacist.

Pooja Babbrah
Yes, there is no way the pharmacist has… So, it is lack of communication…

Hans Buitendijk
There are various factors, but then we are going to make it longer.

Pooja Babbrah
…including insurance restrictions, or something like that. If we put that there, I think we will be fine.

Shelly Spiro
Alexis? I am going to cut things off in two minutes so we can get to the last one.

Alexis Snyder
Sorry, I was on mute. Couldn't we put that on the highlighted area, "having better information, including restrictions"?

Pooja Babbrah
But the pharmacist does not always know that. That is my concern.

Hans Buitendijk
Let me highlight this part in yellow. If we do this here, would that address the combination of what Pooja suggested due to insurance or other restrictions and factors?

Pooja Babbrah
I like that there.

Hans Buitendijk
Does that satisfy you?

Alexis Snyder
Yes.

Shelly Spiro
Does anybody disagree with these changes? Okay, let's go on to the last one, which is No. 33, I believe.

Hans Buitendijk
Yes. David suggested that we needed a couple of outcome-based measures as examples. He provided that in the chat last time.

Shelly Spiro
Just a second. Can you go down to 33, Tricia Lee?

Hans Buitendijk
I thought it was already there.

Shelly Spiro
She is? Sorry.

Alexis Snyder
No, it is not.

Hans Buitendijk
There. David had provided suggestions in the chat and comments, so those were put in with a couple of tweaks. We want to make sure here that this was an improvement and included everything we were talking about under No. 5, "other outcome-based focus measures, such as," and then we wanted something there. **[Inaudible] [01:13:38]** that was further clarified as well. I just want to drop down. Alexis made the suggestion there.

Shelly Spiro
Can you scroll up a little bit so we can see the bottom of Alexis's comments?

Hans Buitendijk
Any concerns there?

Alexis Snyder
It is not visible, so if you want, I can just tell you what it was.

Hans Buitendijk

No, it is right there, but your comment is actually lower.

Alexis Snyder
That is what I was saying. I can just verbally tell everybody so you can still see the rationale at the same time. It is before the rationale. My only comment was about potential adverse drug events because that just sounds like anything that might go wrong, and the pharmacist will not necessarily be able to prevent that. It is more about the prevention of interactions between drugs.

Hans Buitendijk
Right there, that works.

Alexis Snyder
No, it is not potential, it is about potential adverse drug events. We are not going to be able to prevent every side effect or adverse event that might happen. That is unforeseeable, but they can potentially stop a dangerous drug interaction, and I put wording in the comment, though I do not remember how I worded it now. That was my only point.

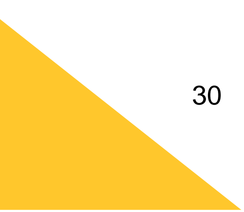
David Butler
I specifically made it “events” versus “drug interactions” because it can also be a drug disease-related aspect. If a patient’s kidneys are not functioning properly, then the pharmacist needs to make sure they do not get a higher dose of the drug than they should be getting, or they may not even be on that drug because their kidney is not working right. We should keep in mind, too, that it is not saying the pharmacist will detect them. The opening phrase of No. 5, which is not highlighted, is that these are outcomes-focused measures, so you are just measuring the pharmacist’s ability. It is not saying they have to be perfect. We are giving information about which pharmacists are doing a better job of achieving best outcomes, and under No. 5, where it says “other outcomes,” maybe we could say “best outcomes-focused” and make it a hyphenated phrase, and then “measures.” That could take care of that.

Hans Buitendijk
David, if I hear you correctly, then, in that context, would you strike “potential” because you are looking at actuals?

Shelly Spiro
No, we are looking at “potential.” This is a function of the Pharmacist Practice Act, to look at potential adverse drug events. That includes interventions in relationship to drug-drug interactions, but it is not just drug-drug interactions, it is also physical bodies, such as using pharmacogenomics for prediction of drug events that could take place, so it is not just drug-drug interactions.

David Butler
Preventing a patient who is pregnant from getting a drug that is dangerous to the fetus would be a role of the pharmacist.

