Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology

Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) e-PRIOR AUTHORIZATION REQUEST FOR INFORMATION TASK FORCE 2022

March 7, 2022, 10:00 a.m. – 11:30 a.m. ET

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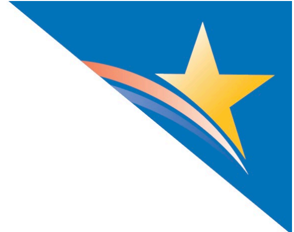


Speakers

Name	Organization	Role
Tammy Banks	**Individual**	**Co-Chair**
Sheryl Turney	**Anthem, Inc.**	**Co-Chair**
Hans Buitendijk	Cerner	Member
David DeGandi	Cambia Health Solutions	Member
Rajesh Godavarthi	MCG Health, part of the Hearst Health network	Member
Jim Jirjis	HCA Healthcare	Member
Rich Landen	Individual/NCVHS	Member
Heather McComas	American Medical Association	Member
Aaron Miri	Baptist Health	Member
Patrick Murta	Humana	Member
Eliel Oliveira	Dell Medical School, University of Texas at Austin	Member
Debra Strickland	Conduent/NCVHS	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Michael Wittie	Office of the National Coordinator for Health Information Technology	ONC Staff Lead
Alex Baker	Office of the National Coordinator for Health Information Technology	ONC Staff Lead

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

Michael Berry
And, good morning, everyone. I am Mike Berry with ONC, and I would like to thank you for joining the Electronic Prior Authorization RFI Task Force. We are glad you could be with us, and I would like to thank our cochairs and all the Task Force for their incredibly hard work these past seven weeks, I think it is, so, thank you so much. Of course, your feedback during this meeting is always welcomed, which you could type in the chat feature throughout the meeting, or can be made verbally during the public comment period that is scheduled about 11:20 Eastern Time this morning. I am going to begin roll call with our Task Force members, so when I call your name, please indicate that you are here, and I will start with our cochairs. Sheryl Turney?

Sheryl Turney
Good morning.

Michael Berry
Tammy Banks?

Tammy Banks
Good morning.

Michael Berry
Hans Buitendijk?

Hans Buitendijk
Good morning.

Michael Berry
Dave DeGandi?

David DeGandi
Good morning.

Michael Berry
Raj Godavarthi?

Rajesh Godavarthi
Good morning.

Michael Berry
Jim Jirjis?

Jim Jirjis
Good morning.

Michael Berry
Rich Landen?

Rich Landen
Good morning.

Michael Berry
Heather McComas?

Heather McComas
Good morning.

Michael Berry
Patrick Murta?

Patrick Murta
Good morning.

Michael Berry
Eliel Oliveira?

Eliel Oliveira
Good morning.

Michael Berry
And, Debra Strickland? All right, thank you, everyone, and now, please join me in welcoming Sheryl and Tammy for their opening remarks. Sheryl, Tammy?

Welcome Remarks, Review of Plan (00:01:23)

Sheryl Turney
Sure. I will start, and I want to first of all thank everybody for working on this document over the past few days. It has taken quite a change and is in much better shape in terms of developing the response in terms of recommendations to HITAC, so it may look quite different than the Google docs we have been working from, but that is normal because the Google doc was really focusing on gathering all the information, the background, people's opinions about where things were, and then, what we have to do is really morph that information and frame it into the form of a recommendation.

I still think that we are molding those recommendations. We are going to review them today. We may actually create a few more recommendations, and just to set the tone for the meeting today, it is probably better if we have individual, distinct recommendations, but rather than have huge groups of information, which is then a little bit harder for HITAC to vote on, it is actually easier if we can break them up into distinct parts because if there is an issue with a part of a recommendation, it is easier for it to be discussed, and if we cannot make that recommendation, sort of called out and set to the side if it is in a smaller component, and I think that is something that we did not really talk about before, and I apologize for that as the lead. It is probably something that we should have talked about.

But, the agenda for today is really to deep dive on the document. We are only going to spend a few minutes on the presentation slides, probably not even the 10 that we have, because I just want to show you how they look when we translate them from the paper to HITAC, what HITAC is going to see, but since our recommendations are still not 100% complete, I did not want to bring them all in there, so we will probably only spend about five minutes on that, so we will go up to 11:15, and then we have the public comment at 11:20, and then we have homework, but really, I think the homework at this point is most likely going to be on Tammy and I to take your comments from today and finalize it. And with that, can we go to the next slide? There we go.

So, this is where we are with our overall work plan. Again, our presentation to HITAC, to remind everybody, is Thursday. It is an open meeting, meaning you are able to go to the calendar, to download the meeting, and to participate in terms of listening. There also will be a public comment during that meeting. The meeting is also going to include a hearing on AI-type subjects, a responsible AI, so that may be something that would be of interest to you as well, but we welcome your participation if you would like to do so, and the opportunity to speak during the public comment. Today, we are going to focus on going through our recommendation paper, which Tammy is going to lead, and with that, can we go to the next slide? And then, Tammy, if you have any opening comments. You might be on mute.

Final Documents Review and Discussion (00:05:06)

Tammy Banks

Oh, that is all right. I did not have anything to say anyway. I am just ready to get into the meeting. Let's see if I can get the report up. Okay. Just to let you know, the way we have this set up is the charge. We put additional background, just overview of the process, and then, what we did is we dropped in Hans's overview of the HIT ePA landscape because it really does inform as we look at the recommendations as we go forward, and Hans, I know that you wanted to add some more to this piece, but this is where we are at today.

We broke the recommendations into 16 areas. Again, this is where we are at today. Thank you to Sheryl. It has been all about this report this weekend. So, we started with the prerequisites for a successful ePA process, and we tried to condense them down, recognizing that a lot of the prerequisites are already encapsulated in the other 15 recommendations. We then have a prior authorization suite of capabilities, prior authorization workflow as it relates to health IT systems, standards and regulation impact, proving ground for FHIR, roadmap to FHIR, both from a provider and payer perspective, attachments, accessibility of HIT at scale, adoption at scale, patient-centered innovation, ePA integration, ePA bundles, establishment of an advisory process, CMS alignment and functional capabilities, Hans, which is your chart, that we broke into specific recommendations. So, just so you know, as we go through this, this is the order of how we've broke out the key categories.

So, for the first one, we are still working on how to encapsulate all the great information from the prerequisites for a successful ePA process. We have two different approaches that we are still trying to flesh out if we should take those components that are not in the other pieces and frame it from a patient, provider, and payer perspective. We will come back to this because again, I think looking at the content and the other ones will help us in fine-tuning this document, but the main premise is referring back to that 1.1, where we had listed all the prerequisites. So, No. 2 is one I think we are going to get a little bit more…

PA workflow as it relates to health IT systems is the one that Hans presented on. "ONC should ensure that systems and tools certified to support ePA processes must allow the capabilities to be incorporated within the existing provider workflow." It talks about the health IT vendor is not just the EMR.

