Trusted Exchange Framework Task Force

Transcript
February 23, 2018
Virtual Meeting

Operator
All lines are now bridged.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Hey. Hello, and welcome, everyone to the Trusted Exchange Framework Task Force of the Health Information Technology Advisory Committee. This is Lauren Richie, the designated federal officer. I will now call the meeting to order starting with a roll call. Denise Webb?

Denise Webb - Marshfield Clinic Health System - Co-Chair
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Arien Malec?

Arien Malec - Change Healthcare - Co-Chair
Good morning.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Carolyn Peterson? No Carolyn? Aaron Miri? No Aaron? John Kansky?

John Kansky - Indiana Health Information Exchange - HITAC Committee Member
I'm here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Hi, John. Sheryl Turney? No Sheryl? Sasha TerMaat?

Sasha TerMaat - Epic - HITAC Committee Member
Hello.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Steve Ready?

Steve Ready - Norton Healthcare - HITAC Committee Member
Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Cynthia Fisher? No Cynthia? Anil Jain?

Anil Jain - IBM Watson - HITAC Committee Member
I'm here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Okay. Kate Goodrich? No Kate? Okay. David McCallie?

David McCallie - Cerner - Public Member
I'm here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Mark Savage?

Mark Savage - UC San Francisco - Public Member
Good morning. Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Noam Arzt? Okay. Grace Terrell? Okay. We may have to circle back about halfway through just to check to see if any other additional members have joined. I would also like to –

Mark Savage - UC San Francisco - Public Member
Yeah. I see a notify that Noam.

Carolyn Peterson - Mayo Clinic Global Business Solutions - HITAC Committee Member
This is Carolyn Peterson. I joined.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Okay. Hi Carolyn.

Cynthia Fisher - WaterRev, LLC - HITAC Committee Member
This is Cynthia Fisher. I joined.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Hi, Cynthia.

Mark Savage - UC San Francisco - Public Member
Norm let us know he had a health emergency that he had to deal with. And I see Julia Tulley saying she's taking notes on behalf of Sheryl Turney.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Okay, thank you for the update. Okay. Just a remainder to the task force members to please use the hand raising functionality within Adobe if you have any questions or comments. And with that, I will turn it over to our co-chairs, Denise and Arien.

Arien Malec - Change Healthcare - Co-Chair
And Denise and I –

Denise Webb - Marshfield Clinic Health System - Co-Chair
Good afternoon.

Arien Malec - Change Healthcare - Co-Chair
We split duties and Denise is taking this one, so maybe we should just go over how we're planning on allocating sharing duties.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Yeah. Absolutely. So, Arian and I have agreed to divide the leadership duties for each of the calls, and I'll be taking that responsibility today. And for the permitted purposes and **news case call**, and Arian will be doing the other two areas around the **QHIN** and privacy and security. So, I think with the limited time we have, we should get right into the discussion, here. Before we start though, I do want to let everybody know that today, we really want to get input from the task force members on the questions that were sent out related to the recognized coordinating entity. We're not going to be doing any voting today. We really want to get the input, and then, there will be some drafting of recommendations, and that's when we'll do our deliberation. So, I just wanted to clarify that. So, let's get started. Just to remind you about what the charges around the recognized coordinating entity are, we are looking at particular eligibility requirements for the RCE that ONC should consider when developing the cooperative agreement.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
And I'm sorry, Denise. Just to interrupt for one second, can we have everyone mute their lines if they're not speaking? I think we have a little bit of background chatter? Thank you.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Thank you, Lauren. If we could go to the next slide… Okay. I don't think, unless any of the task force members would like us to go into detail on the review of the RCE – and if it is okay with everyone, I can just summarize. The ONC is intended to select through a competitive process, a single RCE. And the RCE's going to take the requirements from part B of the TEFCA and incorporate them into a single common agreement. So, they are going to play a role in onboarding the QHINs and getting QHINs that are eligible to voluntarily agree to abide by the

common agreement and so forth. So, what we're going to talk about today is we're going to go over the list of questions to get your input on what are the things that ONC should consider in the cooperative agreement, and –

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Sorry. Not to interrupt you, but can we move up to the next slide since we're going over the discussion questions?

Denise Webb - Marshfield Clinic Health System - Co-Chair

Oh, yes. Thank you.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Keep going with the discussion questions slide.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Yeah. And so, not only what should the ONC consider including, but you also might want to think about what we would want to recommend to ONC that shouldn't be included as well. I mean, you can look at it from both sides of the coin. So, these are the discussion questions we're going to go over. And we're going to go over each of these one by one. And again, to remind everybody if you could raise your hand to contribute your responses to these questions. Let's go ahead and get started with the first question around what outcomes or milestones should a recognized coordinating agency be accountable for over the three-year award period? So, I think that's the next slide. All right. On this slide, just to get you all thinking about some ideas or to provide some examples of some outcomes and milestones that we might consider as a task force and any other ideas that the task force members may have. And I'm not gonna read these to you. But I open up for discussion what your thoughts are on this area.