Hans Buitendijk
So, is there then a need to add anything to “events” to make it clear that that is included, or are we okay with “events” being sufficiently defined so as to cover that?



Shelly Spiro
Alexis, are you okay with that explanation?

Alexis Snyder
Yes, I get that. I get that it is beyond that. I get that it is all of that. We can leave it. It is fine. I was trying to say that to me, it reads as being able to prevent other adverse reactions that are not preventable, that we do not know about yet.

Shelly Spiro
Yes, but I think we are talking about the role of the pharmacist here. That is a function that we do.

Hans Buitendijk
So, what we then did was insert the words “potential” and “best” in addition to what was there, as suggested, so are we okay with the result that we have here, and can we work with that?

Shelly Spiro
Does anybody disagree with that? Okay, let’s go on. Mike, I think we are ready for public comment.

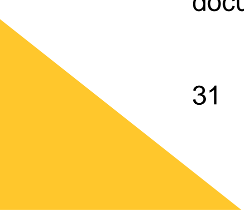
Hans Buitendijk
And then we will come back with anything else left and clean up.

Public Comment (01:18:29)

Michael Berry
All right, great. We are going to open up our meeting for verbal public comment. If you are on Zoom and would like to make a comment, please use the hand-raise function located on the Zoom toolbar. If you are on the phone only, press *9 to raise your hand, and once called upon, press *6 to mute and unmute your line. Let’s pause for a moment to see if any members of the public want to make a comment. I am not seeing any hands raised, so we can turn it back to our cochairs. Thank you.

Hans Buitendijk
All right. I just went through and removed all the yellow highlights. There is the one topic that we have left for afterwards, merging together R23 and R31. We will check in with Deven to make sure we did not miss anything in doing that. With that, there is nothing else left in the document to further comment on. We got everything covered, so, thank you very much for getting us through today. We effectively got the final document, which is going to be moved from the Google doc into Word/PDF.

The references to R1 through R38 that we originally had are going to be removed, and we will use straight, sequential numbers, but we are going to hold onto the references so if anybody needs to go back to the spreadsheet and what it relates to, there are a couple of indexes that we still might have somewhere else, so that cleanup is going to happen over the next couple of days, and then, it is going to be submitted to HITAC for final review and approval next week. At that meeting, we will essentially have a number of slides that are stepping through the document, and we will particularly highlight the recommendations that we will step through, highlight, summarize, and maybe have discussion as the questions come up, and then the document with have all the details inside it. I think we reached the point and the target date to get everything



in play for next week's meeting, so thank you very much for all the input, discussion, and notes in the chat with the work that we have done. Shelly, back to you.

Task Force Work Planning (01:20:55)

Shelly Spiro

Okay, I just want to thank everyone again. We are closing our recommendations down. There will be no more changes. If you feel so compelled and are totally upset, please send something to Hans and me so we can take a look at it. The ONC team is going to go ahead and put the recommendations into final form for our presentation to the HITAC on November 9th. I hope those of us who are not on the HITAC taskforce will join us, and I hope those who are on the HITAC taskforce agree with all of our comments and will make all the hard work that you have put into this clear to the HITAC. For our SMEs, please try to join the November 9th meeting. If there is public comment and you want to make it, please do so. Mike or Tricia Lee, do you know what time our presentation is going to be on the 9th?

Michael Berry

You and Hans are up first after opening comments, so I would say about 10:00, and we have about 70 minutes set aside for your presentation.

Shelly Spiro

Do any of the members of the taskforce have any additional questions or comments about the November 9th meeting? I just want to personally thank everyone for all their hard work: The ONC team, Tricia Lee, Mike, Maggie, Excel, and Hans have done an absolutely great job, as have all of the taskforce members, including HITAC and subject matter experts. Thank you so much. This is really, really important to the pharmacy profession. I think we are going to give you back six minutes of your time.

Hans Buitendijk

All right, thank you very much.

Shelly Spiro

Thank you, everyone.

Adjourn (01:23:03)