Trusted Exchange Framework and Common Agreement Task Force

Transcript
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Virtual Meeting

SPEAKERS

Name	Organization	Role
Arien Malec	**Change Healthcare**	**Co-Chair**
John Kansky	**Indiana Health Information Exchange**	**Co-Chair**
Noam Arzt	HLN Consulting, LLC	Public Member
Laura Conn	Centers for Disease Control and Prevention (CDC)	Member
Cynthia A. Fisher	WaterRev, LLC	Member
Anil K. Jain	IBM Watson Health	Member
David McCallie, Jr.	Individual	Public Member
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin	Member
Carolyn Petersen	Individual	Member
Steve L. Ready	Norton Healthcare	Member
Mark Roche	Centers for Medicare and Medicaid Services (CMS)	Member
Mark Savage	UCSF Center for Digital Health Innovation	Public Member
Sasha TerMaat	Epic	Member
Grace Terrell	Envision Genomics	Public Member
Andrew Truscott	Accenture	Member
Sheryl Turney	Anthem Blue Cross Blue Shield	Member
Denise Webb	Individual	Member
Lauren Richie	Office of the National Coordinator	Designated Federal Officer
Cassandra Hadley	Office of the National Coordinator	HITAC Back Up/Support
Zoe Barber	Office of the National Coordinator	Staff Lead
Kim Tavernia	Office of the National Coordinator	Back Up/Support
Alex Kontur	Office of the National Coordinator	SME
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Michael Berry	Office of the National Coordinator	SME
Debbie Bucci	Office of the National Coordinator	SME
Kathryn Marchesini	Office of the National Coordinator	Chief Privacy Officer

Operator
All lines are now bridged.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
All righty. Hello, everyone. Welcome to the TEFCA Taskforce. We are getting close to the finish line here. We will do a quick roll call, and then we'll get started. We have John Kansky and Arien Malec, our two co-chairs, Carolyn Petersen, Sheryl Turney, Sasha TerMaat, Anil Jain, David McCallie, Noam Arzt, and Grace Terrell. Are there any other taskforce members that are on the phone? Okay. Hearing none. We'll check back a little bit later. Hopefully, they will join soon. I will turn over to John and Arien to get us started.

John Kansky – Indiana Health Information Exchange – Co-Chair
Hey, thanks very much. Welcome back, everyone. This is our bittersweet last taskforce call before we present our recommendations to the HITAC on Thursday. So, the goal for today, asking for a degree of discipline and time sensitivity since we just have 85 minutes to get this across the finish line. We believe we've settled all of the recommendations that either have taskforce consensus and characterize those that either are split, which I think is just one, and those where we have a strong minority view. We've noted that. So, I don't think we need to be – we're not planning to go through any of the specific recommendations and vote on them.

However, this is our opportunity to review any comments that are a burning platform for anyone. I went through the comments, at least most of them, and there are a few that I think are worthy of a quick edit, and some that may require discussion. And that's what we have the remainder of the call for. Arien, Zoe, any other comments before we dive in? Did I characterize that appropriately?

Arien Malec – Change Healthcare – Co-Chair
Believe so.

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay. So, with that, if you haven't already formulated your mental list of the one or two things that you personally want to make sure it gets a – comments that you want to make sure get a hearing today – so, let me put it this way. If you have a specific comment that you want to say, "Look, we have to discuss this. This is a burning platform for me," go ahead and started raising hands. Thank you, Noam. And I have a couple of those that I will sneak in when the hand raising dies down, but let's start with where Noam wants to start.

Noam Arzt – HLN Consulting, LLC – Public Member
Yeah. Just I actually want to retract a comment because I realize I misread something, and that comment persisted through. So, my comment on recommendation nine, you know, in my fervor to try to read this by noon yesterday, by noon Eastern when I'm on the West Coast, you know, I had a very, very short of window of time to look at this.

John Kansky – Indiana Health Information Exchange – Co-Chair
[Inaudible] [00:03:32].

Noam Arzt – HLN Consulting, LLC – Public Member

So, I misunderstood recommendation nine. That being said, I would rather lead with the second sentence, "All QHINs should serve a core common set of functions," and then comment on participants and participant members because that's where I sort of read too quickly and thought that this was saying that QHINs should be able to serve as some of that. So, I –

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah.

Noam Arzt – HLN Consulting, LLC – Public Member
And if I read it too quickly –

John Kansky – Indiana Health Information Exchange – Co-Chair
Got you.

Noam Arzt – HLN Consulting, LLC – Public Member
Maybe I'm just –

John Kansky – Indiana Health Information Exchange – Co-Chair
No. First of all, very much appreciate your efforts to read and comment. And so, thanks for clarifying that. Recommendation nine was also the thing that I thought in going through this needed if not edits, it just wanted to make sure that everybody looked at it because there was some movement from last time. I certainly have – I could support your suggestion to move the all QHIN sentence to the beginning of the recommendation.

Denise Webb – Individual – Member
What was the previous number on that?

Arien Malec – Change Healthcare – Co-Chair
I'm just trying to find this in my…

Denise Webb – Individual – Member
You know?

John Kansky – Indiana Health Information Exchange – Co-Chair
I'm not going to – if others can help with the what was the old number, new number.

Denise Webb – Individual – Member
Well, is this under individual access services?

John Kansky – Indiana Health Information Exchange – Co-Chair
No, no, no, no, no. This is – oh. Thank you. That would be a good place to – hold on and I'll help you find that. It is –

Zoe Barber – Office of the National Coordinator for Health Information Technology – Staff Lead
It was seven.

John Kansky – Indiana Health Information Exchange – Co-Chair
– under the QHIN – go ahead.

Zoe Barber – Office of the National Coordinator for Health Information Technology – Staff Lead
It was seven. We had like seven A, B and C, D.

Denise Webb – Individual – Member

Oh. Oh, yeah. Okay.

John Kansky – Indiana Health Information Exchange – Co-Chair
It's all coming back now, right? Yeah. Okay, so as long as we're on nine, if we can hang out there for a little bit. Oh, I'm sorry. David has his hand raised. David, is it nine or something else? Because if it's not nine, I'm going to jump in in front of you.

David McCallie, Jr. – Individual – Public Member
It's nine.