Sheryl Turney
Tammy?

Tammy Banks
Yes?

Sheryl Turney
Sorry, I think you cut off 2. You were reading 3.

Tammy Banks
Well, might as well stay on 3 since we are here, and then we will go back up. Yeah, I have not had all my coffee yet. And then, about "Privacy/security should be considered in the development process along with the functional capabilities." As we consider the PA workflow, and then, again, we referred to Hans's spreadsheet and the functional capabilities that are contained within that spreadsheet. Is there anything that you would add, or does this make sense, just to focus in, basically, on what is the PA workflow as it relates to the health IT systems from a provider perspective?

Hans Buitendijk
I think you did a nice job in pulling it all together here.

Tammy Banks
And, we have tried to stay true to the language that was in the RFI document, and just recognize that that RFI document is going to be a resource document for ONC staff, so it was very valuable that that we get that document updated for 1.3.

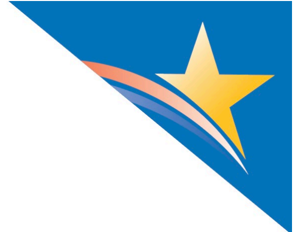
Hans Buitendijk
Do we have this Word document available in this format already as well, or am I missing an email? I might have.

Tammy Banks
No, we were not able to get this out, and it is still a work in progress. We are going to talk about next steps afterwards. Rich?

Sheryl Turney
Yeah, we are going to need people's input, if possible, in the meeting today. Rich has his hand up.

Rich Landen
I do not think we have time for wordsmithing here, but 3.2 talks about vendor, but what we talked about in 3.1 is not really vendors, it is systems.

Tammy Banks



Thank you, good call.

Rich Landen
So, do you want to do wordsmithing later?

Tammy Banks
Yeah. That is a good point. I will take a global view and make sure "vendors" is changed to "systems" throughout the document. That is a really good catch.

Rajesh Godavarthi
Tammy, if you can tell us, what are we trying to review today?

Tammy Banks
We are trying to review the recommendations to make sure there is nothing missing, that you make sure your voice has been heard in these recommendations.

Rajesh Godavarthi
No, I understand. So, out of the 16 points we are working on, with the time we have, how many points are we trying to do? Because I see that you are not trying to share this document, so what we have is what we have today. Can you tell us if it is Section 3 and what else we are trying to do? Because we are trying to lead, and comprehend, and comment at the same time.

Sheryl Turney
Let's go to the ones, Tammy, where we have concerns versus the ones that we do not, where we have questions.

Rajesh Godavarthi
That would be helpful.

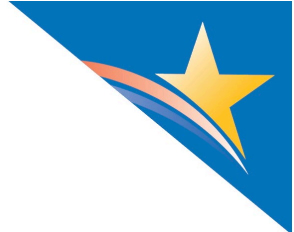
Sheryl Turney
I think that is what he is recommending. Let's focus on the highest-priority ones that we might need to morph first, and then we will go back to the others.

Tammy Banks
Okay. Which ones would you like to review, Sheryl?

Rajesh Godavarthi
You are on mute, Sheryl.

Sheryl Turney
I think further down, there were a couple that ONC had questions on that we might want to break apart into further recommendations.

Tammy Banks
Which one was that?



Sheryl Turney
Recommendation 4 needs to be clarified.

Tammy Banks
It is a regulation impact?

Sheryl Turney
Yeah, and Recommendation 6.

Tammy Banks
So, you want 4 broken up?

Sheryl Turney
No, 6 needs to be broken up, 4 needs to be more clear. We need to completely look at 4 and see what exactly we are recommending.

Tammy Banks
Okay. "Standards and regulations impact." Basically, it is just the language that we talked about last Thursday. In addition, we added the e-prescribing certification criterion, which this group needs to determine if anybody is adverse to. Otherwise, the language is the same as we had discussed on Thursday. Oh, the other 4.3. We did add legislation rules to remove… Oh, okay. With this language, basically, we are trying to say that right now, payers need to contract with vendors, and vendors in turn have to get opt-in from each provider, and then the payers need to recontract, which is quite burdensome, and I know there is some OAG guidance on this.

Sheryl Turney
It is not contracting through HIT vendors, though. Remember, this was the contract requirement where, in order for us to implement the electronic prior authorization with multiple vendor systems, we then have to also contract with each individual provider, so somehow, this is not reading that way. So, it is saying to use legislation rules, and it is not to remove, it is to eliminate the need for payers to contract directly with each provider to access data in an HIT system. That is the issue.

Tammy Banks
Is this the language you wanted?

Sheryl Turney
Yeah. That is really the problem.

Tammy Banks
Okay. Does anybody have a challenge with this or other language?

Heather McComas
Hey. I guess I am a little concerned about this, but maybe you all can explain it a little bit better to me. It seems to me that each provider needs to make the decision. We talked a lot about the trust between the

payer and the provider that is necessary for this, and each provider entity should have the ability to determine how much access or what access they can get. The payer can get to the EHR data. So, I am a little bit worried if we remove that capability for each provider to determine their comfort level with the payer getting into the EHR as we move, so can someone talk me through how you can still manage that concern with this language? Because I am not sure if that is possible.

Sheryl Turney

Well, I think the problem we are trying to solve, Heather, is how scalable is it if you have to recontract with every provider, who you were already contracted with in order to access the data in their EHR system to support electronic prior authorizations? That is the problem. How scalable is that when you have thousands of providers?

Tammy Banks

If you look at it from a provider perspective, you have to recontract with each of your payers in order to exchange information for each of these different transactions.

Sheryl Turney

Right, so maybe it needs to say that if a providers and payers opt in for the electronic prior authorization process, then somehow, that needs to translate to less contracting for that piece of it, not contracting with a provider, obviously, you need to have that anyway, but we are just talking about those additional requirements that are on each payer when you are trying to implement electronic prior authorization because they are time-consuming, and it is not scalable that way. How much adoption are you going to get when you have to negotiate the contracts one at a time? And, Eli has his hand up.

Eliel Oliveira

Yeah, I agree. This is going to turn into a real burden. I had this thought a while back when we had discussions about this, but I admit I’ve not spoken up, about the need of having an intermediary that actually connects the dots, including agreements. I think we have HIEs as those currently, TEFCA and QHINS are coming up. Those could be the places where everybody is signing a common agreement, connecting, exchanging, and eliminating some of these legal barriers.

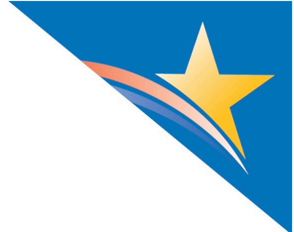
Sheryl Turney

And also, in the chat, Alix Goss mentioned that potentially we could suggest the use of certified health IT, which might preclude the need for additional contractual arrangements to permit the flow of information, so maybe the wording of this particular recommendation should be to ensure that the use of certified health IT by all parties minimizes the additional contractual obligations that might exist for electronic prior authorization. How about that? Is that a better way to say it, Heather?

