Health Information Technology Advisory Committee

HTI-2 Proposed Rule Task Force 2024 Virtual Meeting

Group 3: Information Blocking and TEFCA

Transcript | August 22, 2024, 10 – 11:30 AM ET

Attendance

Members

Rochelle Prosser, Orchid Healthcare Solutions, Co-Chair
Shila Blend, North Dakota Health Information Network
Hans Buitendijk, Oracle Health
Sooner Davenport, Southern Plains Tribal Health Board
Derek De Young, Epic
Steven (Ike) Eichner, Texas Department of State Health Services
Katrina Miller Parrish, Patient.com
Kris Mork, Leidos
Eliel Oliveira, Harvard Medical School & Harvard Pilgrim Health Care Institute
Randa Perkins, H. Lee Moffitt Cancer Center & Research Institute
Naresh Sundar Rajan, CyncHealth
Sheryl Turney, Elevance Health
Rachel (Rae) Walker, University of Massachusetts Amherst

Members Not in Attendance

Lee Fleisher, University of Pennsylvania Perelman School of Medicine
Hannah Galvin, Cambridge Health Alliance
Dominic Mack, Morehouse School of Medicine
Anna McCollister, Individual
Zeynep Sumer-King, New York-Presbyterian

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

Mark Knee, ASTP

Meeting Transcript

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

Seth Pazinski
Good morning, everyone. Welcome to the 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, United States Department of Health and Human Services (HHS) Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP) and I will be serving as your Designated Federal Officer for today's call. This meeting is open to the public as a reminder. And we do welcome public feedback throughout the meeting and comments can be made in the Zoom chat feature. There will be scheduled time for verbal public comment towards the end of our agenda today. We will kick off our meeting with the roll call. When I say your name, if you could please indicate that you are present, and I will start with our chair, Rochelle Prosser.

Rochelle Prosser
Good morning.

Seth Pazinski
Shila Blend?

Shila Blend
Good morning.

Seth Pazinski
Hans Buitendijk?

Hans Buitendijk
Good morning. Sorry.

Seth Pazinski
Good morning. Sooner Davenport?

Sooner Davenport
Present.

Seth Pazinski
Derek De Young?

Derek De Young
Good morning.

Seth Pazinski
Steve Eichner?

Steven Eichner
Good morning.

Seth Pazinski
Lee Fleisher? I did get a message that Hannah Galvin will not be able to join us today. Dominic Mack? Anna McCollister? Katrina Miller Parrish?

Katrina Miller Parrish
Good morning.

Seth Pazinski
Kris Mork? I did see Kris on. Kris, if you could just let us know and announce yourself. Eliel Oliveira? Randa Perkins?

Randa Perkins
Good morning.

Seth Pazinski
Zeynep Sumer King? Naresh Sundar Rajan?

Naresh Sundar Rajan
Good morning.

Seth Pazinski
Sheryl Turney?

Sheryl Turney
Good morning.

Seth Pazinski
And Rae Walker.

Rachel Walker
Good morning.

Seth Pazinski
Is there anyone I missed or any members who just joined that would like to indicate they are present?

Kris Mork
This is Kris. My microphone stopped working. I am here now.

Seth Pazinski
Thank you, Kris. Please join me in welcoming our co-chair, Rochelle Prosser, for opening remarks. Rochelle, over to you.

Rochelle Prosser
Good morning. Can you see me?

Seth Pazinski
Yes, we can see you.

Opening Remarks (00:02:56)

Rochelle Prosser
Good morning. Welcome to the second to last HTI-2 Rule Interoperability for Information Blocking and TEFCA. Thank you so much for being here and we have a lot of work that has been done over the last few weeks and everyone has worked very diligently over this very large scope, especially the homework this past week to really move forward. I had the opportunity of looking into the document and I welcome your comments and I look forward to the presentations today as we talk about the administrative efforts and the updates, but most of all TEFCA.
I thank everyone for being here. The work has been very hard and we have been working at a feverish pace. And I look forward to hearing your feedback, remarks, and comments. Back to you.