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay. Go.

David McCallie, Jr. – Individual – Public Member
So, I think the rewording suggested is okay, but it leaves me still confused. When we say, "All QHINs should serve a core common set," are we saying that and only that? And reserving the only place where you can vary for participants and participant members, or is this notion of a core subset, or core set, could that be taken as a core subset? Then some QHINS should specialize. I don't we've answered the question is I guess what I'm saying.

John Kansky – Indiana Health Information Exchange – Co-Chair
Well, here's where I think we landed. And I thought this was the David McCallie memorial compromise. And it was a compromise from where I think your position is, so I don't mean to characterize it as your position.

David McCallie, Jr. – Individual – Public Member
Yeah.

John Kansky – Indiana Health Information Exchange – Co-Chair
Where I think we landed was that participants and participant members should be allowed to specialize, but that QHINs needed to be the known – needed to cover the landscape of whatever was expected in terms of the TEFCA QHIN network, but that, and this is where I think we tried to incorporate your ideas, was that what the QHINs were required to do should perhaps be a subset of what's currently articulated. Where my comment came in was, and I think this list of five – it says, "Some of the core capabilities we expect all QHINs to offer are," so I kind of appreciated the nuance of that language. It seems like it would take five more calls for us to debate whether this is exactly the right list or whether we understood what these items meant.

So, my question is, is the taskforce generally okay with – let me start that over again. My experience talking with ONC and other experienced taskforce members is the extent to which that we can be specific in our recommendations to ONC helps those recommendations to be clearly understood. So, I'd like to the extent possible have examples or suggestions. So, if this is a list of some of the core capabilities we expect all QHINs to offer, then maybe we can leave this in to help ONC have the general idea of what we're thinking. I don't want to be in a position of saying, "Here's the list of what we are recommending QHINS are able to do."

David McCallie, Jr. – Individual – Public Member
Yeah. I guess – totally agree with that. I'm confused by where the recommendation starts and stops and where our running commentary is. So –

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah. We discussed that before the call. We're going to clean that up –

David McCallie, Jr. – Individual – Public Member
Yeah.

John Kansky – Indiana Health Information Exchange – Co-Chair
– in the formatting.

David McCallie, Jr. – Individual – Public Member
Well, so recommendation nine, does it include the paragraph, "Over time, QHINs and TEFCA will evolve to add additional purposes and modalities above and beyond minimum required, and we recommend flexibility –

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah.

David McCallie, Jr. – Individual – Public Member
– dot, dot dot? Is that a part of nine? Because if it is then I –

John Kansky – Indiana Health Information Exchange – Co-Chair
It says, "We recommend," so it's part – yeah. It's part of the recommendation.

David McCallie, Jr. – Individual – Public Member
Okay. Then I'm okay. I think you might consider the word "subset" as opposed to "set," but I won't fight about that.

John Kansky – Indiana Health Information Exchange – Co-Chair
Denise, you have your hand raised.

Denise Webb – Individual – Member
I'm okay now. I was just going to say that I recalled us saying that the QHINs could be on this floor that we were suggesting that they would be able to specialize, but they've got to provide this floor of core capabilities.

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah. QHINs can do stuff beyond, but they need to – yeah. There'll be a consistent set of stuff all QHINs are required to do. Participants and participant members, on the other hand, we're recommending that they have the chance to pick and choose. Okay. Good. I have – while we're in this neighborhood, wordsmithing is a really bad idea. So, if anybody wants to push back on my suggestion, I will not be offended. In the very next paragraph in the lead-up to recommendation 10, I wanted to suggest that – let's see if that's on the screen.

Oh, yeah. The taskforce discussed the goal of single on-ramp. As the taskforce noted in previous recommendations, this is for clarity, there are many – it says, "nationwide exchange systems." I thought "systems" was the wrong word, and I was hoping others could suggest – it's networks. It's capabilities. Or do we really mean systems? And then I wanted to lobby for "regional and nationwide exchange" fill-

in-the-blank. Can anyone help me?

Noam Arzt – HLN Consulting, LLC – Public Member
Do you mean to refer to the system or to the activity?

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah. That's where I was going is I don't think it's really the system that – we're talking about the fact – we're trying to point out that there's existing exchange happening that we're pointing out will not be met by the QHIN infrastructure.

Noam Arzt – HLN Consulting, LLC – Public Member
Right. But those next two comments are mine because I'm sort of quibbling with how sort of how this is being set up.

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah. And again, this is – I saw your comments and I thought, "Well, you know what? I see his point." You know, that could be a pitcher of beer and an hour discussion right there. So, on the one hand I could say, well, we could just delete the examples. But on the other hand, without examples, is the point as clear to ONC? And that's basically my opinion. I can go either way, but I know that examples are helpful.

Noam Arzt – HLN Consulting, LLC – Public Member
Right. So, in that respect, the sentence that begins, "Examples include," those are sort of systems. The example that begins two sentences later, "In addition," that's sort of a use case. So, you know, to some degree, whether the word "system" is there versus "activity" depends on how you frame the examples, right?

John Kansky – Indiana Health Information Exchange – Co-Chair
Well, I will –

Noam Arzt – HLN Consulting, LLC – Public Member
If the example is electronic prescribing, then it's activities. If the example is electronic prescribing network, then you sort of answered your own question.

John Kansky – Indiana Health Information Exchange – Co-Chair
Well, to avoid the rabbit hole, I will retract my suggested edit, and we can leave it alone. Unless anybody else is irritated by abandoning that.

Noam Arzt – HLN Consulting, LLC – Public Member
Like I said, that's not the part that bothered me. It's the other things I commented on there that bother me.

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay. So, well then, what do you suggest given my point that examples are helpful and deleting it leaves out examples? What do you recommend?

Noam Arzt – HLN Consulting, LLC – Public Member
I guess I'm fine with the example. I don't know why the HIN-mediated messaging like the ADT notifications isn't just another example.

John Kansky – Indiana Health Information Exchange – Co-Chair
That's a fair point. I **[inaudible] [00:13:18]**.

Noam Arzt – HLN Consulting, LLC – Public Member
I don't know why that's going to set off almost as an afterthought.