Heather McComas

Yeah. I totally understand the burden angle, and we do not want the contracting to be a limitation to implementation. I totally get that, Sheryl, but I think this is better. The whole “eliminate additional contracting,” because some of the conversations I have heard, each provider would have the ability to customize their comfort level, and I do not want that taken away by a uniform contracting process.

Sheryl Turney



How about instead of "ensure," we say "recommend the use of certified health IT by all parties to minimize the additional…"? Yeah, that would be better. "Recommend the use of certified health IT by all parties to minimize."

Hans Buitendijk
And, there are a variety of different levers and programs that can be used. We see in the EHR program that you get bonuses if you use certified HIT, but you do not have to, so it has advantages, and there are different mechanisms that can be used along those lines.

Sheryl Turney
Yeah.

Rajesh Godavarthi
Can you clarify 4.4?

Sheryl Turney
"The task force recommends the ONC make a change to the prescribing certification criteria to change…" See, I almost think this one needs to be its own recommendation because it's not really related to the other things in this group.

Rajesh Godavarthi
Right.

Sheryl Turney
So, this needs to be its own, 4.4, Tammy. Otherwise, if someone objects to that, it is going to throw the entire recommendation into play, so that needs to be its own recommendation.

Rajesh Godavarthi
Yeah, thank you. Also, on 4.1, Rich says to the HIPAA exception of thorough process.

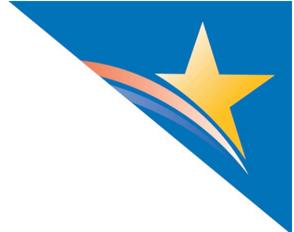
Sheryl Turney
Can you add that as a note, Tammy, instead of in the thing? If you do a right mouse click and you say "insert comment…"

Tammy Banks
Oh good, it separated.

Sheryl Turney
Okay.

Rajesh Godavarthi
Tammy, on 4.1, can you make the exception process as "HIPAA exception process"? I think it is very specific to that **[inaudible] [00:21:01]**, and Rich might **[inaudible]**. Thank you.

Sheryl Turney



Okay.

Eliel Oliveira
Looks good to me.

Tammy Banks
Sheryl, are you comfortable?

Sheryl Turney
Yeah, I am comfortable if we separate out 4.4. I think the rest supports the overall recommendation.

Rajesh Godavarthi
Right.

Sheryl Turney
All right, then I think we should go to 6. Let's see. In 6.1 and 6.3, we might need to restate them to ensure they support the recommendation because it is not really saying what we are recommending. We are basically saying, "Clearly identify the underlying functional capabilities and specifications that need to be codified," so we need to say what we are recommending here.

Rajesh Godavarthi
Can we scroll up a little bit so we can read 6?

Sheryl Turney
Can we make it bigger a little bit, Tammy, for other people too? There you go.

Tammy Banks
This goes to your point, Hans, where you want to make sure that it is specific so it is actionable.

Sheryl Turney
Right, so we want to recommend that the published roadmap clearly defines… No, in 6.1.

Tammy Banks
Yeah, just give me a second one.

Hans Buitendijk
Yup.

Sheryl Turney
The published roadmap should clearly define, instead of underlying, just the functional capabilities and specifications that should be coded and certification criteria contained within each implementation guide and timeline that aligns both with the maturity of the functional capabilities, Da Vinci IGs, and the speed of the industry's ability to… So, I think that is awkward in terms of what we are expecting. I think what we need to say is that there needs to be a roadmap to FHIR for electronic prior authorization. So, we know there are some existing implementation guides, we know that there is patient information that needs to be built into

either a new guide or another existing guide that has not happened, and all of the three plus the patient are not in the same place. So, I think what we need to say is the functional capabilities to specifications that should be codified in certification criteria…

Rajesh Godavarthi
I completely agree with Rich. We should break 6.1 into two until each IG could be one, because you are saying capabilities should exist to match recommendation guides, so, make it a 6.1, and then, the associated timeline, and at the end of everything, 6.2.

Sheryl Turney
Yeah, exactly. So, it'd be mapped to the implementation guides. Sorry, I was going from where you were. Time will need to be built in, or capabilities should be mapped to the implementation guides.

Rajesh Godavarthi
Yeah, I think at this point, we are okay.

Sheryl Turney
Yup, there you go. And then, the third one, I think, should say, "Certification criteria should be published or should be adopted with a tiered approach."

Hans Buitendijk
Could that be adjusted to say "tiered and staged"?

Sheryl Turney
Yeah, that is fine.

Hans Buitendijk
There are a couple of approaches that are tiering it, and some of them are staging it, but we have not discussed.

Rajesh Godavarthi
I think the other piece is we always say "functionality." I think we are using "functionality" and "capabilities" interchangeably.

Sheryl Turney
What's the other word?

Rajesh Godavarthi
"Capabilities."

Sheryl Turney
Oh, so it should just say "capabilities," I agree. The same thing in 6.2, Tammy.

Rajesh Godavarthi
Yeah, that will be consistent.

Sheryl Turney
We can clean that up throughout the document.

Rajesh Godavarthi
Thank you.

Heather McComas
Hey, this might be another total section, so please let me know, but I know that on the last call, we discussed the timeline being informed by an environmental scan, a maturity assessment, and that kind of thing. Is that someplace in here? Because I thought that was a really good point. The timeline is informed by where things are now. This might be tucked someplace else. I am not sure.

Hans Buitendijk
I completely agree with Heather. We should address that.

Sheryl Turney
Yeah, so why don't you bring that up to the recommendations, Tammy? Are you looking for something, Tammy?

Tammy Banks
Yes, I am trying to find the language that Heather is mentioning.

Sheryl Turney
I do not think it is there.

Tammy Banks
Okay, Heather, what language was that again? Do you want it in a recommendation?

Sheryl Turney
I think it needs to be right after "published roadmap." It should be the timeline.

Heather McComas
Yeah, something about "the timeline is informed by environmental scan assessing readiness and maturity of the Da Vinci guides" or something like that. I do not remember exactly what Eliel said on the last call that was so nicely worded, but something like that would be good.

Hans Buitendijk
I think it is the guide and the implementation/rollout of how we are doing. Is it working?

Tammy Banks
Can you repeat that, Hans? Readiness of the IGs?

Hans Buitendijk

It will be assessing readiness. Heather provided some aspects of it. Maturity, adoption, implementability…they kind of go hand in hand.

Sheryl Turney
I like the way it is said right now.

Hans Buitendijk
But, should it be “assessing readiness” not “accessing readiness”?

Sheryl Turney
Yes, “assessing.” The two Cs should be Ss.

Tammy Banks
Heather, I think the language you are saying is in the advisory body that we recommended.

Sheryl Turney
Yeah, but it is okay for it to be here too. I think it is “ss,” right?

Tammy Banks
I will do a word-it.