Mark Savage - UC San Francisco - Public Member
So, Denise, this is Mark. I raised my hand. Do you want me to just jump in, or do you want me to wait for you to call?

Denise Webb - Marshfield Clinic Health System - Co-Chair
Oh, no. Go ahead, Mark.

Mark Savage - UC San Francisco - Public Member
Okay. So, the examples here all look pretty common sense to me. What I did notice is that they are mostly processed outcomes and milestones. Not outcomes or milestones. And I co-chaired the interoperability measurement committee for NQS that developed for ONC an interoperability measurement framework. And I think it would be a good outcome and set of milestones for the RCE to be measuring interoperability across the domains and subdomains in that framework, both to get a baseline and to get some trend measurements and see what's working, what's not working, where there may be disparities. So, I'll just throw that out as a general idea. I'm happy to go into detail at the appropriate time. But generally, measuring

interoperability at a somewhat, granular level, a big-picture granular level the way the framework was set up.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Great. Thank you for that input. And I do think we separated out the questions in terms of phasing by **actually**, what do we wanna see in place and happening for milestones versus metrics and measures. I think we have a question on a later question about specific measures.

Arien Malec - Change Healthcare - Co-Chair
Denise, this is Arien. Maybe I'll rephrase the point then, which is that we don't see an outcome here that lists that providers across the country can connect to their chosen qualified HIN and have the data flow according to permitted purposes. And that clear outcome that the data should be flowing is probably the most critical success factor for the RCE. And everything else is kind of an enablement.

Denise Webb - Marshfield Clinic Health System - Co-Chair
And what do we think about in terms of a reasonable timeframe for achieving that metric? Or would we recommend that that be phased out by the first year X percentage of our providers are able to connect and so forth?

David McCallie - Cerner - Public Member
This is D –

John Kansky - Indiana Health Information Exchange - HITAC Committee Member
Question on that.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Who was that?

David McCallie - Cerner - Public Member
This is David McCallie. I raised my hand. I just was –

Denise Webb - Marshfield Clinic Health System - Co-Chair
Go ahead, David.

David McCallie - Cerner - Public Member
It's hard not to answer when you ask a question. I was just gonna comment that I think there's a phasing question coming up that goes into a lot of detail over what to be done in first year, second year, third year. But I wanted to come back to the original question and just make a high level comment that a lot of these questions are obviously intertwined. And the way you answer one will depend a little bit on how you answer the other ones. But at a high-level to me, the least clear thing that may affect the way we answer these questions is what's the separation of concerns between ONC's role and the RCE role. And just for purposes of example, one way I've been trying to think about it is that the ONC could be focused on setting policy and policy minimums, and the RCE could be responsible for converting that into the common agreement and implementation guides for the selected use cases.

And if you structure it a certain way like that than the expectations around milestones might be

different than if you structured it a different way. So, that's just the way I've been thinking about it. And I know some of the others who have submitted comments have looked at it that way as well, to keep ONC on the policy minimums and in a sense, if you would, the high-level policy requirements and then have the RCE deliver the particular implementation artifacts including the common agreement and implementation guides.

Denise Webb - Marshfield Clinic Health System - Co-Chair
So, just to summarize: Have the ONCs focus on policy. Have the RCE focus on operationalizing that policy. Is that what –

David McCallie - Cerner - Public Member
Yeah. And on the details including for example, the specific architecture choices and the standards selected and so forth. So, their deliverables would be those kinds of artifacts, the details to operate. And the ONCs would be on the policy minimums.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Okay. Let's go to John. I know your hand's up, John.

John Kansky - Indiana Health Information Exchange - HITAC Committee Member
Yup. Thank you. So, I think we all understand that ONC's ultimately going to have to find the right balance to setting requirements, whether that be on what to hold the RCE accountable for or a future topic of what the QHINs are required to do. There has to be an achievability to be successful. So, one of the things I was – this applies to the phasing as well, in terms of knowing that TEFCA's going to change. And we'll talk about phasing in a second. I think that's going to be important to what gets put in what year. But one of the questions that I'm struggling with is what can you hold the RCE accountable for in terms of No. 1: How many QHINs have signed on to the common agreement? And how many QHINs have achieved live status given that much of that seems to be outside the RCEs control?

Denise Webb - Marshfield Clinic Health System - Co-Chair
Okay. Arien? Your hands up.

Arien Malec - Change Healthcare - Co-Chair
Oh, sorry. I already made the point relative to and not withstanding the notion that the RCE relies on QHINs. I think if we have an RCE that does all of its processed checkboxes, but QHINs aren't connecting to provider organizations and data's not flowing, I don't think at the end of the day, we would judge the RCE as being successful, not withstanding that they're dependent on both ONC and the QHIN to get that outcome going.