John Kansky – Indiana Health Information Exchange – Co-Chair
So, then, let's fix that edit, and let's move on to nine because I saw your point on that one.

Denise Webb – Individual – Member
John, can I suggest something, though? This sentence is really clunky: "There are many nationwide exchange systems that will not be met by the QHIN infrastructure outlined by the requirements of the TEFCA." Why don't we just say, "There are many nationwide exchange systems whose operations don't align with the QHIN infrastructure requirements of TEFCA draft two?"

John Kansky – Indiana Health Information Exchange – Co-Chair
Not well suited to? **[Inaudible]**.

David McCallie, Jr. – Individual – Public Member
"Not well suited to" is probably better, yeah.

Denise Webb – Individual – Member
Or – yeah. Or maybe "not well suited to the…"

John Kansky – Indiana Health Information Exchange – Co-Chair
So, we're –

Denise Webb – Individual – Member
– the QHIN infrastructure requirements of TEFCA draft two. There's just too many words in here.

John Kansky – Indiana Health Information Exchange – Co-Chair
So, we're taking –

Denise Webb – Individual – Member
[Inaudible].

John Kansky – Indiana Health Information Exchange – Co-Chair
We're taking out "that will not be met by" and we're replacing with "that are not well suited to"

Denise Webb – Individual – Member
[Inaudible] [00:14:23].

David McCallie, Jr. – Individual – Public Member
But it does raise the question, "Who said so?" In other words, you're now with the sweep of a pen deciding that these examples aren't well-suited. I haven't thought about them hard enough to know if that's the case.

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay. So, to be –

David McCallie, Jr. – Individual – Public Member

That's what bothers me about this.

John Kansky – Indiana Health Information Exchange – Co-Chair
Hold on. Hold on. To be clear, I'm commenting not on the examples but on the meaning of this sentence. I'm agreeing with this. I'm saying that there are many nationwide exchange systems that are not well-suited to the QHIN infrastructure. I'm not arguing about whether the examples –

David McCallie, Jr. – Individual – Public Member
Right.

John Kansky – Indiana Health Information Exchange – Co-Chair
– meet that or not.

David McCallie, Jr. – Individual – Public Member
Fair enough.

John Kansky – Indiana Health Information Exchange – Co-Chair
That's Noam's point. So, now we fixed that edit. Did –

Denise Webb – Individual – Member
Well, you might say – examples might – may include, I mean, because we didn't do a full analysis.

David McCallie, Jr. – Individual – Public Member
Sure. That's fair.

John Kansky – Indiana Health Information Exchange – Co-Chair
That softens it. Noam, is that softened enough for you?

Noam Arzt – HLN Consulting, LLC – Public Member
Yes. Yes. And then, all the examples should sort of equally be included in that sentence.

John Kansky – Indiana Health Information Exchange – Co-Chair
And so, do we need to pull forward into the series, the subset of the last sentence? "There is a substantial existing volume of HIN-mediated messaging including ADT notifications. So, do we just add that to the list in a series?

Noam Arzt – HLN Consulting, LLC – Public Member
Yeah, but I would just say – I wouldn't bother with the "substantial existing volume of." I mean, I think –

John Kansky – Indiana Health Information Exchange – Co-Chair
Right. So, just lose that sentence.

Noam Arzt – HLN Consulting, LLC – Public Member
Yeah.

John Kansky – Indiana Health Information Exchange – Co-Chair
And we've added ADT notifications.

Noam Arzt – HLN Consulting, LLC – Public Member
Yeah, or –

Denise Webb – Individual – Member
Yeah, you could –

Noam Arzt – HLN Consulting, LLC – Public Member
You could leave the phrase "HIN-mediated messaging including ADT notifications" –

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah.

Noam Arzt – HLN Consulting, LLC – Public Member
– so it's not going to be too narrow.

David McCallie, Jr. – Individual – Public Member
Just as a reminder, part of reason that was separated, and I have no objection to adding it above is to say with respect to message delivery, it wasn't clear to the taskforce what the intended uses for message delivery were. Whereas I think it was clearer, although sort of implied by the past history what the query-based usage was for, it wasn't clear whether the intent for message delivery was to subsume the existing e-health exchange message delivery use cases that are primarily public health in nature, whether the intent was to subsume ADT-based exchange that's intra-QHIN, or to do other things. Again, I have no issue with including it as one of the examples. And then, but also don't want to lose the notion that we want ONC and the RC to clarify what the intended use cases for message delivery are, and in particular, to clarify them against similarly and possibly confused scenarios like direct messaging for transitions of care and ADT notification.

Noam Arzt – HLN Consulting, LLC – Public Member
I think you make that clear in the next paragraph, which I think alleviates most of my concerns that are in my comment 11.

David McCallie, Jr. – Individual – Public Member
Cool.

Noam Arzt – HLN Consulting, LLC – Public Member
I think you've rewritten that a bit, right? That next –

David McCallie, Jr. – Individual – Public Member
Yep.

Noam Arzt – HLN Consulting, LLC – Public Member
– paragraph.

John Kansky – Indiana Health Information Exchange – Co-Chair
So, in the –

David McCallie, Jr. – Individual – Public Member
Perfect. Okay.

John Kansky – Indiana Health Information Exchange – Co-Chair
At the risk of bad workflow, can we scroll up above and into the prose above recommendation nine? Keep going. Okay. Does anybody else think that the sentence immediately preceding recommendation nine contradicts the recommendation itself? So, our recommendation is that "All QHINs should serve a core common set of functional requirements," and the last sentence before that says, "Public health reporting organization may wish to form a QHIN to address" – oh. There it is. "Such a QHIN would need to be" – oh. Wait a minute. There's been editing done.

Noam Arzt – HLN Consulting, LLC – Public Member
Yeah, it does contradict it.

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah. So –

Noam Arzt – HLN Consulting, LLC – Public Member
I didn't pick it up.

John Kansky – Indiana Health Information Exchange – Co-Chair
So, I was suggesting we just lose that sentence and add to the previous sentence, which says – oh. I think you have to go back all the way to "For example," right?

Noam Arzt – HLN Consulting, LLC – Public Member
Yes. I think you have to strike that whole thing because based on our recommendation, that entity can't be a QHIN.