Sheryl Turney
All right, and then, 6.4 we need to look at also. So, I am not exactly sue what the question was here. Oh, it was 6.3. Yeah, “document **[inaudible] [00:30:57]** approach.” So, does this one actually go more with the attachments? I think on its own here, it does not make as much sense.

Rajesh Godavarthi
Which point?

Sheryl Turney
Can you back up, Tammy? You are not at the one that I am talking about. Right there. Oh, wait a minute. Where is it?

Tammy Banks
It is this one right here. “Develop a path to lead stakeholders to a documented approach during an event.”

Sheryl Turney
Oh, “documented approach.” Great. I think that was actually part of the attachments, and I know it was in that piece, so I think it can be taken out here.

Rajesh Godavarthi
Wait, wait. So, when we recommended this path, it was the discussion about the C-CDA versus FHIR, so when we said “document-driven approach…”

Sheryl Turney

Oh, okay. So, we need to include something here that makes that more clear.

Rajesh Godavarthi
So, if you can put in the document-driven approach the C-CDA as an example, and where data-driven is a FHIR approach, that would help.

Sheryl Turney
To FHIR. There you go. I think that is more clear. All right, let me go down and see. Underneath there, we have "solicit multi-stakeholder feedback." That should maybe be its own recommendation as well because if we go further down…

Tammy Banks
Yeah, what is the comment on this one? "Describe the certification strategy only based on FHIR-to-FHIR transactions." Were there any comments that had to be addressed there?

Sheryl Turney
I do not know. I did not see any.

Rajesh Godavarthi
It is a blind comment.

Tammy Banks
Okay, where did you want to go?

Sheryl Turney
"Solicit multi-stakeholder feedback" should be its own recommendation. Even though it is related to this topic, it is really its own recommendation. So, "recommend that ONC solicit multi-stakeholder feedback."

Tammy Banks
Now, you want it in the one above, which we put in, right?

Sheryl Turney
No. What do you mean? I am saying it should be its own recommendation.

Tammy Banks
Okay, because we have it in all these. Okay, we will figure out how to do that.

Sheryl Turney
Just add a note, and we can separate it.

Heather McComas
Sheryl, you're saying it would be a No. 7 level?

Tammy Banks
It would be a No 17.

Heather McComas
Got it.

Sheryl Turney
Yup.

Tammy Banks
Let's keep going through it and then we can revisit that because we have this throughout the whole document. Specific to any ask or any recommendations, we have "solicit multiple stakeholders."

Sheryl Turney
Okay, so it should be its own recommendation that applies to everything, an overarching one. That is why I am saying that, Tammy.

Tammy Banks
I had a different approach.

Sheryl Turney
Wait a minute, you are going too fast. You have "establish granular functional criteria."

Tammy Banks
These are Heather's that I just dropped in yesterday, just to break up the language. So, are you trying to see if they should be pulled up?

Sheryl Turney
I want to make sure we have this above because everything here should support the above.

Tammy Banks
Yeah, the first recommendation. I did not have time to marry these to the order of the recommendations.

Rajesh Godavarthi
You can always do that later.

Sheryl Turney
So, this particular paragraph does not go with this section.

Tammy Banks
Yes, it does. It is right up here. That is what we were just talking about, right here. "Capabilities should be mapped." The intent of that was that paragraph.

Sheryl Turney
Okay, that sounds good. All right, I am good then. And then, let me see where else there were comments.

Rajesh Godavarthi

If you scroll above, Tammy, one suggestion I have as you are rewriting that. Scroll up a little. So, when you say "adoption of FHIR Release 4," I would be careful using any versions. I think the comment is generally saying a FHIR standard would not be sufficient, but avoid the numbers of the release because these documents should go for years.

Tammy Banks
Can I say "for the business case" instead of "anything"?

Rajesh Godavarthi
Yeah.

Sheryl Turney
Yeah.

Tammy Banks
Where would you like to go to next, Sheryl?

Sheryl Turney
It looks like Alex had some comments on the adoption at scale, whether the intent is certification enforcement.

Tammy Banks
And, what recommendation?

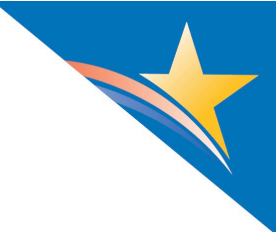
Sheryl Turney
8.2. The numbering on this one is off, but we will fix that. Yeah, 2.2 probably should not be a bullet because it is not part of the recommendation, it is part of the discussion item. Maybe it is "recommend that certification enforcement is not put in place until the standard has been tested in that practice setting and adopted," rather than "do not establish." And then, the next one we will have to reword too.

Tammy Banks
What would you recommend to have the wording change?

Sheryl Turney
I am doing it on the fly, Tammy.

Heather McComas
On 3.2, Sheryl, I totally get what you are saying, but I wonder if there are almost two different things here. One is certification enforcement for the vendors, but then, any CMS payer requirement or program to use the technology for providers, like a provider requirement, is a separate thing, and I would prefer that this would be for both, for certification and for any provider requirement to use it, so it might be worth specifying those two things in 3.2.

Sheryl Turney
Yeah, I like that, Heather.



Tammy Banks
What language would you recommend?

Alex Baker
Sorry, this is Alex. I think my comment there was just to distinguish that if there is a certification criteria in the certification program, then the certification enforcement that ONC does to ensure that vendors are meeting the things that they have been tested for and certified for, that automatically comes along with the certification criteria, so it is good to separate that piece from other requirements on stakeholders to actually use the certified health IT.

Sheryl Turney
Yeah. Instead of "support" in 3.3, I would say "enable the ability to roll out individual components," again, meeting all of ePA so it does not have to go out at once. I would say in 3.1, we need to just change it a little bit and say "initially adopt," because we are talking about adoption, "initially adopt ePA for inpatient procedures as a start."

Rajesh Godavarthi
Sheryl, on 3.1, can we say "initially adopt ePA for procedures or diagnoses mostly subject to PA" rather than being "inpatient" because it is very prescriptive, I feel, given how people want to adopt it.

Tammy Banks
We can change it, but just to understand intent of "inpatient," it is being tested now for inpatient, and one of the other recommendations is that it should be tested before it is put into certification, so, rolling it in that manner seemed to make sense. Again, we can strike it, but that is the intent. Rich?

Rich Landen
I am struggling with us rolling together under Recommendation 8 the concepts of certification and adoption because I think they are too separate, and if we are talking about certification, that has to be put in earlier, whether it is mandatory or optional, but adoption is a different process. So, when we start talking about testing in practice settings for types of service, that is really that adoption more than it is the ability to certify, so I am wondering if we need to separate those out, and no, I do not have language at this point.

Sheryl Turney
That may be a really good point. Alex, do you have any recommendations on how we should handle it? I know we have a certification recommendation. We certainly could move the point there, but I think that related to adoption, we are just saying that if we have a certification standard in place, it is not enforced until after it is adopted, and then we demonstrate value.