Denise Webb - Marshfield Clinic Health System - Co-Chair
All right. And Mark? Your hand is up.

Mark Savage - UC San Francisco - Public Member
Sure. I wanted to go back and appreciate Arien's point that as an outcome, **spec** providers across the nation should be able to connect and have the data flowing. I wanted to expand that though. The ONC's clear that there are six or seven different kinds of users for which this is designed so that hand's public health payers, patients, or individuals, those various stakeholder groups that are supposed to be able to use this onramp should be able to get their data and

have it flowing across the country.

Arien Malec - Change Healthcare - Co-Chair
Thank you. Great point. Yup.

Denise Webb - Marshfield Clinic Health System - Co-Chair
And then it looks like Arien, Mary has joined, and your hand is up.

Arien Malec - Change Healthcare - Co-Chair
Yes. Thank you. So, I have a point in regards especially to the last one about patients being able to access this. I think that there should be some sort of measurement stick as to the successful validation of their identity and making sure that whomever is accessing the data, that the data flows appropriately from one to the other, that these are validated folks accessing the system, sharing data amongst each other, and that the output has been successful because of successful identification. So, to me, the security and privacy concerns have got to be one of the many milestones that we measure over three years to show that yes, you can trust sharing your information on the network. Yes, it was received by a trusted party of the network, and you're good to go. So, as a provider organization, they feel comfortable, and a patient feels comfortable.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Thank you. Steve Ready?

Steve Ready - Norton Healthcare - HITAC Committee Member
Yeah. Thank you. So, this may fall a little bit under the fourth bullet point, but when we think about the onboarding of the QHINs, you have that initial list of expectations and requirements to become a qualified HIN. Should we have any consideration for for lack of a better word, some sort of added station for subsequent years that you are maintaining minimum requirements to be a QHIN?

Denise Webb - Marshfield Clinic Health System - Co-Chair
Thank you. John?

John Kansky - Indiana Health Information Exchange - HITAC Committee Member
Just thinking about whether it's data flowing that we want to hold the RCE accountable for as an output or whether it's QHINs connected or whether it's participation levels, do we see holding the RCE accountable for those measures which the QHINs and their participants are going to be jointly responsible for, and the RCE will flow down those responsibilities as part of their contracting via the common agreement? I guess it's more of a question than an answer. I seem to be on the side of being concerned that we give the RCE achievable things to be accountable for.

Denise Webb - Marshfield Clinic Health System - Co-Chair
So, are you suggesting that the be responsible for the flow down, or that that should be clearly spelled out in the cooperative agreement in terms of –

John Kansky - Indiana Health Information Exchange - HITAC Committee Member
Yes. Sorry, that was clear. So, if we determine that whoever becomes the RCE must agree to be

held accountable for A through Z, we should be careful choosing things that won't scare off good RCE candidates, and I guess we can have more things on that list if we perceive that the RCE can pass on responsibility for achieving some of those metrics in their QHIN agreement.

Denise Webb - Marshfield Clinic Health System - Co-Chair
All right. Thank you. I'm gonna ask Zoe with watching the time here and if we need to move onto the next slide. I do have three more hands held up here. I have David, Anil, and then Aaron Miri again. Why don't we quickly go through and then go to the next slide? David?

David McCallie - Cerner - Public Member
Yeah. Thanks. It's David. I think, just piling onto the last comment, the kind of things the RCE could be held ac countable for might be more along the lines of the implementation guides around the particular use cases. It will probably be up to the QHINs to be responsible for insuring that they get enough participants to sign up and that their data to flow and stuff. So, I think that is an important distinction. The RCE is accountable for implementation guide and the common agreement but not for actual activity on the network, probably.

Zoe Barber:
I'm sorry –

Arien Malec - Change Healthcare - Co-Chair
And I want to just say that Sasha made the same comment via the chat feature.

Zoe Barber:
And sorry. This is Zoe. That's a great comment, and we do have a slide actually, specifically about measures and distinguishing between which measures are the RCEs accountable to ONC as opposed to the measures that the QHINs are accountable for to report up to the RCE. So, I don't know if we want to move onto the next slide.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Why don't we move onto the next slide? And I know I have Anile next in the cue, and some others haven't chimed in yet, but please, if you have thoughts raise your hand so we can get your thoughts. This is tied to the first question. I know it might be kind of difficult for our task force to actually, without having a whiteboard in front of us with a list of all the ideas everybody has contributed so far, to talk about what should happen in year one, year two, and year three respectively. Maybe we can hit on what are the most critical things that we would see happening in year one versus two and three. I'm gonna call on Anil because you're in the cue next.

Anil Jain - IBM Watson - HITAC Committee Member
Great. Yeah, thank you. So, I think my comments relate to this specific area as well as the prior one, but I think if we're all gonna agree that the RCE is trying to operationalize the TEFCA that we have to come up with some milestones that help achieve what t he whole point of all this is, which is simplification of what providers have to go to in order to connect. So, I think some of those milestones, and we could work backwards from year three, two one, but have to be is there oversimplification occurring in our ecosystem?

