Transcript

HTI-2 PROPOSED RULE TASK FORCE 2024 MEETING

GROUP 3: INFORMATION BLOCKING AND TEFCA

August 8, 2024, 11 AM – 12:30 PM ET

VIRTUAL

MEMBERS IN ATTENDANCE

Rochelle Prosser, Orchid Healthcare Solutions, Co-Chair
Shila Blend, North Dakota Health Information Network
Hans Buitendijk, Oracle Health
Derek De Young, Epic
Steven (Ike) Eichner, Texas Department of State Health Services
Lee Fleisher, University of Pennsylvania Perelman School of Medicine
Hannah Galvin, Cambridge Health Alliance
Dominic Mack, Morehouse School of Medicine
Anna McCollister, Individual
Katrina Miller Parrish, Patient.com
Kris Mork, Guidehouse
Eliel Oliveira, Harvard Medical School & Harvard Pilgrim Health Care Institute
Randa Perkins, H. Lee Moffitt Cancer Center & Research Institute
Zeynep Sumer-King, NewYork-Presbyterian

MEMBERS NOT IN ATTENDANCE

Sooner Davenport, Southern Plains Tribal Health Board
Naresh Sundar Rajan, CyncHealth
Sheryl Turney, Elevance Health
Rachel (Rae) Walker, University of Massachusetts Amherst

ASTP STAFF

Seth Pazinski, Designated Federal Officer
Maggie Zeng, Staff Lead
Sarah McGhee, Overall Task Force Program Lead & Group 2 Lead
Ben Dixon, Group 3 Lead

PRESENTERS

Rachel Nelson, ASTP (Discussant)

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

Seth Pazinski
Good morning, everyone. Welcome to the Health Information Technology Advisory Committee (HITAC) Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2) Proposed Rule Task Force for Group 3, focused on information blocking and Trusted Exchange Framework and Common Agreement (TEFCA). I am Seth Pazinski with the United States Department of Health and Human Services (HHS) Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP), and I will be serving as your Designated Federal Officer today. This meeting is open to the public, and as a reminder, public feedback is welcome throughout the meeting. Comments can be made in the Zoom chat feature. Also, there will be time scheduled at the end of the meeting for verbal public comments for any members of the public that are interested in doing so. So, let's get started with our meeting. I am going to start with a rollcall, and I will start with our cochair. Rochelle Prosser?

Rochelle Prosser
Present, good morning.

Seth Pazinski
Good morning. Shila Blend? I believe Shila is on. You are on mute if you are speaking. Okay. Hans Buitendijk?

Hans Buitendijk
Good morning.

Seth Pazinski
Good morning. I got a message that Sooner Davenport will not be able to make it today. Derek De Young?

Derek De Young
Present.

Seth Pazinski
Steve Eichner?

Steve Eichner
Good morning.

Seth Pazinski
Good morning. Lee Fleisher?

Lee Fleisher
Good morning.

Seth Pazinski
Good morning. Hannah Galvin?

Hannah Galvin
Good morning.

Seth Pazinski
Good morning. Dominic Mack?

Dominic Mack
Present.

Seth Pazinski
Okay, thank you. Anna McCollister?

Anna McCollister
Good morning.

Seth Pazinski
Good morning. Katrina Miller Parrish?

Katrina Miller Parrish
Good morning.

Seth Pazinski
Good morning. Kris Mork?

Kris Mork
Good morning.

Seth Pazinski
Good morning. Eliel Oliveira? Randa Perkins?

Randa Perkins
Good morning.

Seth Pazinski
Good morning. Zeynep Sumer-King?

Zeynep Sumer-King
Good morning.

Seth Pazinski
Good morning. And then, I got messages that Naresh Sundar Rajan, Sheryl Turney, and Rae Walker all had conflicts for today, so they unfortunately will not be able to join. Is there anyone I missed or are there any members who just joined us? Okay. And then, just one quick update before I turn it over to Rochelle for opening remarks. We do have an information session scheduled for later today at 2:00 on the HTI-2

proposed rule information-blocking session. So, this is just a reminder for that, and I will plug the link into the chat for anyone who is interested in that. That is a public session, and everyone is welcome to listen in. With that, I will turn it over to Rochelle for opening remarks.

Rochelle Prosser
Good morning. Seth, I did notice in the chat that Shila Blend had dropped, and she will be rejoining us.

Shila Blend
Yes.

Rochelle Prosser
There we go.

Seth Pazinski
All right, thank you.

Opening Remarks (00:03:01)

Rochelle Prosser
Good morning, everyone. Last week, we had a very robust conversation about patients and their records on the first part of the information-blocking session, and it was so robust that I wanted to add an additional 10 minutes for us to go over the homework. It was rather lengthy, and there were a few other areas in the 21st Century Cures Act (Cures Act) and other laws that actually pertained to what we were talking about with the definition of what a patient is and what patient records are. I just wanted to afford an opportunity for any final comments on that portion before we move on to the next section, and also, again, to reiterate with Seth that unfortunately, we are not going to have that wonderful overview before we start talking about the HTI rule today, but it is going to be available at 2:00 p.m., and I really encourage all of us to attend, including those from the public. Let me see what I can do with my mic here, everyone. Can you hear me better now?

Steven Eichner
That is so much better.

Rochelle Prosser
Okay. Thank you so much. All right. For the record, I was thanking everyone for being here. We are going to have an additional 10 minutes to discuss the rule update to align what a patient is across all sections of the ONC, as well as having the HTI overview that is going to happen after we meet. Unfortunately, it is not going to be in time for this meeting, but I strongly encourage you all to attend. I will be there as well, and that will give us additional information to help us move forward through the rest of the rule. I look forward to having these additional 10 minutes to talk about any additional thoughts you may have after we went over the homework, the different areas within the Cures Acts, and additional other sections of regulations for us to look at to bring to the table of what the definition of a patient and patient records are, and what the exclusions are, before we move on to the next section, so I will open that up to everyone today. Seth?

Seth Pazinski
Do we want to transition to the Google doc, if we want to switch screen share?

Rochelle Prosser
Yes.

Seth Pazinski
All right, thank you, Dan.