Alex Baker
Right. Again, you could think of the different levers here, that certification is a tool under one authority and that it is voluntary for health IT developers, so that is certainly a choice to think about, that ONC could create a certification criteria and developers could voluntarily certify their systems to it. That could happen in advance of it being required for use by different provider groups under other programs. If people saw that, that was a value to have a period where that was voluntary use on the part of providers initially. Again,

just to distinguish, enforcement in the certification program is enforcement to ensure that what health IT developers have tested and certified for, they are actually meeting that, which is separate from another program, which would say, “A provider has to use this technology has to get an incentive or meet eligibility requirements for a program.”

Sheryl Turney

So, having that in here is just really showing the order of events. Initially, we are going to suggest we adopt what we have tested. Today, they have already started testing inpatient, so that is why we are saying let’s start with that as the floor, which will need certification criteria, obviously, adopted separately. And then, the enforcement will come later, and then the ability to roll out individual components, as we said here, through the existing and future IGs. With that, Rich, does that satisfy your issue, or do we need to morph it more? We just wanted to relate the two to show how it would work. He is not saying anything. Eli has his hand up.

Eliel Oliveira

So, Sheryl, I think that the thought process was here that real-world pilots should physically be developed first to test it out in real settings that then drive the certification requirements, and then the adoption more widely, so I think that is written here. It might be that a little bit of wordsmithing would get us there, for instance, when you are saying the second sentence of 3.1, “Over time, additional procedures can be added,” that may take longer for less mature health IT systems to adopt. That may need to say that to be piloted in real settings, something like that to make it clear.

Sheryl Turney

All right, and Heather, I like what you have put in the comments, so maybe we should morph that No. 2 to say, “Recommend certification enforcement,” which we already have, “and any provider requirements to use ePA not be put in place until the standards have been adopted.” Do you have it already? “Not be put in place until the standards have been tested or adopted.” I would say “have to be adopted.”

Rajesh Godavarthi

So, Sheryl, I think I am struggling with 3.1, which is prescribing a pilot or something. How is that in the boundary of what we are recommending here? Because I understand Point 3, but Point 1 is to start with these procedures, because that is not what we say from the ONC point of view, right? They are not connecting 1 and 2, in my view. So, what we are proposing is **[inaudible] [00:47:51]**.

Sheryl Turney

Tammy, maybe we should just take out “inpatient procedures” and say “initially roll out ePA” without saying for specific procedures, just what you did. That is perfect. That said it. And, Hans has his hand up.

Hans Buitendijk

Generally, for the kind of complexity of the workflow, narrowing it to procedures or items might help in some ways in staging and tiering it, but it is probably more the stages of the workflow itself, or the side of the actors that would probably help more with a staging approach. As an example, on the EHR certification side, which was particularly focused more on EHRs, not just general HIT, on the API access, what you see there is that the current round of requiring FHIR US CORE for the APIs is not on the server side, the source system, and particularly the EHRs, where the primary focus is, not on the client side, not on the party interacting with it.

So, I think in that context, as we talk through these ones and look at the different variations of it, one of the variations to consider and look at is as well, does it make sense to look at the initial certification on the server side of the capabilities so that everybody else is going to be encouraged, but they will have to start to conform to whatever the server side does or it will not work, so it is a kind of indirect way of getting everybody online, but have much more flexibility on the client side to figure out how it works. So, in this context, when we talk about recommending any provider requirements use ePA, etc., it takes a different approach to it by focusing on the server first and the client later.

Sheryl Turney
Yeah, that makes sense.

Hans Buitendijk
Now, for the payers on the call, that means it is more focused on the payers initially than on the provider side, which allows the provider side to work things through. On the provider side, it is the access to the source data, FHIR US CORE, which they have not already had to do that for other purposes where we built on those capabilities, but that will be a way of looking at it as well.

Rajesh Godavarthi
I think 1 and 2 corrected because now, you are allowing people to use what is subject to PA. Through the process, you know what data requirements you need from the provider's side to start the certification enforcement.

Sheryl Turney
All right. So, are we happy with the words that are there now, or is it something that needs to be changed?

Hans Buitendijk
The suggestion that I made would be perhaps to consider initially focusing on certification on the server site. That would be another way of looking at it before looking at the client side of capabilities.

Sheryl Turney
"Consider focusing services on the provider side." I thought he said "on the server."

Hans Buitendijk
Yeah, I said, "Consider focusing certification on the server side."

Sheryl Turney
For all parties?

Hans Buitendijk
Effectively. The effect would be that the unique access standardized…

Sheryl Turney
For all participants, Tammy.

Rajesh Godavarthi
Hans, do you think the server and client language is…?

Hans Buitendijk
Might be too technical.

Rajesh Godavarthi
Yeah, too technical. I think the 1, 2, 3 is simple enough. I think if we need to go a little further in any level, then that language is appropriate. I would not for 3.4 unless…

Hans Buitendijk
Yeah, the challenge that I have is that if I look at 1, 2, and 3, the first is looking at staging procedures, which is a way most commonly used, and the other one is to look at provider requirements and individual components. What it is not indicating is maybe rather than the services, I would use the source, so if you are asking if coverage is needed or not, it is the payer. If you are asking for source data supporting information it is the provider of HIT. So, it depends. Maybe the term "source" is better than "server side."

Sheryl Turney
And, it should be certification requirements on the server side for all participants? I think we have "Consider focusing services," and it should be "Consider…"

Hans Buitendijk
"Certification."

Sheryl Turney
Yeah, "consider certification."

Hans Buitendijk
And, it is initially. It need not be ongoing, but initially to get it started.

Sheryl Turney
Okay, "initially." Delete "consider." There we go. Go up. Delete that word too.

Hans Buitendijk
I agree with Raj that maybe the term "server side" is maybe too technical. If you just change that to "source…"

Sheryl Turney
"Source," okay.

Rajesh Godavarthi
You can remove the "server side."

Tammy Banks
The source of what?

Hans Buitendijk
Yeah, it is actually the source of the response.

Tammy Banks
Receiver?

Hans Buitendijk
Yeah, that is confusing which one that really is.

Rajesh Godavarthi
I think we should give an example there. So, the source of the information could be a provider or payer. So, is auth required? Who is the source of that information?

Hans Buitendijk
What are the templates and documentation requirements? The source is the payer. What is the supporting information?

Sheryl Turney
Okay, then delete “for all participants,” Tammy. We do not need it. It is redundant.

Hans Buitendijk
Now it is, yes.

Sheryl Turney
So we can delete that.

Rajesh Godavarthi
Okay, that is good.

Sheryl Turney
Can we move on? We only have 20 minutes, and we still have a bunch of stuff to look at. We can wordsmith on this after if we need to. Can we go to 9? All right, there were some questions on 9 from Alex. First one on 9: “If used” should come out, Tammy, and maybe put in the discussion because it is not really part of the recommendation. If we need to say it, we should have it under your rationale. And then, some other comments that they had. Hold on. All right, so we need to probably rewrite a little bit the rationale, but I think that is less important and we can go over that after the meeting today.