Seth Pazinski
Just a reminder on our agenda today, we are going to have a couple of short presentations. Rachel Nelson will represent on TEFCA and Sarah McGhee and Ben Dixon will present on the administrative updates portion of the rule. And then, we will have a brief discussion and move into the worksheet to continue working through the feedback and draft recommendations. And then, we will have more time for public comment and then move to next steps and to close out the meeting. Can we go to the next slide? Just a reminder of our charge. As Rochelle mentioned, we have one more meeting after this of the Group 3 group and then, we will be coming together as a collective task force the week of Labor Day. That will be September 3 - 5, and that will be a full task force meeting to finalize recommendations in preparation for the September 12 HITAC meeting. Can we go to the next slide? As far as covering the provisions, we will focus on the administrative updates and the TEFCA portions today. And I will turn it over to Rachel Nelson to lead us through. Mark, are you covering the TEFCA presentation?

Mark Knee
I think there must have been a mix up. I am pretty sure I am on tap here.

Seth Pazinski
Thanks, Mark. Over to you.

Mark Knee
Just to clarify, it looks like from the agenda, I have about 15 minutes to run through the slides. Is that right?

Seth Pazinski
Correct.

TEFCA (00:05:49)

Mark Knee
I will jump right into it. My name is Mark Knee and I am the Director of the Interoperability Division in the Office of Policy at ASTP/ONC. It is my pleasure to be here talking about TEFCA. My team at ASTP leads the TEFCA work, particularly the policy aspects of TEFCA. We are leading the work on HTI-2 as well. Next slide, please. I am just going to go off video while I am presenting because I get distracted, but I will pop back on for the discussion. We have about 15 minutes. We will run through this fairly quickly. This slide just provides an overview of the TEFCA proposals in Part 172. It is important to note in Part 172 because there is some language in the Information Blocking preamble that touches on TEFCA. I am not going to cover that in this presentation but it is just important to note that distinction. As you can see, the proposal in 172 is to add a new part 172 to the regulations to implement certain provisions related to TEFCA that will establish the qualifications necessary for an entity to receive and maintain designations and Qualified Health Information Network (QHIN) capable of trust exchange pursuant to TEFCA.

And you can see the breakdown of different subparts. Subpart A, the basic stuff, the statutory basis, purpose, and scope. Subpart B, requirements related to qualifications needed to be designated as a QHIN. Subpart C is the onboarding and designation process. That is, once an application has been submitted to become a QHIN, what the onboarding and designation process looks like to make sure that that entity is able to support nationwide exchange at scale the way we need, and that process can take upwards of a year to get through. Subpart D, we propose the Recognized Coordinating Entity® (RCE™) and QHIN suspension on rights, notice requirements for suspension, and requirements related to the effect of suspension. Subpart E covers termination. Subpart F is the appeals rights- QHIN appeal rights - and the process for filing an appeal to ASTP. And last, Subpart G is requirements related to QHIN attestation. I will dig deeper into these as we go through.

As far as benefits, it seems there are a couple of different benefits that we should flag. It is important for the viability of TEFCA, when we talk about here and TEFCA moving forward, obviously, ONC/ASTP has invested a lot of time and effort into developing the TEFCA framework. We started working on it when the Cures Act passed in 2015 and we have been working hard on it ever since. We want to make sure we are doing everything we can to ensure that TEFCA lasts for a long time and is viable and keeps growing and bringing on more providers because the only way that TEFCA will be successful is by expanding the network and bringing everyone along for the ride.

Subpart G is a little bit different, and it is a requirement from the Cures Act that said in rulemaking that my office needed to establish this attestation process for QHINs under TEFCA. Next slide, please. Here we have statutory basis, purpose, and scope. It is pretty straightforward. Again, a lot of the stuff I had said is just to ensure that we are taking all of the steps to make sure that TEFCA is a viable product. A lot of what is in the regulation really focuses on providing processes that are appropriate for networks like TEFCA, specifically enabling appeal rights for QHINs who feel like they may have been aggrieved or an adverse action has been taken against them by the RCE, the recognized coordinating entity. They would be able to have some recourse through TEFCA appeal processes. In order to establish the appeal processes, we needed to also establish some regulations on the underlying processes for designation, suspension, and termination. That is really what is covered here, along with the attestation piece, which is its own thing. Next slide please.