Task Force Recommendation Worksheet (00:06:37)

Rochelle Prosser
Okay. In this section, if we can go over to Column G, last week, we were able to get to the fourth comment from KM, talking about the restrictions, and we had a long conversation regarding restrictions and either having things itemized out or looking at the interoperability of the data elements from going to paper. Thank you, Hans. We wanted to have more transparency specifically on how a facility would write their policy after looking at the exceptions and what the actual definition of a patient is, and bringing in parents, etc. So, now that we have had a chance to go back and look through the homework, I did notice that there were a few more comments, so I would like to open it up to the floor for those that wanted to comment more. I see one from LF, and then HKG. Please feel welcome to unmute yourself or raise your hand, and I will let Seth go in that order, and we can have that discussion for 10 minutes only. Thank you so much, everyone. Go ahead, Lee.

Lee Fleisher
Again, I am going to thank you. I think we had a robust discussion. I just wanted to reiterate and thank Seth or someone from the ONC for the logical outgrowth and the ability to comment that there are opportunities, not that it should differ in any way from Office for Civil Rights (OCR)'s comments currently with regard to reproductive health, but there is a way to expand it linking it to other regulations as opposed to statutes, so, thank you. I do not know if we need to go through anything, but I do still think that this should be forwarded through the committee as a comment from this subcommittee.

Rochelle Prosser
Thank you for that, Lee. Does anyone from the ONC wish to add? I will open it up to Hannah.

Hannah Galvin
Thanks, Rochelle. I also appreciated the comments last time from the ONC about this, and I modified my comment, but my comment was also about expanding this beyond reproductive health services, and they gave some good context last time. There was an ask to add some of the discussion. Last time, I had mentioned that it would be helpful to reference the part of the Health Insurance Portability and Accountability Act (HIPAA) rule that had very specific protections around reproductive health as opposed to just the section of the rule that mentioned the reproductive health definitions, and Rachel mentioned that they do reference that in the preamble, but I did put 164.502 in the bottom of my comment there, which we had discussed on the call. That would be helpful. That was the only update to my comment.

Rochelle Prosser
Excellent. Thank you, Hannah. That was very much appreciated. As I said, there was a wonderful discussion. There are a few of us that are missing today, and we certainly will add their comments and recommendations for consideration. Are there any other comments we wanted to have today referencing

this aspect or this portion under protecting the care access exception from the group? Seth, I do not see any hands.

Seth Pazinski
Okay. Should we move to the presentation at this time?

Rochelle Prosser
Yes. Thank you so much, and I appreciate everyone for the excellent work looking over the homework. I do appreciate your time and thank you to the ONC for adding those additional contexts with the other laws in the preamble to make it easier for us to find. As we are moving to the second section, I wanted to let everyone know that as of Monday, the HTI-2 rule has been published, and you are welcome to go onto the ONC website and see the updated version. This now will allow us to move much more easily through the rule where we are trying to do our homework as we move forward. Back to you, Seth.

Seth Pazinski
I will also add that you will see in the Google doc in the homework moving forward the links directly to the section, so hopefully that will make it easier to link directly to the sections under discussion, so it makes it a little easier to connect to the content moving forward. With that, I will turn it over to Dan Healy from ASTP to give us an overview presentation on the information-blocking enhancements.

Information Blocking Enhancements (00:12:27)

Dan Healy
Great. Thank you very much, Seth and Rochelle. It is great to be with you all today, and I look forward to the presentation. I know we have a lot to cover, so I will jump right in. Go to the next slide, please. So, I will be talking about two proposals that we have in the HTI-2 proposed rule today. The first will be updates to the infeasibility exception, and then, next, I will talk about our request for comment on the TEFCA manner exception. Next slide, please. So, here we have the conditions of the infeasibility exception, and highlighted in red are our proposed updates. Those proposals are for the A2 condition, segmentation, the A3 condition, third party seeking modification use, and for Letter B, responding to requests. So, I will go through each of those in turn and give an overview of our proposals that are in the rule. Next slide, please.

So, first is the proposed update to the segmentation condition of the infeasibility exception. This condition currently applies where an actor is not able to fulfill a request for access, exchange, or use of Electronic Health Information (EHI), specifically because that actor cannot unambiguously segment from other requested EHI the EHI that cannot be made available, either by law, due to an individual's preference, or because it may be withheld in accordance with the preventing harm exception. The proposed expansion of this condition would make it applicable when the actor has chosen to withhold EHI, consistent with the proposed new protecting care access exception in Part 171.206, and with the privacy exception's sub-exceptions, Sub-Exception D and Sub-Exception C, so those are the sub-exception that deals with denials of individual access on unreviewable grounds and the other sub-exception that deals with a health IT developer of certified health IT that is not covered by HIPAA.

We believe that these proposed updates would help accommodate more circumstances where another exception would apply to an actor choosing to withhold some EHI under an applicable exception, where that actor cannot unambiguously segment that EHI from other requested EHI that they are allowed to share

under applicable law. I will echo Seth's comment on the preamble and encourage everyone to review some examples we give there where we go into greater detail. Next slide, please.

So, this is the second proposed update under the infeasibility exception of the third-party seeking modification use condition of that exception. To give a little bit of background, in the HTI-1 final rule, we excluded from applicability of this condition a healthcare provider's request for modification use from an actor that is a business associate of that healthcare provider. We also noted in the HTI-1 final rule that we may consider amending the third party seeking modification use condition in the future if doing so may be appropriate. Upon further consideration, we have now proposed to extend the exclusion from applicability of the condition so that it would not apply when third party modification use is sought by any HIPAA-covered entity or business associate from an actor that is their business associate or by any healthcare provider who is not a HIPAA-covered entity from an actor whose activities would make the actor a business associate of that same healthcare provider, if that healthcare provider were a HIPAA-covered entity. We proposed this change because it recognizes the need of covered entities and their business associates to regularly modify EHI that is held by other business associates of that same covered entity.

It also recognizes that healthcare providers who are not HIPAA-covered entities often have similar relationships with actors who provide services that would make that actor a business associate if the healthcare provider were a HIPAA-covered entity, and that those providers may need or want a third party to modify EHI held by such actors on their behalf. Next slide, please.

This is the third proposed update to the infeasibility exception, the proposed update to the responding to requests condition, and there are two parts to this proposal that I will talk about here. The first is the proposed update on this slide, and then, on the next slide, we have a proposed alternative proposal. So, to get some background first on the infeasibility exception, in order to satisfy this exception, an actor's practice must meet the requirements of the responding to requests condition, in addition to meeting at least one of the conditions of the infeasibility exception that are listed in Paragraph A of 171.204. The current responding to requests condition states that if an actor does not fulfill a request for access, exchange, or use of EHI consistent with any of the conditions in Paragraph A of 171.204, then the actor must provide to the requester within 10 business days of receipt of the request a written reason why the request is infeasible.