Are there less connections being made to disparate systems, or are our providers able to

connect to a single QHIN in their network and simplify some of the challenges they have? And then we can work backwards all the way to year one, where year one, the milestone might simply be how many folks have signed on to a common agreement? But I do think that if we're going to hold the RCE accountable, it ought to be for the reasons that they're overseeing the QHINs from an operationalizing the TEFCA perspective, which is how do we actually simplify and gain adoption for our overall framework?

Denise Webb - Marshfield Clinic Health System - Co-Chair
Thank you, Aaron. David?

Anil Jain - IBM Watson - HITAC Committee Member
That was Anil, by the way.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Oh. Sorry, Anil. I know that. I'm looking at the screen and not thinking. So, actually Aaron was next.

Aaron Miri - Imprivata - HITAC Committee Member
Yup. Hi. So, I'll make this quick. I know we're running close on time here. I do believe that one of the measurements that we should ask of the RCE particularly is to highlight and identify and tease out as this is spun up issues for data flow. And I know the term information blocking has been thrown around so often and is miscategorized, but there're a lot of other reasons why information doesn't flow besides technology challenges, and I would like to hope that through this mechanism, we can highlight some of those. And I'll give you a case in point. In a previous life as a hospital CIO, there are competitive issues where a hospital in the same geography as mine would not share data with me because they're worried about losing their referral. And it's things like that that are nothing to do with technology that I'm sure will be stumbled upon with an RCE. And those issues as they're brought up and aggregated as this really comes online will be helpful in crafting additional policy guidance for HITAC and for others to consider moving forward.

Denise Webb - Marshfield Clinic Health System - Co-Chair
All right. Thank you. David? And if you could be real quick because there are a few people who haven't spoken, and we'd like to give them a chance too.

David McCallie - Cerner - Public Member
Okay. I looked at this question in terms of a project plan, like how would I sequence the activities? So, maybe that's not exactly the way the question was asked, but if you have a project plan, then you can draw the deliverable dates and say, "You need to be at this point by this date." But I think it starts with defining governance, electing the members and stakeholders that are gonna participate, identifying the modular use cases and getting ONC to approve them, developing the cooperative agreement necessary to support the use cases that are to be started with, developing the implementation guides for those use cases, define some kind of a crossover plan for existing interoperability to migrate over to those use cases, recruit the QHINs, and then start piloting the implementation guides, and when sufficient pilot experience has been attained, start crossing over.

And then in parallel to all that, start working on the next use case, probably in a separate thread

of people working on it. And the "Do no harm" mandate applies because these things are not supposed to disrupt existing interoperability. So, you have to stage it in that way. And I think there was a lot of feedback that I've gotten from people I've talked to that the thought that this would happen very quickly – well, let me say that better: that the current proposed timelines may be too quick. These are pretty complicated things. So, it may take three years to achieve widespread liveness on a single use case, for example. And that shouldn't be considered a failure.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Thank you. Carolyn, you're up.

Carolyn Peterson - Mayo Clinic Global Business Solutions - HITAC Committee Member
Thanks, Denise. My comment relates both to this question and to the previous one. In thinking about what should be required in which year, I want to really strongly recommend that we don't push off patient and consumer access to their data to year three. I think that absolutely needs to be no later than year two. And depending on how the rest of the schedule flows, possibly even in late year one. It has been an expectation that patients and consumers can access their data for some years, and in many places, that's not happening. I know we've had some back and forth about what the RCE is responsible for and whether the QHINs should be picking things up, but I think we need to not lose that aspect of consumers getting access to their own data. Thanks.

Denise Webb - Marshfield Clinic Health System - Co-Chair
All right. Thank you. Arien Malec?

Arien Malec - Change Healthcare - Co-Chair
Yup. So, just want to endorse David's and a number of other people's notion that we start from end-stage outcomes and work backwards. And we may discover through that process, as David pointed out, that working backwards may push us past a three-year lifecycle. I also want to point out Sasha, on the comment, thought it was important to define what year one was, and that's a key consideration. So, what the starting point is, we need to be clear about. What the end-stage steady state looks like, we should be clear about. And then we should work backwards from the end-stage to the start point and make sure that we've got realistic timelines associated with it. And then as a process measure, because of time, we're half an hour through this call, I might suggest that this is an area where we could get email feedback on some milestones. That might be a more effective way of collecting some of the more specifics that we might be looking to get.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Yeah. I was thinking that too. I think that's a good idea. We could assign that as some homework. All right. So, should we go ahead – given the time, why don't we move to the next slide?