Is there anything in the rationale that would rise to the level of another recommendation? That is the only thing we need to identify. Does this recommendation clearly say that C-CDA criterion should remain optional? We basically say, “ONC should develop a CDA attachment functional requirement to ensure that this certification criteria remains optional.” Yup, that is what we say, so we do not need to do anything more there. I think we need to go now down to 10 and 11. So, this is really the accessibility of HIT, and then we talk about certification here as well.

Rajesh Godavarthi
I think the language is too broad, saying "all local settings, sizes…" Is there a reason we are making it too broad?

Sheryl Turney
If you have suggestions on how we can make it more specific, that is exactly what we need. Remember, Tammy and I are not technical experts, so we are doing the best we can with the little knowledge we have. Rich has his hand up.

Rich Landen
On what is now 4.2, I am not sure what we are saying there, other than calling for price controls, so I suggest we delete that. In 4.1, we are calling for incentives. I am not sure what 4.2 adds, and I do not see that as currently adding anything to the conversation.

Hans Buitendijk
And, in 4.2, I would also indicate not only to initiate, but to manage. So, "other solution to initiate or manage an ePA."

Sheryl Turney
Hans, where are you?

Hans Buitendijk
"Manage or initiate," either direction you say it.

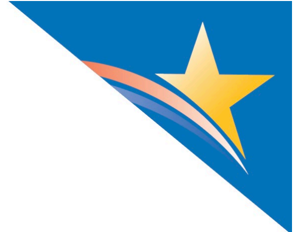
Sheryl Turney
How would the ONC ensure there are choices in systems and tools? The point that we were trying to make here, which I do think we need to make, is that there is clearly a link between smaller providers and underserved communities and their capabilities to implement an electronic prior authorization, so how do we solve that situation? Because that is the recommendation we were trying to make, is to find a way to make these systems and tools accessible to all providers, even those in those underserved areas who may have smaller practices and cannot afford the tolls.

Tammy Banks
And, to make it clear, I think the original point is we want to make sure that providers or payers have the option to choose their preferred system, so maybe we can just strike the first one if that is where the gray is being seen.

Sheryl Turney
Yeah, I like what you just said.

Tammy Banks
Rich?

Rich Landen



Yeah, I am struggling with Recommendation 10 in its entirety, really. "ONC should require that any technology proposed for certification be accessible." I do not see accessibility as being at all related to certification. What we are talking about here is really policy that should provide incentive somewhere along the line that would have to be separate in part from a precondition for certification by ONC. So, as we were talking about with the lack of equity across provider availability, but that is really a social thing, not a technical certification thing.

Sheryl Turney
Right. So, what you are saying, Rich, then, is that really, the recommendation, even the top line, should be rewritten to say ONC should work with other agencies to ensure incentives are in place.

Rich Landen
Correct.

Sheryl Turney
Basically, what you have in 4.1, Tammy. You do not even need to rewrite it.

Hans Buitendijk
Yeah, the challenge is does ONC have the authority to ensure, or it does have the opportunity to inform, advise, and suggest to other agencies to have this?

Sheryl Turney
Right. So, we should say "inform," "work with," "partner with," or whatever.

Hans Buitendijk
Right.

Rich Landen
I would also not use the term "development" when we are talking about incentives.

Sheryl Turney
"To establish incentives." How about that?

Rich Landen
"Development" is two lines further down.

Sheryl Turney
We will get rid of that.

Rich Landen
Thank you.

Sheryl Turney
"Should be made available," and then, just get rid of "for development and the use of technology." So, "should be made available to level out the playing field for the smaller stakeholder groups, providers,

payers, other healthcare, to reach adoption at scale." That is really the recommendation. And then, I do not even think we need the last one, then.

Tammy Banks
We need the last one.

Sheryl Turney
Oh, no, we need that one. You are right. But then, how do we write that one? So, this is 10 point whatever, so what is the first word there?

Rajesh Godavarthi
I think that part is covered in the recommendation of certification because when you certify whatever the components are, that implies that one can choose whatever works. This section is all about how we ensure the level of the playing field, so I do not think we need the second bullet.

Tammy Banks
In my mind, the second one is quite important, especially from Hans's point. There are multiple systems out there, and EMRs have their suite of products. If a provider wants to go outside that suite of products, they should have the ability to do so, and I think the original language was "the provider has the option," and then it got changed, but the point is providing that optionality.

Rajesh Godavarthi
So, in terms of Recommendation 10 saying, "accessible…" Sorry, Rich. I will wait.

Sheryl Turney
So, I think what we should just do is "to reach adoption at scale and enable all stakeholders…" No, I am going up to the first one, Tammy. Go back up to "adoption at scale."

Tammy Banks
I do not know where you are going, sorry.

Sheryl Turney
It is the first bullet under 10. You have "to reach adoption at scale" as the end of the sentence, and then, I am saying to add there "and support" or "and enable stakeholders to choose preferred systems, internal apps, or other solutions to manage," or what you have at the bottom. It just becomes one sentence. And, "choice" is deleted. There you go. Yeah, I like what Rich just said. What he has is as another bullet, "ONC should ensure that its certification program supports providers' ability to mix and match components they use in their practice settings." That is really another component of this. So, we want incentives, we want them to be able to choose their solution, and then we want the solutions to work together.

Hans Buitendijk
So, it is that we want to have incentives and flexibility.

Sheryl Turney
Yup, incentives and flexibility. I really like that, thank you, Rich. And, Rich still has his hand up.

Rich Landen
Whoops. Nope.

Sheryl Turney
Perfect. So, where are we? Let's see, 10. I think then we need to go to…

Tammy Banks
So, you want to strike this language here?

Sheryl Turney
Yes.

Tammy Banks
"And enable"?

Sheryl Turney
No, we are keeping the word "choose."

Tammy Banks
Well, you wanted to add "ONC should ensure that it supports providers…"

Sheryl Turney
As another bullet.

Tammy Banks
Isn't that saying the same thing?

Sheryl Turney
I do not know where you are at now, Tammy.

Tammy Banks
We added "and enable stakeholders to choose preferred systems," and then we are saying "ONC should ensure that its certification program supports providers' ability to mix and match components they use in their practice setting." Is that saying the same thing?

Sheryl Turney
No.

Tammy Banks
So then, should we delete this part? That is my question.

Sheryl Turney

I do not know. Let's decide as a team. I thought it was two different things. I felt one was let them choose their options, and then, the second is the options need to be certified so they work together, so I saw it as two different things.

Rajesh Godavarthi
More clarity is better on this one, I think. It is good if we leave them.