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah. I think that was leftover thinking. So, then, that sentence that now survives, "The taskforce discussed the current requirements for QHINs, comma, participants, comma, and participant members to satisfy." Does that support the recommendation?

Denise Webb – Individual – Member
I think that does it. And then, you take the rest out.

John Kansky – Indiana Health Information Exchange – Co-Chair
Yep. Okay. Good.

Sheryl Turney – Anthem Blue Cross Blue Shield – Member
So – this is Sheryl. I thought we had said here, and this is where I'm going to get confused, I guess, that what we were recommending was that QHINs be able to handle all exchange modalities, but not necessarily all participants. And so by –

John Kansky – Indiana Health Information Exchange – Co-Chair
That's correct.

Sheryl Turney – Anthem Blue Cross Blue Shield – Member
-- extending that wording there, I think it's confusing our recommendations. I think we should stop at QHINs and not go on to participants and participant members.

John Kansky – Indiana Health Information Exchange – Co-Chair
I am not going to fight for this one hard, but let me just explain why I thought it was helpful. Our recommendation is ultimately that participants and participant members shouldn't be required to support all exchange modalities. So, saying that the taskforce discussed the current requirements for QHINs, participants, and participant members to satisfy all exchange modalities seems to be consistent. But if it's not helpful, then I'm not going to fight for it.

Denise Webb – Individual – Member
That's a preamble comment, right, John? So –

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah. It –

Denise Webb – Individual – Member
– what you're saying is here's the current requirements –

Sheryl Turney – Anthem Blue Cross Blue Shield – Member
Okay.

Denise Webb – Individual – Member
– and we disagree with it. Now here's our recommendation.

John Kansky – Indiana Health Information Exchange – Co-Chair
Right.

Sheryl Turney – Anthem Blue Cross Blue Shield – Member
All right. I'm okay with it the way it is now. I wasn't reading it properly when you just updated it. So, I'm okay with that.

John Kansky – Indiana Health Information Exchange – Co-Chair
Got it. Thank you. Okay. No hands raised, so I'm going to keep going on John's stuff. This is a minor point, but one paragraph prior to that, we're making a point but not a recommendation asking ONC to pay attention to evolving patient matching. And in the second sentence, we say, "The functional requirements imply but do not mandate patient matching and linking approaches." Does anybody think a couple examples like network-wide summary of disclosures or exercise of meaningful choice are helpful to show ONC what we mean by patient matching is implied but not mandated, or is that obvious to the casual observer?

Noam Arzt – HLN Consulting, LLC – Public Member
I think we should leave it alone. But what might be more accurate would be to say "The **[inaudible] [00:21:56]** requirements imply but do not mandate specific patient matching and linking approaches." To say they don't mandate matching and linking I think would be a bit literal, I guess.

John Kansky – Indiana Health Information Exchange – Co-Chair
Well, what if I compromise. What about "do not directly mandate patient matching and linking approaches?"

Noam Arzt – HLN Consulting, LLC – Public Member
Well, isn't there some mild discussion of it? I mean, but very mild. I have **[inaudible]**.

John Kansky – Indiana Health Information Exchange – Co-Chair
That's a question for somebody. Because I liked it better before it had the word "specific," but I see your point.

David McCallie, Jr. – Individual – Public Member
You couldn't do the network without it. I like the "specific."

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay.

David McCallie, Jr. – Individual – Public Member
The whole point I think of that paragraph is to find the what, not the how.

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay. I'm not going to fight about it.

Noam Arzt – HLN Consulting, LLC – Public Member
[Inaudible].

David McCallie, Jr. – Individual – Public Member
So, that's –

Noam Arzt – HLN Consulting, LLC – Public Member
The fact that they even mention a record locator service perhaps in a misplaced way implies something about matching, right?

David McCallie, Jr. – Individual – Public Member
Right.

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay.

Noam Arzt – HLN Consulting, LLC – Public Member
So, it's not that it's completely silent on that. So.

John Kansky – Indiana Health Information Exchange – Co-Chair
We'll put the "specific" in. Okay. I had some – some of the comments suggested edits that I was in favor of, and if others agree, maybe we could make those. I'm starting back up near the top under recommendation two. Oh, I'm sorr – yeah. It's the preamble to recommendation three, and it says in the last sentence, "Good faith participation in TEFCA should be the easiest means for actors to achiever relevant information blocking requirements." And Mark Savage said, "Do we really mean the easiest means, or do we mean an easy means or a ready means?" And I agree that perhaps it should be "an easy means" or "a direct means."

Noam Arzt – HLN Consulting, LLC – Public Member
But and I'm more uncomfortable with the phrase "achieve relevant information blocking requirements."
You achieve those requirements by not blocking. So, I don't know how you achieve blocking. You're
actually achieving not blocking, right?

David McCallie, Jr. – Individual – Public Member
Well, it's the requirements –

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah, they –

David McCallie, Jr. – Individual – Public Member
– they're achieving.

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah. They mean the requirements of the – yeah. They mean the requirements of the role. So, how
should we clarify that?

Noam Arzt – HLN Consulting, LLC – Public Member
But you see how it's a bit oddly phrased. They're not in the information blocking requirements. It's
abiding by information blocking prohibition is what you're doing. Or

Denise Webb – Individual – Member
[Inaudible] [00:24:50]

Noam Arzt – HLN Consulting, LLC – Public Member
– you can mention the information blocking rule, but I actually don't like that mnemonic assigned to
that NPRM or rule because there's so much more in it than that.

John Kansky – Indiana Health Information Exchange – Co-Chair
Denise, did I hear you have a suggestion?

Noam Arzt – HLN Consulting, LLC – Public Member
You might want –

Denise Webb – Individual – Member
I was going to say, "means for the actors to comply with the relevant requirement –

Noam Arzt – HLN Consulting, LLC – Public Member
That's better.

Denise Webb – Individual – Member
– of information."

Noam Arzt – HLN Consulting, LLC – Public Member
That's better. Your idea – right. You comply with the requirements. You don't achieve them.

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay. So, this is echoed in the last bullet of recommendation three. If you look at the last like, I don't know, half a dozen words. It should, however, be "an easy and direct path to address relevant requirements?"