What we are proposing to do here is to modify the responding to request condition by establishing different timeframes for sending written requests to the requester based on the condition under which fulfilling the requested access, exchange, or use of EHI is infeasible. There are a couple of general reminders as well about the proposal for this exception. The proposed revision would retain the requirement that actors communicate to requesters in writing the reason why their request is infeasible that we finalized in the ONC Cures Act final rule. Also, as is currently the case under the current text of the responding to request condition, meeting the proposed modified responding to request condition would still be required in conjunction with meeting a condition in 171.204 Part A for an actor's practice to satisfy the infeasibility exception.

So, to talk specifically about what we are proposing to retain and what we are proposing to modify with respect to this condition, we propose to retain the current requirement for a written response within 10 business days of the actor receiving a request where the infeasibility of fulfilling the requested access, exchange, or use of EHI satisfies the uncontrollable events condition, the segmentation condition, or the

third party seeking modification use condition. We are proposing to revise the responding to request condition to offer actors a more flexible response timeframe where the reasons for infeasibility are consistent with the manner exception exhausted or the infeasible under the circumstances conditions. Under this proposal, the 10-day clock would start after the actor determines, without unnecessary delay and based on a reasonable assessment of the facts, that the requested access, exchange, or use of EHI cannot be provided, consistent with the manner exception, or that fulfilling the request is infeasible under the circumstances.

Among other benefits, we believe this proposal would offer enhanced clarity for both actors and requesters as to when the 10-business-day timeframe starts for responding to requests that are infeasible for reasons consistent with the uncontrollable events segmentation or third-party seeking modification use conditions. Again, we also wanted to note that this proposal would continue to provide for a response to requesters indicating the reasons for infeasibility within 10 days of the actor's determination of infeasibility. So, that is the first part of our proposal on the responding to request condition, and next, we also have an alternative proposal, if we could go to the next slide.

So, we also have an alternative proposal for the update to this responding to request condition, and the alternative proposal would establish a maximum timeframe within which good-faith discussions and negotiations must, in order for the condition to be met, reach a plan to proceed or an actor's determination that the particular requested access, exchange, or use of EHI is not feasible. So, under the alternative proposal, the maximum amount of time would be either three, five, 10, 20, or 30 business days after the date the actor receives any initial request or one of those timeframes for any request that does not implicate the HIPAA privacy rule's individual right of access, and the maximum timeframe allowed under the HIPAA privacy rules individual right of access provision for those requests that do also implicate it.

With respect to this alternative proposal, we believe that the maximum timeframe requirement would create additional clarity for actors as well as predictability for requesters. So, that concludes the section of our proposal related to the infeasibility exception, and next, I will move to a summary of our request for comment on the TEFCA manner exception. Next slide, please.

To start with a bit of background on this exception, we finalized this exception in the HTI-1 final rule, and the exception states that an actor's practice of limiting the manner in which they fulfill a request for access, exchange, or use of EHI only via TEFCA will not be considered information blocking when it follows certain conditions that are laid out specifically in the exception. We are requesting comment on three conditions of the TEFCA manner exception that we can see here, so I will go through each of those in turn.

So, the first aspect of this exception that we are requesting comment on is the fees and licensing, but before I get into that, I will just give a little bit more context on that particular condition of the exception, the fees and licensing condition, that we also discussed in the HTI-2 preamble. So, we state that when we proposed the TEFCA manner condition in the HTI-1 proposed rule, we stated that the fees exception and the licensing exceptions would not apply because we mistakenly assumed that all actors participating in TEFCA would have already reached overarching agreements on fees and licensing such that there would be no need for the application of the fees and licensing exceptions.

In response to our proposal, some commenters expressed concern that because the common agreement prohibits fees between Qualified Health Information Networks (QHINs),but is otherwise silent on fees between participants and sub-participants, the proposal could allow actors to charge fees to access, exchange, or use EHI that did not comply with the fees or licensing exceptions. Some commenters also expressed that this could have the effect of disincentivizing participation in TEFCA and could cause actors to use other options of electronic exchange outside of TEFCA where the actors believe that fees and licensing exceptions would apply. As such, in the HTI-1 final rule, we finalized the TEFCA manner exception to include that any fees charged by the actor and any licensing of interoperability elements must satisfy the fees and licensing exceptions, and we are requesting comment now on whether there are drawbacks to applying the fees and licensing exceptions, and if we should continue to apply them to the TEFCA manner exception, as is currently required in 171.403(d). So, that is the first aspect of our request for comment for the TEFCA manner exception.

And then, secondly, we are also requesting comment on the limitation that carves out, from this exception, requests made for access, exchange, or use of EHI via Fast Healthcare Interoperability Resources (FHIR) API standards. We noted in the HTI-1 final rule, and commenters have stated, that FHIR application programming interfaces (APIs) advance interoperability to a greater degree than Integrating the Healthcare Enterprise (IHE) document-based exchange. This limitation ensures that the TEFCA manner exception does not apply when a requester seeks to access, exchange, or use EHI via FHIR API standards that are codified in 45 CFR 172.15, including standards that may be updated from time to time through the Standards Version Advancement Process, or SVAP. So, here, we seek comment on whether the limitation should be expanded to include exchange based on versions of the FHIR standards that are more advanced than those adopted in 45 CFR 172.15 or approved through the SVAP process.

Thirdly, we also seek comment on an alternative approach to that same API FHIR limitation. We note in the preamble that eventually, all TEFCA QHINs will be required to support exchange via FHIR API standards, and, in time, a participant or sub-participant could directly request access, exchange, or use of EHI via FHIR API standards from another participant or sub-participant in a different QHIN. So, as part of the alternative here, we also request comment on all three of the options that are listed here and in the rule, including whether or not the limitation should remain as it is currently. So, with that, I believe that takes us to the end of the presentation portion for our proposals today, so I believe I will turn it back to Rochelle for the next part of our discussion today. Thank you very much.

Discussion (00:31:40)

Rochelle Prosser
Thank you, Dan. What a wonderful overview, and I already see the run of hands, as I expected. You really gave us a very clear overview and understanding, and again, I expect this to have a robust conversation, so I will turn it over. I saw Lee, Hannah, and Dr. Mack. Seth, to make it easier for me, could you manage who is first, second, and third? I can run the discussion from there. Now that we have had that wonderful presentation from Dan, maybe we can have Accel pull up the document, and I will open up the conversation to Lee first to pose his questions.