Hans Buitendijk
So, would the first bullet be what it is, but the second bullet is more to indicate… And, I am not sure whether it is a payer aspect as well, but it is serving more on the provider side, where the provider has a level of comfort that they can obtain or support the prior authorization workflow across their multiple HIT. So, on the one hand, we need to have the flexibility that the workflow is supported by multiple HIT, but at the same point in time, we want to make sure that providers are comfortable, that they have all the information to ensure that they have everything they need.

Tammy Banks
So, does replacing "provider" with "stakeholder" meet your concern?

Hans Buitendijk
No. There, the word "provider" would have been fine. I am trying to see whether we can phrase that last one more along the lines of the program not only needs to support the HIT that is spread across multiple, but it also needs to support the providers to help ensure that they have all the components they need, which might be because the system they have does everything, or they need five components that they understand what I need. So, I am trying to figure out more of how to state it from the provider view, because they need to make the choice.

Tammy Banks
It basically informs, right?

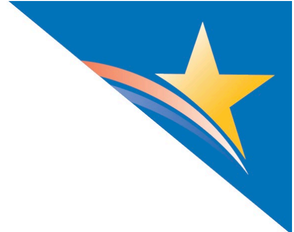
Hans Buitendijk
Yeah.

Tammy Banks
"Informs the provider's ability to mix and match components," right? Because it is going to say if they work together or not. Is that where you are going?

Hans Buitendijk
Yup, that is fine.

Tammy Banks
Does anybody have a problem with "informs" or "informs and supports"?

Sheryl Turney
I like it.



Rich Landen
I would use the “and.”

Rajesh Godavarthi
That is good.

Sheryl Turney
Yeah, I like that. Thumbs up. Are we okay to move on? All right, let’s go to 11. I do not have any recommendations to change 11. I think we have rewritten this one, but I think because we pulled it out and made it its own recommendation, we should just let the group take a look at it and react to it. Basically, this is focusing on the patient-centered inclusion, so what I pulled out of all the discussion was that we should work with the system development organizations, essentially, to ensure that there are standards for ePA that would include the patient so they can opt in to participate in the prior auth process, including status information, making a prior authorization request, like in the case of a renewed prescription that is name brand or something of that nature, if there is a status, if they wanted to appeal, or something that was denied.

Having all those capabilities enabled so that part of this recommendation, because we did not really have it as a separate one, and that there needs to be either modified IGs or new IG. Some of the components, most likely, can be implemented in a patient access API, the Blue Button 2.0, but some of them may not be able to be because of the way that works. I do not know, but I think that is something we need to talk about, or that ONC needs to work out with Da Vinci.

And then, also, the roadmap should include plans for the patient, and we know we are going to get some input also on how it relates to cost. We did not include the provider’s ability to do non-insurance, cash-only because it really is outside the scope of this, and that is how the provider is going to handle their business, and in my opinion, there is no good way to put that in here, and that is not something we are going to have a recommendation around anyways, so we are probably going to get that comment at HITAC, but I think it is just one we need to listen to and indicate we do appreciate it is important, but it is not something we can address in this RFI. Any questions or comments on the patient one?

Hans Buitendijk
The only comment is that rather than suggesting that the Blue Button 2.0 actually is being updated, is this something else? Because Blue Button is very specifically about EOB information and this is something different, so do we want to overload an IG? Or, at least, assume that it should be part of that one as opposed to there should be an IG to do that.

Sheryl Turney
Yeah, and maybe instead of “request,” we should have “consider whether the Blue Button 2.0 IG should be amended,” Tammy, which is the third bullet.

Tammy Banks
Okay, how do you want to change it?

Sheryl Turney

"Consider whether the Blue Button 2.0," and eliminate the word "request," and "should be amended" after "IG." Because originally in ICAD and the original reduction burden rule, there was leaning towards having a status in the blue button that would allow a patient to know where things were, and that was all that was contemplated, and then, also a thought that if a patient had a prior authorization in place for a medication, that would be part of what would be in their record so that if that data gets sent to another payer or they move to another payer, that data would get sent with them. And, Rich has his hand up, but I just wanted to give you that background.

Rich Landen
Like I just put in the chat, I think that when we do the final editing, we need to be sure we list everything that we have talked about and the different areas that identify what are the patient actions here. The functional criteria spreadsheet, at this point, only talks about patient status inquiries, but in the various discussions we have had, we have talked about other things, like patient-initiated renewals and patient-initiated DME requests, so I think we have to be a little bit more consistent in listing all those, and then, on the functional requirement spreadsheet, go back and add those specific items into the spreadsheet rows. Nothing about the language here.

Sheryl Turney
I agree. That sounded like a volunteer. Are we looking for volunteers, Tammy?

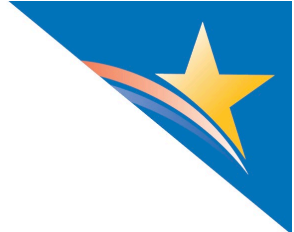
Tammy Banks
I think what we did is we included it more as innovation as a separate roadmap, so I do not know if we have to add it to the spreadsheet at this point, but let's take a look and make sure that we clearly identified the need to explore those because those were additional considerations to look at after we have this piece finished, so I am thinking we do not have to add it into the spreadsheet at this point, but we do have to clearly recommend it being done, if the group is amenable to that. I do not want Rich to do more work. I am trying to help you out on this one.

Sheryl Turney
Was there anything more that you wanted to highlight, Tammy? There was not anything more that I wanted to highlight in this meeting, and we are already at almost 8:20, and I do not think there is any value in showing people the PowerPoint deck. I think it is more important to focus on the recommendations because that is just going to be cutting and pasting them into the PowerPoint.

Tammy Banks
The only question I have is in regards to Hans's functional spreadsheet. Cut and paste that and put that as an appendix. Is everybody comfortable with that document? Again, it was only a guidance document, but we did refer to the functional capability that we laid out within it within these recommendations.

Sheryl Turney
I am.

Hans Buitendijk
One clarification, perhaps, is that rather than using the term "guidance," use the term "exemplar" or something like that. "Guidance" may already come across that we all agree on the breakdown that is in



there, and I do not think we want to represent that at this point. It is an example that is used of what the breakdown could look like, but not that that is what we think it ultimately should be.

Sheryl Turney
I think that is a good idea. The document is for example only.

Hans Buitendijk
Ultimately, I think ONC, working with Da Vinci and the community, needs to figure out where you slice the boundary, and Da Vinci is working on some things there. They are examples of where they are at in a draft stage, but that needs work, this needs work, you need to pull it together.

Tammy Banks
So, we will just keep this as Attachment B and not include any other documents, and again, like the other piece that Rich mentioned, just refer that it is encouraged to be considered, or that that work needs to occur after this report.

Sheryl Turney
I like that. All right, can we go to public comment?

Public Comment (01:19:50)

Michael Berry
Yes, we can, thank you. We will put up our slide, and we will pause here for public comment. So, if you are on Zoom and would like to make a comment, please use the hand raise function, which is located on the Zoom toolbar at the bottom of your screen. If you are on the phone only, press *9 to raise your hand, and once called upon, press *6 to unmute and mute your line. So, let's see if we have any public comments. I am not seeing public comments, so I will turn it back to Sheryl and Tammy. Thank you.