Noam Arzt – HLN Consulting, LLC – Public Member
That's okay.

John Kansky – Indiana Health Information Exchange – Co-Chair
Any need for improvement?

Denise Webb – Individual – Member
Yeah. That's okay.

David McCallie, Jr. – Individual – Public Member
I like – yeah. Don't put "easiest." That's too constraining.

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah. Whoever's –

David McCallie, Jr. – Individual – Public Member
"Easy."

John Kansky – Indiana Health Information Exchange – Co-Chair
Whoever's driving making edits, we're in the last bullet of recommendation three. Oh. Warmer, warmer, warmer. It's "be an easy and direct path."

David McCallie, Jr. – Individual – Public Member
Or easy, comma, direct or something.

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah. Either of those is fine. Okay. Yep. Moving on. Down to recommendation five. Mark made a comment about the word "reframe," which I agreed with. To avoid and clarify – oh, man. I need a bigger screen or better glasses. "To add clarity and avoid misinterpretation, ONCs should" categorize and separately list? Or just categorize? What do you guys like?

David McCallie, Jr. – Individual – Public Member
Categorize sounds okay to me.

Zoe Barber – Office of the National Coordinator for Health Information Technology – Staff Lead
Yeah. I agree.

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay. Good.

Noam Arzt – HLN Consulting, LLC – Public Member
Or you could just use the word "clarify" because what you want to do is in the bullets. **[Inaudible] [00:27:07]**.

John Kansky – Indiana Health Information Exchange – Co-Chair
Well, channeling your comment about trying to give them –

Noam Arzt – HLN Consulting, LLC – Public Member
Yeah. Okay.

John Kansky – Indiana Health Information Exchange – Co-Chair
– actionable –

Noam Arzt – HLN Consulting, LLC – Public Member
Fair enough.

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah. Okay. Moving right along. Was recommendation 10 new, or did I fall asleep? I don't have a problem with it. I just wanted to call it out and make sure we all looked at it.

David McCallie, Jr. – Individual – Public Member
Well, we certainly had a lot of discussion at the tail of our last call about message delivery.

Noam Arzt – HLN Consulting, LLC – Public Member
Yeah. This is pulling out and clarifying the conversation that we had the last call about message delivery.

David McCallie, Jr. – Individual – Public Member
I think it clearly is in its current form unclear based on our discussion about it, so calling out for more clarity seems like a no-brainer.

Noam Arzt – HLN Consulting, LLC – Public Member
Why don't you make –

David McCallie, Jr. – Individual – Public Member
It doesn't take a strong position one way or the other. It just says, "Hey –

John Kansky – Indiana Health Information Exchange – Co-Chair
No. It –

David McCallie, Jr. – Individual – Public Member
It's confusing.

John Kansky – Indiana Health Information Exchange – Co-Chair
No, but it shines light on it, is what you're saying.

David McCallie, Jr. – Individual – Public Member
Yeah. Yeah. Yeah. It says, "We need more clarity here."

John Kansky – Indiana Health Information Exchange – Co-Chair

Good. Okay. I'm down to below recommendation 13 in the preamble to recommendation 14. Again, agreeing with Mark that he suggests deleting the word "unintended," which I agree with. It doesn't change the meaning. Just sounds snarky.

Noam Arzt – HLN Consulting, LLC – Public Member
Well, I thought snarky is what we were going for.

John Kansky – Indiana Health Information Exchange – Co-Chair
I like that about you, Noam.

David McCallie, Jr. – Individual – Public Member
ONC appreciates snark, so it's all good.

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay. Either way is fine is what I'm hearing?

David McCallie, Jr. – Individual – Public Member
Particularly our new principal deputy, or – so.

Noam Arzt – HLN Consulting, LLC – Public Member
Yay.

John Kansky – Indiana Health Information Exchange – Co-Chair
Oh, that's a good point. Yeah, okay. And I'm going to keep rolling until I run out of stuff, and then I'm going to appeal for other input. And recommendation 16, again, agreeing with Mark. This is the most I've agreed with Mark Savage in one day ever. That's not a shot at Mark. I haven't known him that long. The I guess it's preamble – no. It's in the very strongly held minority. Can someone suggest a rewording of the phrase "enshrined a right to be forgotten?" All I wrote down was suggesting –

Noam Arzt – HLN Consulting, LLC – Public Member
I think –

John Kansky – Indiana Health Information Exchange – Co-Chair
– rewording.

David McCallie, Jr. – Individual – Public Member
I think Mark's suggestion is a good one, which is just replace the whole thing with "should ensure that."

Noam Arzt – HLN Consulting, LLC – Public Member
Or "support." I mean, because you really want something to support a right to be forgotten. That's a more mechanical –

David McCallie, Jr. – Individual – Public Member
Yeah. We don't want to use the word "right to be forgotten" because it's overloaded, to Mark's point.

Noam Arzt – HLN Consulting, LLC – Public Member
Okay.

David McCallie, Jr. – Individual – Public Member
So, "should ensure that data" – so, it's really about collapsing the sentence. So, "should ensure that once an individual **[inaudible] [00:30:49]** a meaningful choice not to participate in TEFCA-mediated exchange" and then remove "and that this includes."

Noam Arzt – HLN Consulting, LLC – Public Member
How about "expand the scope of meaningful choice to include restriction on –

David McCallie, Jr. – Individual – Public Member
Yes.

Noam Arzt – HLN Consulting, LLC – Public Member
– redisclosure."

David McCallie, Jr. – Individual – Public Member
I like that.

John Kansky – Indiana Health Information Exchange – Co-Chair
Keep going, David. Help the editor.

David McCallie, Jr. – Individual – Public Member
Oh. I wasn't looking at the screen. **[Inaudible]**. Yeah. So, "should expand the choice" – "expand the definition of meaningful choice to include restrictions on redisclosure of exchange of information that has been previously incorporated in the electronic health record. I guess technically we should say, "via a QHIN network."

John Kansky – Indiana Health Information Exchange – Co-Chair
TEFCA should ex – is that where it goes? TEFCA should expand?