This is the designation as a QHIN requirement. Just one thing to note for those of you that are really looped into TEFCA is that, generally, TEFCA has not been implemented in the past through notice and comment rulemaking. The Common Agreement and the transitions framework are both published in the Federal Register, but this is the first time in HTI-2 that we are proposing to put through notice and comment rulemaking, provisions about TEFCA. I say that because much of the information that is included, once you dig down deep into the TEFCA section, is the same or pretty much the same as what is included in the Common Agreement and the standard operating procedures (SOPs) that we have released. Obviously, we want to make sure there is alignment there. Although, there is going to be some differences just based on the nature of notice and comment rulemaking versus releasing a Common Agreement, which is an agreement that will be signed by the RCE and each QHIN.

Here, we talk about the benefits for establishing the designation requirements. They would be ongoing and to ensure the reliability of TEFCA exchange and the QHINs, we will maintain their status and promote trust in the network that these entities that being designated as QHINs meet these requirements that we have established. Next slide, please. There are a lot of words here. I am not going to get too much in the weeds, but this is the onboarding and designation processes. Again, once an organization submits an application to the recognized coordinating entity and they are saying they are interested in becoming a QHIN, they have to take certain steps within the time frames we have on the screen and, obviously, in more detail in the red text and preamble to show they are able to support the policies and the technical framework to exchange between QHINs and also, now to support Fast Healthcare Interoperability Resources (FHIR) based exchange as well. These are all the things the RCE leads. The Sequoia Project is currently the RCE but ONC oversees everything to make sure that the policies

that we have chosen are being implemented and that an entity that is designated as a QHIN is able to meet our expectations for nationwide exchange.

Next slide, please. Suspension in 172.401, we proposed provisions related to ASTP or the RCE to suspend a QHIN or direct the suspension of a participant or sub participant. One thing to note here is that, generally, the provisions in this proposed rule related to TEFCA apply to QHINs and not necessarily to participants and sub participants because the way TEFCA is structured is that ONC is at this top setting the overall policy direction. We have a contract with a recognized coordinating entity who works on implementation and overseeing application process, onboarding, designation, and some of these other maintenance issues and making sure that the QHINs are doing what they are supposed to be doing. But generally, the way TEFCA is structured is each QHIN is able to make agreements with their customer base, which we call participants and sub participants, and they manage their own network. It did not make sense and it was not really in line with the Cures language to expand this language in the regulation to participants and sub participants, generally. And also, obviously, there would be a resources issue, as well.

Here, we have a discussion of suspension. And just a note here that suspension does cover potentially a suspension of a participant or a sub participant. Next slide, please. Here are termination provisions. Again, they align closely with the Common Agreement. Suspension, generally, as we talked about in the rule, deals with potential risk to the network. And in the proposed rule, we go through the reasons why an entity could be terminated as well. Built in throughout this is there has to be an appropriate process in place to implement TEFCA. And the benefits throughout for the termination, suspension, and designation is to increase trust for specific determination by swiftly taking action to remove a noncompliant human and ensure that entities that fail to meet their obligations as QHINs are no longer allowed to act as QHINs under the TEFCA framework. Next slide, please.

Here is the section on review of RCE or ASTP decisions. We proposed provisions to establish ASTP's authority to review RCE determinations, policies, and actions, as well as procedures for exercising such review. Throughout the regulation, you will see there is language that makes it clear that ONC has oversight over the entire TEFCA program and makes ultimate decisions and works closely with the RCE who is working on implementing a lot of the policies that ONC has established. There are lots of details in the regulation about the method and timing for filing an appeal. We propose that an appeal would not stay a suspension or termination, meaning the suspension or termination would continue even if an appeal was filed. We also talk about assignments of a hearing officer and the requirements related to adjudication. Obviously, there is a lot of process built in that is necessary here.