Sheryl Turney
Well, Tammy, at this point, probably the rest of the work is going to be on the two of us in order to get the rest of this paper done, because there is still some editing that we wanted to do. There was one other part, though. We wanted to go back to the No. 1 recommendation after we finished them all. Can we throw that back up and look at that recommendation? Heather has her hand up.

Heather McComas
Maybe there were not any concerns or questions on the section, but as you were scrolling through, I think I saw a CMS alignment section. I was just wondering if we could take a quick look at that.

Sheryl Turney
Sure.

Tammy Banks
Do you want to do 1 or do you want to do the alignment?

Sheryl Turney
Go to alignment. That was 15.

Tammy Banks
I cannot see my bar.

Sheryl Turney
I know. Mine keeps disappearing on this paper. Recommendation 15. I think it is Page 18, Tammy.

Tammy Banks
Sorry, shut your eyes.

Sheryl Turney
Oh, a little bit back. A little higher. There you go, perfect.

Tammy Banks
This is Hans's addition of the incentive, but was just pulled out to highlight the priority.

Heather McComas
Got it, thanks.

Sheryl Turney
Yeah. I really love the way this actually is worded right now. I think you guys did a great job with it.

Tammy Banks
And, now you want to go to 1?

Sheryl Turney
Yeah, I think we had said at the beginning we might come back to 1 if we had the time.

Tammy Banks
This was a challenge because we had so much great information, so I went through the list and tried to figure out what was captured in the other recommendations to try to make this more manageable, and this is where we wound up. I am not going to be able to put it on one screen. Continuing with the patient-specific coverage, improved matching, and the electronic ID cards to mirror ICAD for the patient needs where the provider, again, sending the request payer-specific, and also for the payer to send it payer-specific as well. System and tools that support the ePA to allow the medical prescription PA requests to be submitted. The physician or designated healthcare staff discretion, and then, the gold-carding piece, Heather, that you had laid out is under C. And then, the complete and accurate information and sharing of the clear documentation requirements.

Sheryl Turney
Right. So, this is not reading like a recommendation right now.

Tammy Banks
At this point, we were trying to pare it down to make it into a usable recommendation because of all the good work, unless we want to put it in submitting conversation.

Sheryl Turney
Okay, no. So, we're saying ONC should keep the following patient, provider, and payer requirements. How about we say "capabilities" because again, we are interchanging those words? And, those reflected in the following in mind related to capabilities. Okay, we have the following requirements and those reflected in the following recommendations to related… So, I just think "ONC should keep the following patient, provider, and payer capabilities in mind," or "should enable the following capabilities." I think that is what we should say. "ONC should keep the following patient, provider, and payer capabilities…" I do not like the way that is stated. What are we really asking them to do? We are asking them to basically a list of minimum capabilities enabled, so that is what we should say.

Tammy Banks
Why don't you rephrase that? I am not sure how to incorporate what you are saying.

Sheryl Turney
I just think it should say, "ONC should enable the following capabilities," because that is what we are saying. And then, "This is the list of the capabilities." What does everybody else think?

Heather McComas
Sorry if I am being slow, but can you explain a little bit more specifically what "enable the capabilities" means? ONC certification? What do we mean?

Sheryl Turney
Yeah, that is exactly what we need to get to. What is it we are meaning with this?

Heather McComas
Sheryl, this stuff is all really important. Maybe this is where you were too, but I guess I am getting tripped up by the recommendation angle of this. I am almost wondering if this is a list of prerequisites that is not a recommendation. I do not want to downplay it, but are prerequisites a recommendation? I am just trying to figure out how to get this to be a recommendation for ONC.

Sheryl Turney
I guess what we are going to need to say is that the ONC would need to work with the standard development organizations to ensure the following capabilities are enabled through the development of implementation guides, certified products, and systems to implement a successful electronic prior authorization process. That is what we wanted to establish. Because somehow, we wanted to be able to get to… It is more than what was in that list that the RFI asked for, and these are some basic things that have to be there. These are the minimum number of things to make it work.

Hans Buitendijk
Yeah, the question that I have there is that is it the minimum to make it work, or, since, for example, having access to benefits, price transparency, those tables, etc., there are some that clearly, the patient can initiate and perform or initiate the prior authorization, but some of the other ones around benefits are more that it enhances the overall interaction experience in combination with prior auth. It does not make prior auth any more successful, but it does make the user experience more successful because we have now the full

picture. It is authorized, and this is the responsibility or impact of that, but the latter happens outside of prior auth as well. It can happen with anything that does not require prior authorization as well, so that is what I am wondering about. It is the balancing act, or the complementary aspects of those two pieces of information.

Sheryl Turney
So, how should we reframe this? We need to finish that before we…

Hans Buitendijk
I am okay without the phrase. I am just trying to clarify from a conversation perspective that I do not think we need to focus as much that it is an integral part of it, but that they are complementary and need to be able to be addressed at the same time, and I think that is reflected in here.

Tammy Banks
If you want to pull out a recommendation, I kind of like the recommendation. We could put it in the background, that this is something that needs to be considered, just like Hans's point. What is it really, an HIT vendor?

Sheryl Turney
Yeah, but I do not think we should pull it out. I am not sure. Maybe the title is what is wrong, because it is not really a prerequisite for a successful ePA. I think these are capabilities required for a successful user experience for ePA. That is really what he is saying, and that is what we are saying, is that as far as we have gone, these are things that are needed, but there are other things needed that we did not talk about, and we are kind of at time. So, Tammy, maybe you and I can work on that afterwards and get that cleared up, but I do not think we should remove it.

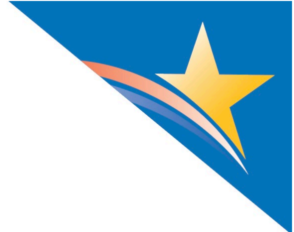
We are past time, so for the next steps, Tammy, what were you thinking? You and I are going to finish the paper, and then I am going to work on the presentation, and then we are going to present it to the HITAC on Thursday, and we are going to go with the best version of what we have. I want to thank everybody for their participation and hard work on this. It has really been a very short time to do this amount of work, and it has been very, very informative and fruitful for all of us. I want to thank you very, very much, and again, the HITAC meeting is on Thursday at 10:00 a.m. You can go to this link to register to participate. And, thank you very, very much, and the final products will be posted as part of the HITAC meeting.

Tammy Banks
Rich, thank you for your comments. That is very helpful on this section.

Rich Landen
Thank you.

Heather McComas
Thanks, Tammy. Thanks. Sheryl, I really appreciate it.

Rajesh Godavarthi
Thank you both.



Tammy Banks
Bye, everybody.

Heather McComas
Bye.

Tammy Banks
Bye.

Adjourn (01:32:38)