David McCallie, Jr. – Individual – Public Member
Expand the scope of meaningful choice to include restrictions on redisclosure of exchange information that has been previously incorporated into –

John Kansky – Indiana Health Information Exchange – Co-Chair
And you have those words below –

David McCallie, Jr. – Individual – Public Member
I think –

John Kansky – Indiana Health Information Exchange – Co-Chair
– editor.

David McCallie, Jr. – Individual – Public Member
And I think, you know, just looking at this and thinking about it, it's more than just electronic health records. It's redisclosure via an HIN, a research enterprise, right? I think Mark would say it's not just EHRs they're talking about here. Restriction on redisclosure of exchange information that has been

previously incorporated into – that has been gained via the QHIN network is what it really is. It's redisclosure of information that you gained via the QHIN network –

Denise Webb – Individual – Member
[Inaudible] [00:33:06].

David McCallie, Jr. – Individual – Public Member
-- whatever the system might be.

Denise Webb – Individual – Member
Regardless of where you stored it is what you're saying, right, David?

David McCallie, Jr. – Individual – Public Member
Yeah. Regardless of what kind of a participant you are. Mark's point I think would be that if you've got some information about a person through the network, and they choose to opt out, that you should no longer be able to redisclose that information. You don't have to erase it from your system, but you can't disclose it elsewhere. I think that's what he was calling for.

Noam Arzt – HLN Consulting, LLC – Public Member
That's right.

David McCallie, Jr. – Individual – Public Member
And it's not unlike SAMSHA and 42 CFR 2, that kind of, you know, you can exchange it one step, but you don't have the right to redisclose it without specific patient permission.

Denise Webb – Individual – Member
Well, I know Carolyn's on, and this was her position, too, so.

Carolyn Petersen – Individual – Member
Yep.

Denise Webb – Individual – Member
Carolyn, is that correct?

Carolyn Petersen – Individual – Member
Yeah. I think that's what we are intending. That's kind of the difference between right to be forgotten and where we're aiming to go in a very broad, not specific nutshell.

David McCallie, Jr. – Individual – Public Member
I mean, I think right to be forgotten goes one step further, and I think it's a good idea to drop that phrase.

Noam Arzt – HLN Consulting, LLC – Public Member
Yeah.

David McCallie, Jr. – Individual – Public Member

"Right to be forgotten" implies you have to actually delete it.

Carolyn Petersen – Individual – Member
Yup.

David McCallie, Jr. – Individual – Public Member
And we're not calling for that. We're saying the minority opinion here is redisclosure.

Carolyn Petersen – Individual – Member
Yep. I agree.

David McCallie, Jr. – Individual – Public Member
Yeah, what a –

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay.

David McCallie, Jr. – Individual – Public Member
– bit of jujitsu that Mark got me arguing for his points.

Noam Arzt – HLN Consulting, LLC – Public Member
Yeah.

Denise Webb – Individual – Member
I love it.

Noam Arzt – HLN Consulting, LLC – Public Member
Mark's crafty like that.

David McCallie, Jr. – Individual – Public Member
I'm impressed.

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay. I think I have scratched off all the edits that I cared about. Anybody else have something they want to discuss, lobby for, argue about?

Noam Arzt – HLN Consulting, LLC – Public Member
Well, I had made a comment early on again just pushing back a little on recommendation three. We had gone back and forth a bit in that last bullet about the suggestion that maybe if CMS made it mandatory, that that would give it a big boost. Am I in the right spot?

John Kansky – Indiana Health Information Exchange – Co-Chair
I saw your comment on that, and I thought that was referring to conditions of participation, which I thought we had taken out. Can somebody mute? There's a –

David McCallie, Jr. – Individual – Public Member
Thank you.

John Kansky – Indiana Health Information Exchange – Co-Chair
– significant background.

Noam Arzt – HLN Consulting, LLC – Public Member
Yeah. I don't know where that is. I mean, I have to go back to my original comment C because obviously **[inaudible] [00:36:08]**.

John Kansky – Indiana Health Information Exchange – Co-Chair
[Inaudible] [00:36:12].

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Hi. Can we ask everyone to please mute your line if you're not speaking? Thank you.

John Kansky – Indiana Health Information Exchange – Co-Chair
Whew. Much better. Okay. I'm sorry. Noam, I'm sorry. I thought you were referring to conditions of participation, and then I couldn't hear your answer.

Noam Arzt – HLN Consulting, LLC – Public Member
No, I was just saying the document may have changed out from under my comments. So, I'm back in the Google Doc version just to try to find my comments to see what I was commenting on because I thought – at least in the Google Docs version from over the weekend, I thought there was still a statement that said maybe CMS should make this mandatory or something like that. Is that statement still in there?

John Kansky – Indiana Health Information Exchange – Co-Chair
So, what I –

Noam Arzt – HLN Consulting, LLC – Public Member
That's what that comment was about.

John Kansky – Indiana Health Information Exchange – Co-Chair
What I remember was like two-ish versions ago, that last bullet under recommendation three was stronger and made reference to conditions of participation. I don't –

David McCallie, Jr. – Individual – Public Member
That's right, and we soft-pedaled "conditions of participation."

John Kansky – Indiana Health Information Exchange – Co-Chair
But I think –

David McCallie, Jr. – Individual – Public Member
And it –

John Kansky – Indiana Health Information Exchange – Co-Chair
I think we addressed what you're referring to, but I don't want to speak for you.

Zoe Barber – Office of the National Coordinator for Health Information Technology – Staff Lead
Noam, I think your comment was supposed to be in the bullet above on recommendation two in the carrots and sticks.

Noam Arzt – HLN Consulting, LLC – Public Member
Yes. It's in 1B in the carrots and sticks. That's right. But is that gone now?

John Kansky – Indiana Health Information Exchange – Co-Chair
[Inaudible] [00:37:38].

Zoe Barber – Office of the National Coordinator for Health Information Technology – Staff Lead
Sorry about that. No, it's still there. It's **[inaudible] [00:37:41]**.

Denise Webb – Individual – Member
No. It's still there, and when I was reading the – this is Denise. Such as and reading each bullet. Each of these are such as examples, and I think before it said CMS could require. And I suggest changing that because it's an example. CMS requiring TEFCA participation as a part of value-based purchasing programs, which would probably be reasonable. Not everybody is in those programs. Or possibly –

John Kansky – Indiana Health Information Exchange – Co-Chair
Yes.