Lee Fleisher
Thank you so much. This is excellent and wonderful. My understanding is that the QHINs are private enterprises working in a private-public partnership. Before I go on, ONC, is that correct?

Dan Healy
I would have to look at the specifics of the QHIN framework that has been put out. I do not want to say anything that we have not specifically said in the rule about that, but I can come back to that if you want.

Lee Fleisher
Okay. So, the idea that the QHINs' ability, if they are private entities working in this public-private partnership to achieve interoperability, to anchor on an older state until they all get to the right state has me concerned, so I just wanted to express my support for not waiting and the federal government and the assistant secretary's office driving to that better state of interoperability, and therefore pushing any entities that are not there to achieve that. Thank you. I think that was Option 3, if I remember correctly.

Rochelle Prosser
Thank you, Lee. Yes, I believe that is Option 3. In bringing up your comment, I also found it interesting that the omission of the sub-participant and the participant opened up this vulnerability in that bad actors can use the participant and sub-participant rule where we were silent to then provide blocking. And so, that was interesting for me, and I would like to have us put some comments in there, now that we have more information, as to why Line Item 4 is there, as we discussed, shoring up or closing that loophole within the participant/sub-participant section, so I look forward to the comments from the group after this call on that. Hannah, would you like to come off mute and comment?

Hannah Galvin
Thanks, Rochelle. I wanted to comment specifically on the segmentation condition update. I certainly am in favor of including the proposed protecting carer access exception to this. I did want to ask either Dan or other members of the group. I would love a couple of examples for the privacy sub-exceptions and where those might be included in this update to the segmentation condition for health IT developers, specifically non-HIPAA-covered health IT developers. I think that would help flesh this one out for me a little bit more and help me understand it. So, Dan, I do not know if you are able to give that example or if there are others on the call who have a couple of examples there, but I am not quite clarified in my head in my comments on this particular one, and I would love a couple of examples of what you guys are thinking here.

Dan Healy
Sure. Thank you for the comment. I think what I would actually do with that, as I believe we are on the Google doc, is I can point folks to where we talk about a little bit more of those examples, specifically relating to some of the things you had mentioned in the preamble, and I believe it was specifically related to the segmentation condition, if that is correct.

Hannah Galvin
I have been reading the preamble here, but yes, if you could point me to the specific area of the preamble where you guys have examples, that would be awesome.

Dan Healy
Absolutely. I can grab that specific link. I believe it would be around here in the preamble where we kind of talk specifically about the privacy exception and some of the rationale that was discussed in the preamble around that particular exception as well as the precondition not satisfied sub-exception of the privacy

exception. So, yes, I would point to this, and I can have this sent around to the group as well but thank you for the comment. I appreciate it. I just wanted to make sure we had that resource for you all to point to the particular part of the preamble where we can discuss some of those issues in more detail.

Hannah Galvin
Great. Yes, I found that. Thank you so much.

Rochelle Prosser
Thank you, Hannah, and thank you, Dan. I just wanted to make note for Seth that Eliel is here on the call, if we can make sure he is added to the roster of attendees.

Seth Pazinski
Thank you, Rochelle. Welcome.

Rochelle Prosser
Dr. Mack, please go ahead and take yourself off mute.

Dominic Mack
Thank you. First, I want to reiterate what Lee stated about the alternative section in the QHINs. That also struck me. I agree, I do not think we can wait for the QHINs. I think that actually is a block-in in and of itself, and it is a barrier to interoperability if we wait, even though I am definitely an advocate of the QHINs, but I thank you for those comments. My question is around the non-HIPAA-covered providers. Can you explain who a non-HIPAA covered provider is?

Dan Healy
Thank you for the question. I would have to refer back to the specific section of OCR's rule in terms of who would fall into that category, but I will say that in other parts of some of our information-blocking guidance and materials, specifically around EHI definition and some of the materials that we have put out around that, we have acknowledged the same dynamic in that there may be actors who would fall under the healthcare provider actor category for purposes of information blocking, but who may not be HIPAA-covered actors under the HIPAA rules for that definition of the healthcare provider. I would have to look specifically at the rule, but I think one of the examples that may have been mentioned were providers who did not bill Medicare, for example, as part of the practice, and they have a very specific specialized practice, under which they would not fall under the HIPAA definition of a healthcare provider, but may still be considered a healthcare provider under the information-blocking regulations.

Dominic Mack
Okay, I think we need to clarify that, because I thought any provider who is sharing patient information or participating in the sharing of patient information is covered under HIPAA as we respond to the HIPAA laws, but we can revisit that definition. Thank you.

Dan Healy
I think Rachel has put in the chat for folks the link to the HIPAA regulation's definition of "covered entity" and "business associate" there, just to highlight that link if folks were looking for that in the chat as well.

Dominic Mack
On that point, let me say this. When it says "non-HIPAA provider," I wonder if that language is sufficient. Should it be a non-covered entity? You are subject to the HIPAA laws if you are a provider, period. I do not know if that is just the way I am looking at it, but anybody who is a provider or who is touching this information is subject to the HIPAA laws and rules. I wonder if that language should be more specific. I will just leave my comment there. Thank you.

Steven Eichner
This is Steve. Just really quickly, there are hybrid entities that are partially HIPAA-covered, as an example.

Rochelle Prosser
Thank you, Dr. Mack, for your comments. I think that was really good. Ike, can you clarify a little bit when you say there are some entities that are partially covered, just for the clarity of the group? I think this really goes to the point of what Dr. Mack is mentioning, that if we are sharing private information, all entities should be covered, whether they are a partial provider, a full provider, or anything in between, so I will open the floor to your comment, Steve.

Steven Eichner
Sure. Under HIPAA law, there are both HIPAA entities and hybrid entities. For example, any entity can be a hybrid entity where some of the services they provide are HIPAA-covered, but other programs may not be. Public health is an excellent example, where many of the services we provide are HIPAA-covered, but many are not.

Rochelle Prosser
Dr. Mack, would you like to take yourself off mute? Go ahead.