Mark Savage - UC San Francisco - Public Member
Denise, while you're moving, can I just throw out one question for ONC or somebody to give some thought. What is expected to be in place at the outset? What is expected say, at the end of year one? And maybe that's for us to help define with milestones, but there's a way in which the way this is written, you expect you should be able to do all of this stuff at the beginning,

which is not realistic. And so, just hearing from ONC what they're expecting at the beginning could be useful. Thanks.

Zoe Barber:
Hey. Yeah, this is Zoe. I can take that. I think mostly, we're looking for your feedback on that. What we're thinking specifically, is we need to have the common agreement developed at least by the end of 2018 because that's when we're gonna be releasing the final TEFCA. And so, I think that's really the base requirement for year one. And then it would also be good to have the onboarding process in place as soon as possible so that we can start getting qualified HINs signed on beginning in 2019.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Thanks, Zoe.

Mark Savage - UC San Francisco - Public Member
Thank you. Zoe, so the beginning of the three-year contract would be when? The moment that it's awarded? Is that when the timer starts?

Zoe Barber:
I believe so. Right now, we're anticipating August 1st.

Mark Savage - UC San Francisco - Public Member
Thank you.

Denise Webb - Marshfield Clinic Health System - Co-Chair
All right. Now, I know some of you have already mentioned metrics. This next question is around what metrics should we consider for measuring the success or compliance with the expected milestone. So, I think there was a mixture of discussion around outcomes and metrics, and sometimes the lines blurred. So, let's look at two areas: How the RCE is performing with respect to its responsibilities to ONC, and then how the RCE is measuring success of the qualified HINs. So, there are some examples here on the slide. And like I said, I know some of you have already provided some input in this area, which we are capturing. So, thoughts on this? David, your hand's up.

David McCallie - Cerner - Public Member
Yeah. I already made a comment on the deliverable back to ONC, I think would be the common agreement and the implementation guides as the critical deliverable because without that, you can't onboard and start to operate. On the RCE measure for the qualified HINs, I think the ONC should look to groups like CommonWell and Care Quality for the metrics that they currently use to track their member participating because those are sort of hard lessons learned on how to measure growth of a network and utilization of the network, what's a real measure and what's noisy measure. And I'm not gonna try to enumerate those, but my experience with CommonWell is it took some time to figure out how to even measure utilization. So, don't lose that learning.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Okay. Thank you. Others? Any thoughts on this? Maybe some of the folks we haven't heard from yet? Arien?

Arien Malec - Change Healthcare - Co-Chair
Yeah. I'm clearly not one of the folks you haven't heard from yet, but I actually – this is sort of a metapoint. I think David and a number of others made the point that ONC should be responsible for establishing the policy direction, and the RCE should be responsible for the enablement of that policy direction and operationalization of that policy direction including many of the implementation specifications. As the TEFCA is written right now, there are some things that are embedded in the TEFCA itself that are not RCE duties, and I want to acknowledge that at least some members of this task force believe that the duties should be partitioned somewhat differently. And I don't know what the right time to have that discussion is, but I think we'd be remiss if we didn't have that discussion and see whether we agree or disagree or have split agreement or disagreement on that point.

Denise Webb - Marshfield Clinic Health System - Co-Chair
All right. So, do you think we should have that discussion along these lines then?

Arien Malec - Change Healthcare - Co-Chair
I think it's probably more important than the metrics and milestones question. More foundational.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Okay. And we certainly can take that line of discussion. I saw Sasha's hand go up, and then it went back down. Sasha, did you have something?

Sasha TerMaat - Epic - HITAC Committee Member
Oh, well I was, before Arien took us a different direction, going to point out that just like we talked earlier about having outcome measures in addition to process measures, we could consider satisfaction-based measures.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Oh, that's a good idea.

Sasha TerMaat - Epic - HITAC Committee Member
I agree with John's concern about not setting up an RCE contract that qualified applicants wouldn't want to consider it, so I definitely share John's concern there. But if we think of how practically the industry is likely to evaluate this project, the satisfaction of the participants and the end users seems like it will end up being a key evaluating factor. And maybe we want to formalize that in what data would be collected and reported.

Denise Webb - Marshfield Clinic Health System - Co-Chair
All right. Thanks, Sasha. If everyone is okay with going down the line of discussion that Arien has suggested – I'm not sure if that's what David and Aaron want to talk about, but David, you have your hand up.

David McCallie - Cerner - Public Member
Yes, I do. And it is what I'd like to talk about. I think it's a really important point. And it's the distinction between – in a rapidly moving world where technologies are changing, and marketplaces are complicated, it's difficult for regulators to put concrete things in regulatory

language and then hope that it stays current and up to date over time. So, in the 2015 certification addition, requirements for APIs for the certified health IT, ONC took a different approach and specified function requirements for those APIs and then allowed the industry to figure out how to make it actually work and map it to standards like FHIR And that happened through the Argonaut process, and no it's managed through HL7. I think that was very effective, that separation of concern.