Denise Webb – Individual – Member
– including it. That's where I soft-pedaled it –

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay.

Denise Webb – Individual – Member
– in some conditions of –

John Kansky – Indiana Health Information Exchange – Co-Chair
Right. So, we –

Denise Webb – Individual – Member
– participation. Because that's the place where, I have to tell you, if they're a little too strong there, and they don't pick and choose what programs within Medicare and Medicaid that they would make this a COP, that might be bad.

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay. So, you're right. So, what I said before, it was this bullet and not the one under three. It's the last bullet under two, and this was the softening, noting what Denise pointed out that these all say, "such as." We're trying to give ONC some examples Which I remember deliberately arranging these from the most – what's the word? The first one on the list is pretty safe and –

Denise Webb – Individual – Member
Benign.

John Kansky – Indiana Health Information Exchange – Co-Chair
– not scary. Benign. And the last one on the list was the scariest. Trying to hit the middle of the group and satisfy – make everybody equally unhappy. So, the question is, A.) are we unhappy enough with the final bullet to edit something, and if so, what?

Noam Arzt – HLN Consulting, LLC – Public Member
I am, for what it's worth. Because, you know, it just feels like that just pushes it. That suggestion pushes just to the other side of a voluntary program. **[Inaudible] [00:39:49]**.

John Kansky – Indiana Health Information Exchange – Co-Chair
I agree strongly. I agree strongly with you. The words "condition of participation" in this context gives me a cold shiver. So, I'll jump on the Noam bandwagon.

David McCallie, Jr. – Individual – Public Member
We're considering dropping that one or leaving it? I lost the thread. Sorry.

John Kansky – Indiana Health Information Exchange – Co-Chair
I don't think we're saying delete the bullet. I'm specifically pointing at including conditions of participation as possibility makes me nervous. I really don't –

Noam Arzt – HLN Consulting, LLC – Public Member
And the one above it makes me a little nervous, too. I mean, you know, federal agencies even aside from CMS have a pretty deep reach in some –

David McCallie, Jr. – Individual – Public Member
Hey –

Noam Arzt – HLN Consulting, LLC – Public Member
-- areas. I don't think that's inconsistent with the current position of federal agencies. So, SSA presumably would want to use the TEFCA to exchange data for disability determination. I don't think that's an unreasonable position for a federal agency. Likewise, for VA and DOD.

David McCallie, Jr. – Individual – Public Member
Yeah, I agree. We're talking about the expansive notions of single on-ramp and massive changing of what it means to opt out of participation in networks. And then, have absolutely no teeth behind why anyone would think of doing those things. And without this, this is kind of a pointless exercise. **[Inaudible]**.

Noam Arzt – HLN Consulting, LLC – Public Member
Yeah. I'm okay with removing the word "conditions of participation for Medicare and Medicaid," and I thought we already agreed to remove that. It's possible –

Noam Arzt – HLN Consulting, LLC – Public Member
We just have it as something to consider, and they already –

David McCallie, Jr. – Individual – Public Member

Yeah.

Noam Arzt – HLN Consulting, LLC – Public Member
– consider it. It's hard –

John Kansky – Indiana Health Information Exchange – Co-Chair
Yeah, but if it's not the consensus of the taskforce that we want to encourage them to consider it, then let's not. If you're arguing for, David, as a member of the taskforce that you think that they should consider it, then let's keep talking. I don't think it's good policy. I mean, if TEFCA is something that you have to get out your biggest policy hammer to get people to participate in, then did you craft it correctly in the first place? That's –

Noam Arzt – HLN Consulting, LLC – Public Member
Yeah.

John Kansky – Indiana Health Information Exchange – Co-Chair
– how I feel.

David McCallie, Jr. – Individual – Public Member
I tend to agree –

Denise Webb – Individual – Member
You want to think –

David McCallie, Jr. – Individual – Public Member
I tend to agree with that. I would, however, believe that it's a completely reasonable thing for a federal agency in the same way that they currently may well contract for e-health exchange, to say, "Hey, this is our preferred path for exchange, and you should support it in your contracts."

Denise Webb – Individual – Member
How about you say it's an encouraging? CMS encouraging TEFCA participation and then drop the conditions of participation section.

Noam Arzt – HLN Consulting, LLC – Public Member
Yep. That works.

David McCallie, Jr. – Individual – Public Member
Well, I'll accept that, but I do think we're being incredibly naïve to think that this expensive, complicated network will just be voluntarily adopted by everybody because it feels good. It just won't happen.

John Kansky – Indiana Health Information Exchange – Co-Chair
Well –

Denise Webb – Individual – Member
Well, we did put a qualifier on the second part. We said once TEFCA has matured through real world testing and reached a meaningful level of participation. We're not suggesting they – I thought it really softened it by saying "possibly including –

David McCallie, Jr. – Individual – Public Member
Right.

Denise Webb – Individual – Member
– "once matured."

David McCallie, Jr. – Individual – Public Member
Right.

John Kansky – Indiana Health Information Exchange – Co-Chair
And what is the – this is where I channel Arien Malec and say, "Well, what is the policy goal?" I mean, what does the law say? And it was supposed to be a voluntary framework that solved the problem the nation had. So, if you've got a solution that solves a problem that the nation has, then you shouldn't need hammers, crowbars, and pitchforks to get people to do it. I'm lapsing into –

David McCallie, Jr. – Individual – Public Member
I don't think –

John Kansky – Indiana Health Information Exchange – Co-Chair
– pitcher of beer philosophy territory.

David McCallie, Jr. – Individual – Public Member
Yeah. I mean, you know, by that argument, interoperability would have been solved a long time ago and we would not be having any of these conversations.

John Kansky – Indiana Health Information Exchange – Co-Chair
Oh, no. I disagree. It means that is this a market failure or not? So, just because we haven't figured out how to teleport people across the country yet, that doesn't mean there isn't ultimately going to be a solution for that. Just because we haven't solved interoperability doesn't mean – it just means we haven't found a complete – we have some level of interoperability in this country. We want more. We need more, and we're still working on solutions. So, the question is, what policy, if any, should there be to make that happen or happen faster? I think we just maybe are in different places in the spectrum of how big a policy lever one should use.