Dominic Mack
Yes, the service itself, but if a provider enters into that service… We are talking about providers, right? I guess I am thinking if a provider is involved in the sharing of information, that comes under the HIPAA rule. To me, when you say "non-HIPAA-covered provider," that means they are not subject to the laws of HIPAA, and I might be reading it wrong. That is just the way I think, that all providers that are sharing information are subject to the HIPAA rules.

Rochelle Prosser
Right. So, to provide some clarity to the ONC folks, either Dan, Rachel, or even Ben, I want to ask you something. When we say the word "provider," I think that is where we are a little bit bogged down. For the definition of this rule, what is the definition of a provider? I think that will help to clarify this situation. Do we have a uniform definition from ONC of what a provider is? I think Dr. Mack is thinking this is a medical provider, and as we look at tech, medical providers and the general public can be proposing and then become subject to the HIPAA laws because we are using tech to house and transmit private patient information.

Rachel Nelson
So, without getting into reviewing what the HIPAA statute says and what the regulations say, I will give you a quote and a link. When we are talking about healthcare providers, in our rule, you will find us using

language that ties to our defined terms in the information-blocking regulations. Let us start with "healthcare provider." It is defined in the regulations by reference back to the ONC authorizing statute, Public Health Service Act, Section 3000. As we noted in finalizing the adoption of that definition in 2020, it is a slightly different definition of "healthcare provider" than you will find in the HIPAA statute. Setting that aside, I will simply note that if you go into the HIPAA regulations, you will find the term "covered entity," and the quote that I put in the chat is from the "covered entity" definition, and it is what I will call the healthcare provider bullet in that definition. "A healthcare provider who transmits any health information in electronic form in connection with a transaction covered by this chapter," and in that case, "this chapter" would be HIPAA rule chapters.

So, I would have to word-search the rule preamble to see how descriptive we got about the potential for someone to meet a definition of "healthcare provider," someone who provides healthcare services, without transmitting any health information in electronic form in connection with any of the HIPAA transactions. I think Dan noted that we would have to look back in the rule to see how specific we got, but some of the examples that we were talking about in the preamble were simply to illustrate how, when we talk about them, we say why we are giving you an example and what it is an example of in terms of how something would work in one of our proposals. Again, I am going to be very careful because I cannot go deeper than what is in the rule. Thank you for the focusing question, and I will turn it back to you, Rochelle.

Rochelle Prosser
Thank you very much, Rachel. That was very informative. I know we want to be very careful to make sure that we are honoring the prior constructs of other rule determinations as we move forward in our comment sections. So, Dr. Mack, if you would like to take yourself off mute just to close this out, have we answered your question?

Dominic Mack
Yes, and I will just say thank you for all the comments. I can understand it, but it sounds like we were talking about a provider entity who would be involved, and that was under infeasibility, I think. It sounded like we were talking about a provider who would be involved in the sharing of that information. I would understand if we were talking about a provider who is not involved in that at all, but it sounded like the only reason we had that in there was because we were talking about a provider who was being involved in that sharing, so that is what my thought was, but thank you for the comments, and that answers my question. Thank you.

Rochelle Prosser
Perfect. Thank you, Dr. Mack. I want to honor and thank you for attending these. The perspective that you provide is very important to the rule and what we are doing here today. Lee, I see that you have made a wonderful comment in the chat, and I will ask you to come off of mute and talk about your question: As we start developing digital apps for treatment, like mental health, as an example, how does that fit in with the HIPAA definition?

Lee Fleisher
Yes, and my former agency, Centers for Medicare & Medicaid Services (CMS), has just approved coverage for mental health reasons, so I am wondering how all that fits within this definition and information blocking. Mental health is a complicated issue in particular, given some of the privacy issues. Thank you.

Rochelle Prosser
Excellent comment. As I was looking through the document, I think we start to discuss a little bit of that in the upcoming topic as we move forward into the information blocking, but I do think that that is relevant to the conversation here, and I will leave it up to either Rachel, Dan, or Hannah to address that a little bit more succinctly than I could, if they would like to. No?

Dan Healy
I think I will leave that as a comment for now, going back to Lee's comment on mental health, just because I want to stay within the confines of what we are proposing in HTI-2, but I do appreciate the comment, and as we say, all comments are welcome, and I will just put in a plug as well that the comment period is officially open. Those are able to be submitted as well for HTI-2.

Rochelle Prosser
Excellent, thank you. Kris, would you like to come off mute and just talk about your comment?

Kris Mork
Sure. It was under the infeasibility clause, and I do not know if it is a comment or a question. It is not clear to me how to resolve a potential tension between inducing a requester to choose certain preferences and some anticipated variation in actors' technical capabilities and operational circumstances that make it easier for some preferences to be accommodated. So, if a system can easily segregate mental health information, a preference not to receive that is easy, but a preference not to receive just post-traumatic stress disorder (PTSD) might take longer, and communicating those preferences creates a sort of inducement. There is a necessary tension there, and I do not know the right way to resolve it, or even if we need to. I just want to recognize that technical capabilities can create incentives on the requester.

Rochelle Prosser
Thank you for that comment, Kris. Could I ask the Accel group to please refresh the document? Your comment is not showing on the screen, but it is showing on mine. And then, go down to the proposed rule, and we will see your comment there. I think the next one is a little bit further down. There it is. So, when you are saying that there is a tension to resolve, can you divulge a little bit further? I will also open it up to ONC to address this.

Kris Mork
The tension I see is that there is a clear statement that the person holding the EHI cannot try to unfairly induce, if I got the right… Not "unfairly." There is language about not inducing the requester to have or to communicate certain preferences. I think "unduly influence" might be the term. There is an influence that arises out of the technical capabilities of the actor that holds the EHI. Any preferences that they cannot feasibly satisfy create an incentive for the requester to accept whatever that technical limitation is, and I am guessing that that is not unduly influencing the requester, but I also did not see anything that made it clear. It is not clear to me where the limit of undue influence is.

Rochelle Prosser
Thank you for those comments. Is the ONC able to give us a little clarity around undue influence or that coined phrase with respect to Kris's comments?

Dan Healy
I believe what is being referenced is Sub-Exception E of the privacy exception. The current Sub-Exception E is respecting an individual's request not to share information, and I will just read the first part that is referenced here. We say, "Unless otherwise required by law, an actor may elect not to provide access, exchange, or use of an individual's electronic health information if the following requirements are met," and there are additional items on that list, but No. 1 is the individual request that the actor not provide such access, exchange, or use of electronic health information without any improper encouragement or inducement of the request by the actor.