The policy goal was that you have APIs that consumers can use to access their record. The details got worked out in a rapidly changing technology environment quite successfully as the recent Apple demonstrations show. So, I think that's the model that the RCE/ONC relationship should follow and know that the stuff that's in the draft TEFCA gets pretty concrete about specific standards. I would take that out of the TEFCA or common agreement and put those in the implementation guides and have the common agreement focus on the principles and the high-level requirements, the functional requirements. So, I think I'm just repeating what Arien said, but with that concrete example of mapping back to the 2015 certification addition as a lesson learned study.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Thank you, David. Sasha?

Sasha TerMaat - Epic - HITAC Committee Member
David, I agree. And that was a common theme among many EHR developers as we reviewed the document in the EHRA meetings. The feeling was that the regulatory process would not be able to keep pace with the standards, and that the standards were specified in the draft at an inconsistent level, in some places very detailed, and in others, extremely high level. And I think the most practical approach there would be, as you suggest, pulling that out into implementation guides that are managed at a different level.

Zoe Barber:
And hey, guys. This is Zoe. I just wanted to say one clarification on this topic, and that's just that this isn't being done. The TEFCA and updating the TEFCA is not being done through regulatory process, and so there is some more flexibility in terms of being able to update standards over time because it does not have to go through the regulatory process.

Denise Webb - Marshfield Clinic Health System - Co-Chair
You know, I would comment on that though, Zoe. I agree with Sasha that we talked about this on the Care and Alliance board, and having to revisit the common agreement every time standards change, those really do belong outside in a guide, so that as things evolve and change in the marketplace, those can be upgraded, and then the common agreement would just refer back to that guide that the QHINs are expected to use in their implementations. So, that was a theme there that I would just add for everybody's consideration too. I think because of time, we need to probably keep moving on here, and the next question gets at –

Arien Malec - Change Healthcare - Co-Chair
Sorry. Just before we move on, is there substantive disagree – so, I think there's a perspective that's been expressed by four of us, at least. Is there a substantive disagreement on this point, a strong perspective that in fact that ONC should be maintaining the TEFCA framework that defines the standards, and the RCE is responsible for implementing those standards versus the

coordination of responsibilities that David and Sasha articulated that ONC articulates the policy goals, and the RCE, in collaboration with ONC and the QHINs defines the enablement, including the implementation guidance? Is there strong disagreement or difference of opinion on that point? Or is that actually a consensus of the task force?

Mark Savage - UC San Francisco - Public Member
So, this is Mark. I think it's not an either/or question. There may still be some standards worth articulating, but maybe not the distribution that we have in the draft. And I will also say that if the focus is instead going to be on function and say, the principles section of the draft TEFCA, there is, I think, significantly more functional detail that needs to be in the principles than is currently there. So, I paid particular attention to mechanisms for individual access to their information and found a lot of things missing. I would want to see the functional expectations fleshed out. And I give patients and family caregivers as one example of that.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Does anyone else have anything to add to that before we move on to talk about requirements for the RCE selection?

David McCallie - Cerner - Public Member
This is David. I would just agree that there's a lot of functional requirement that's not in there yet, so by arguing for moving some of the technical and architectural details into implementation guides, it doesn't mean that we don't need more clarity around the functional requirements. I completely agree. And probably staging of them, so that it's not all at once because I think it's a lot of work for even some of the easier ones.

Denise Webb - Marshfield Clinic Health System - Co-Chair
So, can we move to the next slide please? So, this next question was one of the core questions, the ones Steve was asking us to respond to as the Task Force, and it's around the eligibility requirements that the RCE would need to meet. And these are some examples. I've read a lot of the comments that have been submitted to the ONC so far, and there seems to be a resounding agreement around it being a not for profit entity. I would just make that contribution. David, you're in the cue.

David McCallie - Cerner - Public Member
Yes, certainly. That was my first comment is the success or failure of this will come down in large measure to whether the public and the provider community trust the RCE. So, it has to be not for profit. It has to be very transparent. It has to be assiduously neutral in this complicated space, which is a big challenge. But I think those are all things that it needs to be held accountable for.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Arien?

Arien Malec - Change Healthcare - Co-Chair
So, there's a number of organizations that I think have contemplated being an RCE, and I think when you look at these set of criteria, I don't think anybody would tend to disagree, but it's not clear how they map up against some of the exemplars who want to be an RCE. So, for example, existing and active participation of membership across geographic regions from multiple types

of stakeholders. Do we have an expectation that the board of directors of the RCE has that same level of balance, of interest? There are, for example, RCEs that are primarily composed of integration system spenders and large IDMs. Is that okay? Or do we want an RCE that balances towards both smaller providers and patient access as well? Likewise, would it be appropriate for an RCE to also run through its allied governance affairs an existing organization that might or might not want to be a QHIN?