Arien Malec – Change Healthcare – Co-Chair
Yeah. Can we all agree on Denise's recommendation here?

John Kansky – Indiana Health Information Exchange – Co-Chair
Thank you, Arien.

Arien Malec – Change Healthcare – Co-Chair
Strong **[inaudible] [00:45:13]**.

Denise Webb – Individual – Member
Are we deleting "requiring?" Because I still see requiring there. CMS encouraging TEFCA participation. Aren't we dropping "requiring?"

Arien Malec – Change Healthcare – Co-Chair

Yeah. Just delete that. Delete the word "requiring."

Denise Webb – Individual – Member
And then, weren't we going to delete everything after "value-based purchasing programs?" Because the last part –

Arien Malec – Change Healthcare – Co-Chair
Yeah.

Denise Webb – Individual – Member
–- only applies to conditions of participation. I mean, I personally would like to leave it in, but whatever the consensus of the group is.

John Kansky – Indiana Health Information Exchange – Co-Chair
You would like to leave in what, Denise?

Denise Webb – Individual – Member
After the "or." Because "or possibly including it as a condition of participation once TEFCA has matured." Meaning don't do it now, but CMS, think about doing it once we are in a good place. I mean, it should happen naturally as the most easy and direct path to interoperability for these organizations. It is a balancing act.

Arien Malec – Change Healthcare – Co-Chair
So, I'm going to move that we follow the sort of self-consensus of the group, and we can even delete the "as part of value-based purchasing" and say, "CMS encouraging TEFCA participation." And then, leave it up to CMS for what the policy tools they choose to use are.

Denise Webb – Individual – Member
Yeah. For which programs they want to incorporate it in, they can choose that. That really makes it less hairy.

John Kansky – Indiana Health Information Exchange – Co-Chair
And we need to lose the "once TEFCA," or do we like that now?

Denise Webb – Individual – Member
I don't think it adds anything.

Arien Malec – Change Healthcare – Co-Chair
No. Just lose it.

John Kansky – Indiana Health Information Exchange – Co-Chair
Yep. Okay.

Denise Webb – Individual – Member
I think you should drop it.

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay. All right. Well, that's safer. Okay. Thank you. Anybody else have a suggestion for stuff we need to

–

Denise Webb – Individual – Member
Do you want to change the order? Because now the fourth bullet is the strongest one. "Federal agencies requiring TEFCA participation as a condition of contracts with federal agencies" would be the toughest of that list.

John Kansky – Indiana Health Information Exchange – Co-Chair
I'm fine with that.

Denise Webb – Individual – Member
So, take the last bullet, put it above that one.

John Kansky – Indiana Health Information Exchange – Co-Chair
There's some funky selecting going on. Okay. There we go. It's fun to watch others edit. Okay. Anybody else have something they want to shine light on? Is it too early for early public comment?

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
No, if there's nothing else. I know we're slated to go until 1:30, but if there's nothing else, we can go to public comment and adjourn.

John Kansky – Indiana Health Information Exchange – Co-Chair
I'll defer to my co-chair for other suggestions.

Arien Malec – Change Healthcare – Co-Chair
Well, I'd say at this point, we're looking for – I feel this is a spidey sense, that the taskforce feels like we have a consensus document that, you know, may not represent everybody's perfectly preferred word choices but is acceptable to present to the full committee on Thursday. And that we've addressed all of the major, burning, got-to-address issues. So, maybe just pause there and see if anybody wants to raise their hand about there's something they're really, really on fire about. And then, hearing none, then I think that's a wise approach.

John Kansky – Indiana Health Information Exchange – Co-Chair
Okay. Excellent. Public comment, please.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Okay. Operator, can we open the line?

Operator
Yes, thank you. If you'd like to make a public comment, please press star one on your telephone keypad, and a confirmation tone will indicate your line is in the queue. You may press star two if you'd like to remove your comment from the queue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Okay. And do we have any comments?

Operator
No comments at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Okay. We'll leave it open just a few minutes longer because I know we were a bit off schedule. But John and Arien, anything else?

John Kansky – Indiana Health Information Exchange – Co-Chair
It's maybe –

Arien Malec – Change Healthcare – Co-Chair
No. Thank you.

John Kansky – Indiana Health Information Exchange – Co-Chair
– a cliché, but – yeah. May be a cliché, but just tremendous work. I've not been a taskforce co-chair before. Been on many taskforces where it was not this productive. So, I really appreciate everybody's work.

Arien Malec – Change Healthcare – Co-Chair
And now you get to realize that the comment that I made at the beginning of the HITAC, that the hardest job in the world is a taskforce co-chair, is true. But it helps to have a great taskforce.

John Kansky – Indiana Health Information Exchange – Co-Chair
I'm looking forward to getting my life back.

Arien Malec – Change Healthcare – Co-Chair
Yeah.

John Kansky – Indiana Health Information Exchange – Co-Chair
And I want to know, do I get like a merit badge or anything?

Arien Malec – Change Healthcare – Co-Chair
No. Sad. You don't even get a pat on the back.

Denise Webb – Individual – Member
No badge, John.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
All right. Well –

David McCallie, Jr. – Individual – Public Member
And because you did a good job, you'll be invited to do it again.

Arien Malec – Change Healthcare – Co-Chair
That is the saddest part.

John Kansky – Indiana Health Information Exchange – Co-Chair
Is it too late to screw up? Wait! I have Thursday.

Arien Malec – Change Healthcare – Co-Chair
Exactly.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
All right. Operator, do we have any other comments in the queue?

Operator
No comments at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Okay. I think with that, we can adjourn and just as a reminder to the public, our next full HITAC meeting is this Thursday, 9:30 Central time, and the agenda and materials will be posted on healthit.gov. Thank you everyone for your time today.

David McCallie, Jr. – Individual – Public Member
Thank you.

Denise Webb – Individual – Member
Thank you.

John Kansky – Indiana Health Information Exchange – Co-Chair
Thanks, all.

Arien Malec – Change Healthcare – Co-Chair
Thank you.

Zoe Barber – Office of the National Coordinator for Health Information Technology – Staff Lead
Thank you.

Denise Webb – Individual – Member
Bye, everyone.