What I believe the comment is referencing is that sub-exception of the privacy exception. I am not able to comment on a specific circumstance, which I believe is kind of what the comment is getting at in describing differing capabilities of health IT and potentially how those capabilities could have an effect in a particular scenario, but I wanted to flag that part of the privacy exception, Sub-Exception E, again, I can flag that section of the preamble for folks where we offer for further discussion there if there is interest in examining further that particular sub-exception of the privacy exception.

Rochelle Prosser
Thank you, Dan. For the sake of the group, I would actually make that request, so we could look into it further and provide some context, and thank you, Kris, for bringing this topic up. I think it is excellent for us to address as we move through the different areas for this topic today. Are there any other questions from the group today? I know that we basically have about 30 minutes left. Seth, please keep me honest. I do notice that there are some members of our panel that have not offered any thoughts, and I open the floor to them.

Seth Pazinski
It looks like Hans has raised his hand.

Rochelle Prosser
Excellent. Hans, would you like to come off mute and make your comment?

Hans Buitendijk
Sure. This is not a question, so that is why I did not raise anything before, but I just have a couple of comments that I put in the spreadsheet to highlight them, and we can discuss them further later. The first one in general is a supportive comment about where the exceptions are defined and some of the clarity to help reduce the pressure or the sense that we would have to go to paper for sharing certain data, so ONC offering that flexibility is positive. I think we want to acknowledge that as well, that we are looking at making it easier, not harder, even though it is sensitive data that may be involved in some areas. This is more of a specific one that is not about the actual intent.

Generally, we do not have a lot of feedback where we have concerns with the enhancements, but around the segmentation that is on Row 5, that segmentation is, in many ways, analogous to infeasibility, so aligning the timelines there would be helpful to recognize that, and I think it is the last one. When relooking at the requests or preferences exception, that seems to effectively be a duplication of what content and manner is already achieving, so it is not totally clear what the difference is between what is already there and what else is happening as we add this on. As we go through it, we are not seeing anything new, so it

is unclear why it is needed. That is more avoiding ambiguity or potential confusion by having something that is, in essence, the same as what is already there. Those are really the comments or the thoughts that I would bring to the conversation at this point in time.

Rochelle Prosser
Thank you, Hans. ONC, would you like to provide feedback or additional comments from Hans at this time?

Dan Healy
I do not think I have an additional comment, other than just to say that we appreciate the comment and encourage all comments to be submitted as the group works through these particular issues as it pertains to each of the exceptions and sub-exceptions that we discussed.

Rochelle Prosser
Okay, perfect, thank you so much. Is there anyone else in the group that would like to provide a comment at this time? Eliel? No? Okay. We were offered a choice of looking at the three areas under the TEFCA rule, keeping it with TEFCA and the QHINs, allowing the FHIR to expire or just going forward with the FHIR. Thank you, Eliel. You are driving. I will allow you to stay on mute. That is fine. Are there any comments from the group today looking at the three choices that were provided to us today looking at the TEFCA rule? I do agree with the earlier comments that we do not want to move backwards as we look towards this rule, and if we can advance or move to advancement where technology is taking us, and we can then incorporate that, but I just wanted to hear the thoughts of the group, as we have a little bit more time before we get to 12:15. Lee, Ike, Derek, or anyone? Is there anyone who has a thought about saying we are going to follow the QHINs versus the TEFCA? Okay.

Lee Fleisher
Just to reiterate, thank you, Rochelle, I agree entirely that we should push the ecosystem forward. Does that mean we should put this into the spreadsheet? Is that the best way, or is this captured in the notes?

Rochelle Prosser
I am trying to find it more specifically, so if Accel can go to that area where we are actually looking at the three choices, I think they are all individually aligned, but we do not have any comments from the group, so, because it was so nicely presented, I thought maybe we could just do that together today. So, we have one for moving forward with that, but I would love to hear from the group how we move forward. Katrina?

Katrina Miller Parrish
I am in alignment with everything you all are talking about. I actually could not find it on the spreadsheet to provide comment, so I guess it is in that eighth row, but the options are not clearly there. Just so I understand what we mean by “pushing forward,” in my mind, I am thinking that means Option 1, and you all can have some discussion on what that actually means, but to me, the point is that the main TEFCA participant is the QHIN, so what we are really focusing on is making sure the QHINs uphold their responsibility for the requirements in TEFCA, and that we are allowing some exceptions in the interim when that is not possible. Obviously, participants and sub-participants are what I will call sort of second- and third-layer participants of TEFCA, and I will suggest that we are not as beholden to maintain exceptions for that wide variety of participants and sub-participants, and really, the main focus I would suggest should be on QHINs. Now, I

am not sure if I am thinking about that correctly, so I will just put that out there. I am thinking of going with Option 1, but discuss and redirect me. Thank you very much.

Seth Pazinski
Just to interject, I wonder if it would be helpful to the group to go back to the slide that outlines the three options for this discussion?

Rochelle Prosser
Yes, please, go to that slide and the slide before. We have two suggestions. One is a timeframe on when they are to respond, three, five, 10, 15, 20, and 30, and then there were the three choices of what the QHINs are, and once we do that, I would like to address Hans's comment on the clarification of TEFCA versus QHIN, as QHINs are part of TEFCA. Accel, can we go to slide…?

Seth Pazinski
Accel, it is the TEFCA manner exception slide. It is right after the request. That is it, thank you.

Rochelle Prosser
All right. And then, down on the bottom, for the alternatives, we were talking about if we should sunset the API FHIR limitation once all QHINs can support or broker FHIR or if we should do Option 2, to sunset the FHIR limitations if all QHINs, meaning participants and sub-participants, support facilitated FHIR exchange, or if we just maintain the FHIR API adoption among TEFCA entities. Those are the three. I want to open it up to Hans to further clarify and ask his question more succinctly to the ONC. Go ahead, Hans.

Hans Buitendijk
I am not sure whether it is a question for ONC, and I do not want to jump the queue here either, but based on the combination of things, I have additional comments around that. I thought I heard that we need to be looking at either TEFCA or QHINs, but it is all one integral part, and actually, the data holders are primarily the participants and sub-participants. By and large, the QHINs are not the data holders of whom you request the data. You do it for one or more of the others that are, to a greater extent, facilitated by the QHINs. So, when we talk about information blocking, the question is how much a QHIN or network contributes to one of those instances versus how much an individual participant or sub-participant contributes to that.