So, making sure that these definitions are actionable – and just to be really clear, I'm not arguing for or against any particular organization as an RCE. I just think that it might be that some of the existing organizations that are really well suited to be an RCE might need to change some of the governance and constituency in organizational models that they have in order to do the most effective job as an RCE. And it's not clear to me if these criteria are actionable enough for ONC to be able to make any recommendations or for a prospective RCE to know what changes they might need to make with respect to governance in order to be qualified as an RCE. So, in some of these areas I think we need to be maybe more specific in ways that allow us to clearly delineate what would or wouldn't be good RCE governance.

Denise Webb - Marshfield Clinic Health System - Co-Chair
So, I know when the ONC did the state HIE cooperative agreement, they got pretty specific about the representation on a board of the HIE entity to ensure that the broader stakeholder community was represented. Mark, you're up next.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Mark, just before you go – sorry. Just as a reminder – this is Lauren. We have just about two or three minutes before we have to open it up for public comment.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Okay. And let me just say this. If we don't get to the other questions, we will ask the task force members to, if they would, supply any comments that they would have or input for the other questions. Go ahead, Mark.

[Crosstalk]

Arien Malec - Change Healthcare - Co-Chair
May I request – could we move the last five minutes to public comment? Or last three minutes to public comment? Reserving the whole ten minutes for public comment I think would cut into the task force discussion time quite a bit.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Yes. If we have additional time, we can certainly circle back if there aren't comments that fill up the whole ten minutes.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Mark?

Mark Savage - UC San Francisco - Public Member

So, I'll keep this brief and fast. I think both at the governance level and at the operational level, there should be multi-stakeholder representation. Especially something this visible, something this national, I think that's important. There's something on my mind that maybe fits here. The presentation in July when they looked at the overlap among existing approaches and identified some of the things that were not common across all of the entities, some of those things were pretty significant. And it made me wonder if we should be looking at that list as a part of eligibility requirements where some of those significant things – anyway, I don't want to monopolize the time, so I'll just throw that out as a placeholder idea to crosscheck that.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Thanks, Mark. John?

John Kansky - Indiana Health Information Exchange - HITAC Committee Member
Just wanna make a couple points quickly. Both of them are related to making sure we don't create requirements for the RCE eligibility requirements that unintentionally disallow some good organizations or good ideas. I would offer as examples – I think Arien touched on this – that if a corporate structure adjustment is required, that there be enough flexibility for an organization to make the corporate structure change needed rather than specifying an inflexible requirement on current corporate structure.

And the other example, which is maybe a little bit more outside the box – there's some of it in the chat box going on – is that given that we want the RCE entity to be knowledgeable in this interoperability space and have a demonstrated record, it's hard to find an organization that would be perceived as neutral with that set of requirements. So, is there the potential for a newly formed multi-stakeholder organization to emerge that is made up of organizations that have the credibility but would be perceived as balanced in terms of its governance.

Denise Webb - Marshfield Clinic Health System - Co-Chair
All right. Thank you. And it looks like one more comment, Sasha, and then we're gonna have to go to public comment.

Sasha TerMaat - Epic - HITAC Committee Member
I think we would want to add an expertise requirement to the RCE expectations, so that they would have knowledge and familiarity with the healthcare interoperability space and then be prepared to execute on the rapid pace of the expectations laid out in the contract.

Denise Webb - Marshfield Clinic Health System - Co-Chair
All right. Thank you, Sasha. Lauren, I'll turn it over to you to open up for public comment.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Thanks, Denise. Operator, if we can open the public line, please.

Operator
Certainly. If you would like to make a public comment, please press *1 on your telephone keypad. A confirmation code will indicate your line is in the question cue. And you may press *2 if you'd like to remove your question from the cue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing the * keys. Again, that is *1 to make a

comment at this time. Our first comments are from the line of Brian Ahier with Aetna. Please go ahead.

Brian Ahir - Aetna
Thank you. Great conversation today. I certainly agree with the points on patient access to health information as well as I think David's point that it should be with implementation guides. That's probably the only way it would actually work. One thing I'm curious if the task force or maybe even the larger community is considering how the pilots might play out and if that could be for the RCE possibly a year two milestone, the pilots that ONC under the Cures Act is required to do in collaboration with nest of the framework. Thank you.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Thank you. Operator, do we have another comment?

Operator
Yes. Our next comment's from the line of **Mary Cevaks** with **CHIME**. Please go ahead.

Mary Cevaks - Chime
Hi. Thanks for taking my comment. Great comments today. A few things to consider: First of all, I strongly agree with the comments from David McCallie regarding starting backwards and looking about where you want to end up. The use of use cases is incredibly important. I think that collectively, as an industry, we've been guilty of swallowing the apple whole, and instead, we should look to identify the use cases and pilot test them as many others have said, as well as rely on implementation guides. So, that's I guess, a process related comment. With respect to the construct of the RCE, we strongly support a non-profit entity, ideally a 501C3 and a board that is multi-stakeholder to include providers and other representative stakeholders. We don't think it should be unduly represented by say, a particular interest in the industry. So, we don't think the RCEs should be coming from say, a vendor perspective or a payer perspective. It should be totally neutral.

