



Meeting Notes

Health Information Technology Advisory Committee Information Blocking Task Force Workgroup 1: Relevant Statutory Terms and Provisions March 13, 2019, 12:00 p.m. – 2:00 p.m. ET Virtual

The March 13, 2019, meeting of the Information Blocking Task Force Workgroup 1: Relevant Statutory Terms and Provisions of the Health IT Advisory Committee (HITAC) was called to order at 12:00 p.m. ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

Roll Call

MEMBERS IN ATTENDANCE

Andrew Truscott, Co-Chair, Accenture
Michael Adcock, Co-Chair, Individual
Cynthia Fisher, Member, WaterRev, LL
Denni McColm, Member, Citizens Memorial Healthcare

MEMBERS NOT IN ATTENDANCE

John Kansky, Member, Indiana Health Information Exchange
Sheryl Turney, Member, Anthem

ONC STAFF

Penelope Hughes, ONC Backup/Support
Mark Knee, ONC Staff Lead
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer
Lauren Wu, SME

Call to Order

Lauren Richie called the meeting to order, conducted roll call, and turned the meeting over to the co-chairs.

Michael Adcock, co-chair, welcomed everyone to the meeting and reviewed the agenda.

Andy Truscott suggested walking through the current draft of recommendations and refining during today's call.

§171.102 Definitions



DEFINITIONS OF HEALTH INFORMATION EXCHANGE AND NETWORK

Health Information Exchange or HIE means an individual or entity that enables access, exchange, or use of electronic health information primarily between or among a particular class of individuals or entities or for a limited set of purposes.

Health Information Network or HIN means an individual or entity that satisfies one or both of the following—

- (1) Determines, oversees, administers, controls, or substantially influences policies or agreements that define business, operational, technical, or other conditions or requirements for enabling or facilitating access, exchange, or use of electronic health information between or among two or more unaffiliated individuals or entities.
- (2) Provides, manages, controls, or substantially influences any technology or service that enables or facilitates the access, exchange, or use of electronic health information between or among two or more unaffiliated individuals or entities.

Discussion

- The Workgroup had an extensive discussion (changes noted in red). The group discussed proposing Health Information Exchange or HIE to mean an individual or entity that **enables, facilitates, or performs the access, exchange, processing, handling** or other use of electronic health information.
 - **Andy Truscott** felt that these changes help maintain the intent of 21st Century Cures (Cures).
 - **Cynthia Fisher** emphasized that it is important to be sure that networks and exchanges are kept broad and kept in alignment with Cures.
 - **Andy Truscott** clarified the difference between “enable” and “facilitate.” When something is “enabled,” it is made to happen. Facilitate means an attempt was made to make something happen.
 - **Mark Knee** noted that ONC proposed functional definitions of HIE and HIN. (e.g., provider could act as a HIN and thus be considered a HIN).
 - **Andy Truscott** noted that ONC has a definition of HIE posted on the website.
 - **Mark Knee** noted that this group is talking specifically about the information blocking context.
 - **Denni McColm** felt the definition of unaffiliated is not clear.
- The Workgroup agreed to review this proposal and come up with possible changes for a future discussion to further refine and finalize.

DEFINITION OF ELECTRONIC HEALTH INFORMATION

Electronic Health Information (EHI) means—

- (1) Electronic protected health information; and
- (2) Any other information that identifies the individual, or with respect to which there is a reasonable basis for believing the information can be used to identify the individual and is transmitted by or maintained in electronic media, as defined in 45 CFR 160.103, that relates to the past, present, or future



health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Discussion

- Overall the group thought it was a good definition.
- One addition the group suggested was to add text in the preamble that clarifies that “information” is inclusive of human or machine-readable form.
 - There was an extensive conversation that resulted in the suggestion of adding this to the preamble. There initially was a suggestion to tweak the language within the regulation text, but ultimately it was decided that the preamble was the best location to capture this concern.
 - **Andy Truscott** expressed a concern that organizations could find a way out of being covered by the information blocking provision if this language is not added.

REQUEST FOR COMMENT REGARDING PRICE INFORMATION

- **Denni McColm** reiterated that she did not feel this was the appropriate place for price transparency.
- **Cynthia Fisher** reiterated her opinion that she felt this was the appropriate place.
The workgroup ultimately recommends future regulation that addresses price transparency, but as a group, there is comfort in where things are today.
- **Mark Knee** suggested that the workgroup follow-up to define price transparency and answer the questions in the request for comment and request for information.
 - **Andy Truscott** suggested that price transparency could warrant its own task force.

Public Comment

There was no public comment.

Next Steps and Adjourn

The workgroup needs to review the recommendations in the shared Google document to ease discussion during future meetings. The next meeting of IACCTF’s Workgroup 1: Relevant Statutory Terms and Provisions will be on Thursday, March 14 at 1:00 p.m. ET.

Lauren Richie adjourned the meeting at 2:00 p.m. ET.