By looking at Option 1, 2, and 3, the alternatives are that to the extent that FHIR-based capabilities are coming into play, it is really mostly a question on participants and sub-participants opening up and starting to use those capabilities, so that is where I was confused. It sounded like there was a choice being made between TEFCA versus QHIN rather than below it, and reflecting on some of Katrina's comments, if we only look at the QHINs, we are actually not looking at the main bolus of data holders that, in the end, are the ones that would share, not share, or limit that. That is not to say that QHINs could not have some aspect in that, but that would not be the majority. I have some questions or feedback on Option 1, 2, or 3, but I can hold on and go back in the queue for that.

Rochelle Prosser
Thank you, Hans. Those were some of the questions that I had myself, and I wanted some clarification on that. Rachel has put a wonderful link to help us work through that today. I think Steve was next, then Lee, then Dr. Mack, and then back to you, Hans.

Steven Eichner
I was basically going to say the same thing Hans was with respect way the relationship between TEFCA, QHINs, and participants/sub-participants. Looking at Option 1, Option 2, or Option 3, I am not sure that any of them necessarily work particularly well because if you wait until all QHINs, participants, and sub-participants support facilitated FHIR, depending on what you mean by that, it becomes kind of problematic if you are looking at the bridge between sub-participants and participants in the QHINs about facilitated FHIR and who is doing what translation of services.

In other words, if we are looking at the QHIN-to-QHIN transaction using FHIR, then translating it back into a non-FHIR transaction for the potential respondent to a request for information receiving that response in a non-FHIR transaction, and they are going to be responding back in a non-FHIR transaction, does that mean the QHIN is going to push the response back as a non-FHIR transaction or as a FHIR transaction? So, I think we need a little more clarity about looking at this brokerage about what the return trip looks like for any response to a data request before we can really clarify whether Option 1 or Option 2 can really work.

Rochelle Prosser
Excellent point. I saw Rachel take herself off mute.

Rachel Nelson
Actually, I have been off mute on the software for a minute. I was muted on my phone. I will just say I think you are getting into a level of detail and discussion that we want to step back and let you all have and decide what you want to say to us after you have that conversation.

Rochelle Prosser
Okay, thank you so much. Dr. Mack?

Dominic Mack
Thank you, Rochelle. Feel free to call me Dominic. I definitely agree with Hans's and Steven's comments. I do not think we want to add the information blocking, but thinking about what Katrina brought up, we probably do need to hear from ONC because I have never thought of TEFCA as… QHINs are a big part of it, but it is on behalf of QHINs. If it is to improve the broader networks and interoperability across the nation, QHINs should not be a priority. They should be a priority in carrying out the work and the message, but they should not be a priority if there is another alternative to the interoperability that is out there. So, from her comments, I do think we need to hear from ONC what that is, because I think that has a lot to do with how we make our decisions as we go through these rules. I just want to ask if ONC has a comment on that as far as the role of QHINs as opposed to interoperability and prioritization on a question like this. Thank you.

Rochelle Prosser
Thank you, Dominic, and I appreciate the nod to how I would address you. I appreciate that. Does ONC want to provide comment on this at any point? We do realize we only have about one minute left, and I do want to get to the final portion of Hans's recommendation of one, two, or three, and if we have time to allow us to discuss very briefly the decision on what that feedback should be. Otherwise, we will have to push that to next week's version in the time. Katrina, you have an excellent question as well.

Katrina Miller Parrish
I see other hands up. I am happy to just pose the question, but I am just wondering about the tech specifics of the sub-participants and whether they have to be in FHIR exchange with the QHIN or if the QHIN can be doing it without the subs and the participants doing it.

Rochelle Prosser
Excellent question. Hans, before we get to you, I just want to hear what Derek had to say, and then we will come back to you for a moment.

Derek De Young
Sorry, Hans. I cut in front of you. I did not try to.

Hans Buitendijk
We are probably saying the same thing.

Derek De Young
I agree with your comment, Katrina. That is one of the things that I wanted to bring up because Epic is in a unique situation where we are both the QHIN and the participants of our QHIN, so, from an Epic perspective, Options 1 and 2 are basically the same thing, but Katrina, you bring up a good point, and that is really how I view the QHINs and how TEFCA has been architected for that reason, to allow flexibility for certain participants to have that flexibility with different QHINs. I think my recommendation would be Option 1 for that, because if the participants cannot support FHIR or they are supplying data to the QHIN to serve as their FHIR server for TEFCA, it would still be an option to do that, but overall, I just wanted to share that we are very supportive of sunsetting the restriction that is in there today, whether it is Option 1 or Option 2. I do not think it matters too much for our scenario here at Epic due to how our QHIN works, but I could be convinced either way, with Option 1 or Option 2.

Rochelle Prosser
Excellent. Thank you so much for those comments, Derek. Hans, after you speak, I would like Maria to take herself off mute and pose her question. Go ahead, Hans.

Hans Buitendijk
I am going to follow up a little bit on Derek's comment, and it might complicate a couple things. It taps into Katrina's question as well. The QHIN sits in the middle between participants and sub-participants to share data. Step 1 is a Clinical Document Architecture (CDA)-based implementation guides (IGs) document exchange, not Health Level 7 (HL7) Version 2, so that is really not in the picture for TEFCA right now. That document exchange can be done using IHE and can be done using FHIR-based document exchange. In that scenario, brokered FHIR, in a way, would kind of be in play because, effectively, document exchange is brokered across a QHIN's networks generally, like Carequality and TEFCA right now, and moving forward with that, so there is a potential that you could say that the next step is to do FHIR-based document exchange.

If you are going to do full FHIR-to-FHIR, then at that point in time, the first step is actually to facilitate that FHIR is happening first so that rather than an actual FHIR query against FHIR US CORE servers, it is going

to be partially facilitated by a QHIN because it will establish the trust, the connection, the endpoint, etc., but the participant and sub-participant are actually going to go straight to the other party on the other side, not through the QHIN. Now, I agree with Derek that, depending on the QHIN, they may have models by which, based on who is participating in them, they could shift into a more brokered mode if they wanted to already, and other ones are not.

So, in that sense, I would agree. It depends a bit on the QHINs, particularly when you have QHINs for the very diverse set of technologies running under them, that facilitated FHIR is actually the first one that people are going to hit, not the brokered FHIR that might just be limited to a couple of use cases. So, I think it depends on how it unfolds. Are we really talking here about brokered FHIR document exchange, which is different than brokered FHIR? We have to keep that in mind as we go through the options, and then, depending on what you say, it starts to look like Option 1/2, because it really depends on what you are looking at.