And in terms of measuring satisfaction, if you think about the 21st century Cures law and that it asks for interoperability to be with minimal efforts, in terms of measuring satisfaction, I think you'd want to do it from both a provider's side and a patient's side. And with respect to the provider side, there have been surveys in the past that Team S has done on national provider satisfaction. And while they didn't involve technology because they were several years ago, I'm happy to provide background to the committee. This might be something that you would ask the clinicians who are serving patients in a variety of settings whether or not they feel like they have seamless access to information. Thanks for taking my comment.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Thank you. Operator, do we have another comment?

Operator
We have no further comments at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology -

Designated Federal Officer
Okay. Denise, I will hand it back to you for the last few minutes.

Denise Webb - Marshfield Clinic Health System - Co-Chair
All right. Thank you. We could take the last few minutes to have any other further discussion, but before we end the call, I just want to make sure that we are permitted – an ONC can let us know this – to have the task force members provide any input they may have that they weren't able to get to us on the call today via email. Is that permitted?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Yes. The email – I'm sorry. Go ahead.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Lauren?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
I'm sorry. I thought I heard a comment.

Denise Webb - Marshfield Clinic Health System - Co-Chair
No.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
So, Denise, you're asking if we can capture additional comments from an email address?

Denise Webb - Marshfield Clinic Health System - Co-Chair
Mm-hmm.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Yes. So, the email address that's provided on the screen. They can submit their public comments there, and those will be delivered to the full task force.

Arien Malec - Change Healthcare - Co-Chair
And members of the task force –

Denise Webb - Marshfield Clinic Health System - Co-Chair
And the task force members can do that, right?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Yes.

Denise Webb - Marshfield Clinic Health System - Co-Chair
That's what I was asking as our homework for the task force members to cover the questions we didn't get to discuss today, given our aggressive timeline to get this done.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Got it.

Arien Malec - Change Healthcare - Co-Chair
I just make sure we make sure that Lauren is included on any correspondence to make sure that she can help us stay honest to ONC's obligations relative to FACA Rules.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Yes. And Zoe Barber, as well.

Sasha TerMaat - Epic - HITAC Committee Member
What is the timeline expectation for homework? Is there a due date then? And can I just clarify that then we would send our homework to the same email address that's on the screen? Is that the directive?

Arien Malec - Change Healthcare - Co-Chair
I'd send it to the task force members as well as Zoe and Lauren.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Yeah. And the email on the screen I think is what I heard Lauren say.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Yeah. Well, the email on the screen is only for if you wanted to provide an additional public comment. But if you just want to converse with each other, then yes. I believe we have an email distribution for this task force inclusive of the lead and myself and the chairs.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Oh, okay. Good.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
And maybe it would be helpful if I send out an email to the entire task force directly after this meeting with the homework, the questions that we went over today, and the instructions for where you guys can submit your answer to those.

Arien Malec - Change Healthcare - Co-Chair
And after the meeting on the 5th., we're gonna go write up draft recommendations and then take two meetings to review those draft recommendations. But we want to make sure that all of the input from the task force gets received in time for that go dark period to write up the draft recommendations. You will get another crack at it when we review those draft recommendations with the full task force, so you have until the 5th, but the earlier the better.

Denise Webb - Marshfield Clinic Health System - Co-Chair
And we will try to do a better job getting information out to you in advance of our meetings. It's

just we were on a really tight timeline this week.

Mark Savage - UC San Francisco - Public Member
It'll get better. It's always hard when you start off. So, I don't see anything being amiss. Thanks so much.

Denise Webb - Marshfield Clinic Health System - Co-Chair
All right. And we have a couple minutes. Any other comments or next step items that we need to cover?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Yes. Denise, maybe you wanna just go to the homework slide so people can see how they want to prepare for Monday.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Oh, okay. If we can do that. All right. So, you will be receiving some extracts, and you may have already received them from the 21st century Cures Act. Just so that you have that to visit as you're thinking about your input on our work. And then if everyone could make sure that they review the draft task – and these pages listed here for our discussion on Monday, that would be very helpful. And I know Zoe will be preparing some slides that Arien and I will review to send out with the questions that we're gonna discuss on Monday. And Arien will be leading that call.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Okay.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Any questions? Or…

John Kansky - Indiana Health Information Exchange - HITAC Committee Member
Good call. Thank you.

Mark Savage - UC San Francisco - Public Member
Thanks all.

Denise Webb - Marshfield Clinic Health System - Co-Chair
Thank you, everyone for your great input.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
All right. Thank you. We will return.

Aaron Miri - Imprivata - HITAC Committee Member
Thank you. Bye-bye.

[End of Audio]

Duration: 57 minutes