Rochelle Prosser
These are some great questions, Hans, and thank you for addressing that. As we move to 12:25, I will turn this over to Seth, understanding that on Page 15, there was a question addressing the dates, and we will discuss that next week, but I would like the team to opine on the work document so we can have a very brief conversation next week about that. Back to you, Seth. Thank you so much.

Public Comment (01:22:16)

Seth Pazinski
All right, thank you, Rochelle. At this point, we are going to open up for public comment, so if you are on the Zoom and would like to make a comment, please use the hand raise feature, which is located on your Zoom toolbar at the bottom of your screen. If you are participating by phone only today, you can press *9 to raise your hand, and once called upon, press *6 to mute and unmute your line. While we give folks a few seconds to queue up if they have any public comments, I will remind the group that the next Group 3 meeting of the HTI-2 Proposed Rule Task Force will be on Wednesday next week, so there is a change of day, so I want to make sure folks are aware of that. It is going to be on Wednesday, August 14th from 11:00 a.m. to 12:30 p.m. Eastern Time. Also, as a reminder, all the materials from the HITAC are available on HealthIT.gov. So, let me just check if we have any hands raised at this point. Seeing none, I am going to hand it back to you, Rochelle, for any closing remarks and to adjourn the meeting.

Rochelle Prosser
Yes. Before we do that, we did have a public comment from Maria, and she may be having some challenge in raising her hand, so I would like to read her question for the folks. Her name is Maria Moen, and she was mentioning that she is not sure it is a QHIN role to transform data from HL7 v.2 or CDA to FHIR. That seems to be a barrier to success, and I would like to open it up either to ONC or to the group. Hans, maybe you or Ike might be able to answer that question.

Seth Pazinski
Yes, it looks like Maria may be off mute, so let me just see if she wants to make any additional comments.

Rochelle Prosser
There we are.

Maria Moen
Why technical people cannot pull themselves off of mute is a never-ending mystery. I apologize. Again, I may not have the right context. My organization has a registered repository, so we have different versions of the same data available for query and retrieve. We have a CDA version and a FHIR-enabled version. I may be misunderstanding the context, but it feels to me as though placing the burden on the QHIN to take incoming data and transform it to FHIR… I may be understanding it incorrectly, but I was not aware that placing the burden on the QHINs was something that the ONC was focused on, and again, it could just be my lack of knowledge, but from our perspective, that is a big lift. Taking that raw data and creating multiple formats, for lack of a better word, is a big lift. I was just surprised by that. That is all I had to say, sorry.

Seth Pazinski
Thank you, Maria. It looks like Hans had a comment on that, and then we will go to Rochelle to close us out.

Hans Buitendijk
I assume there is no other public comment. I do not think there is a requirement right now that QHINs translate any payload from one thing to another. As part of brokered FHIR all the way, not brokered FHIR for document exchange, at this point in time, where it is on the horizon, not at the first step, that is going to be a FHIR query where the QHIN would go out and query all the endpoints, bundle it together in FHIR, and put it back in a response, back to the original requester. So, it is all FHIR end to end with nothing in the middle. That does not mean that QHINs or their organizations in some way, on behalf of participants, could not help with the translation, but that is not necessarily a QHIN requirement.

As I understand it, it is a Business Associate Agreement (BAA) relationship of that organization to do that work on behalf of the endpoint because within a QHIN, everybody can do very much what they like to do and what technologies to use, so within the QHIN, there is a lot of flexibility to do those kinds of things, but that does not mean it is a QHIN-as-a-QHIN requirement to do that. We have to be careful conflating that because otherwise, we make assumptions on what QHINs are supposed to do versus what they actually are committed to do if they want to, and those are two different things.

Seth Pazinski
All right, thank you, Hans. Rochelle, over to you for any closing remarks and to adjourn us.

Next Steps (01:27:29)

Rochelle Prosser
Thank you, Hans, for that wonderful overview. In these last moments for the next steps, we will be meeting next week between 11:00 and 12:30 p.m. Also, at 2:00 today, we will be discussing the HTI-2 rule, and I recommend that all of us register so we can hear from the ONC's perspective all the teaching and guidelines according to that rule that will help us further the discussion in the HTI rule process for information blocking and TEFCA that we have going forward. On the screen are the upcoming meetings, and I do look forward to revisiting Slide 15 for about 10 minutes of public comment on the actual return dates for when the request comes in. I thank everyone for coming to our meeting today. It was a robust discussion, and if there are no further comments, I would like to adjourn.

Adjourn (01:28:42)

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Seth Pazinski: Today at 2pm ET: HTI-2 Proposed Rule Information Blocking Information Session. Register here - https://capconcorp.zoom.us/webinar/register/WN_Wso3Fym5SPytebn0oodsWg#/registration

Rochelle Prosser: Thank - you Rachel

Rochelle Prosser: +1 Dr. Mack

Rochelle Prosser: Thank - you for this link Dan

Rachel Nelson: A health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.

Rachel Nelson: A health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.

Hans Buitendijk: Can clarify TEFCA vs. QHIN as QHINs are part of TEFCA?

Hans Buitendijk: The actual data holders are Participants and Subparticipants, so focusing on just QHINs seems to miss the main data holders.

Rachel Nelson: Here is the full text of the TEFCA Manner Exception as it stands today: https://www.ecfr.gov/current/title-45/section-171.403

Katrina Miller Parrish: Can't participants and subs supply data vs HL7 to QHINs and then QHINs can work in FHIR?

Maria Moen: I'm not sure it is a QHIN role to transform data from HL7 v2 or CDA to FHIR. That seems to be a barrier to success.

Maria Moen: Hmmm, how do I take myself off mute? I might need the moderator to do it, or do I press *6?

Hans Buitendijk: There is no requirement at this time to have QHINs translate CDA or v2 to FHIR.

Maria Moen: Thank you for level-setting me Hans, I apologize for my misunderstanding.

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

No comments were received via email.

RESOURCES

HTI-2 Proposed Rule Task Force 2024
HTI-2 Proposed Rule Task Force 2024 Group 3: Information Blocking and TEFCA - August 8, 2024, Meeting Webpage

Transcript approved by Seth Pazinski, HITAC DFO, on 8/21/2024.