The benefit, again, is just providing enough process and timing and details about what this whole thing is going to look like to ensure there is this trust and oversight of the TEFCA network that entities that are joining either as a QHIN, participant, or sub participant can trust that they understand the rules of the road and trust that if they are responding to a query that they know where it is going and how it is going to be used. Next slide, please. It looks like I am doing pretty well on time. This last section is the QHIN attestation. Like I said, this is really from a Cures Act requirement that we have this attestation for the adoption of the Trust Exchange Framework and Common Agreement. In 172.701, we proposed attestation submission requirements for QHINs and review and acceptance processes that ASTP will have to follow for TEFCA attestation. Again, very procedural language here that goes into what is required to submit and then, for the review and acceptance to be put on the attestation list.

And then in 702, we propose the requirements for the QHIN directory, which not to be confused with the RCE directory, this QHIN directory is distinct for the QHIN attestation list. Again, for those looped in on TEFCA, there is a QHIN directory that is essentially the RCE directory, which is managed by the Sequoia Project, which is essentially the phone book for TEFCA, but that is a different thing. And then in 172.605, we propose revisions related to the assignment of a hearing officer. I think that might be an error there. That does not apply to 702 so apologies for that. And we believe these submission procedures will support a consistent and transparent QHIN

attestation process. The bottom line is we want everything with TEFCA to build trust and buy-in from industry and from different communities and that they understand what we are doing with TEFCA and they believe that TEFCA is driving health information exchange in the right direction, and that we have built in a process to ensure things are being done right.

And if there is a situation where something goes wrong and there is a risk to the network and suspension might need to be considered or termination might need to happen that we have the processes in place that are transparent and consistent to make sure that that trust continues. Obviously, these things happen when you are dealing with health information exchange at scale nationwide. Next slide, please. I think I fit it all in the amount of time. I will toss it back to you, Seth.

Seth Pazinski
I see, Katrina, you have a hand up. We want some discussion but if you want to go forward with your question and then, we will transition to the next presentation?

Katrina Miller Parrish
Is that okay? I have actually multiple but I will just ask the one, which is I am just wondering what was already in place that this is replacing? I know that you said the Common Agreement and something else were in the Federal Register. But since we already know we have QHINs in place, what did they go through and how does that reflect what you have been presenting?

Mark Knee
That is a great question, Katrina. What I would really say is and I think we say throughout the preamble and the proposed rule is that this regulation language related to TEFCA is focused on the appeal rights. If an entity applies to become a QHIN and is not designated for a certain reason or if they are a QHIN and they are suspended or terminated by most likely the RCE but it could be ONC, that they have processes in place to ensure that they can say, "I want review of that decision by ONC to make sure it was appropriate." It is really building that trust, but if you think about it, in order to implement those appeal rights, you have to have the underlying processes established as well. That is where what I was talking about, the processes are leveraged from the Common Agreement. If you compare them and the SOPs, it is a lot of the same stuff. But it is just ensuring that there is enough explanation and transparency about what the underlying processes are that would lead into a potential appeal.

Katrina Miller Parrish
Perfect. Thank you so much.

Mark Knee
Sure.

Seth Pazinski
Thank you, Katrina. Thank you, Mark. We are going to move over to Sarah and Ben for the administrative updates presentation.

Administrative Updates (00:24:06)

Ben Dixon
I will start it off in this section just with some of the admin updates. The first one that we have up is the definition of serious risk to public health. On this one, it is not an exhaustive list, but it is a bunch of different scenarios that we think it is just a line that actors should not go toward or what would be something that would qualify as a serious

risk to public health. Now, there are a multitude of things that could occur that would qualify as a serious risk to public health or safety. But we wanted to give some certainty and understanding about what situations may cause you to get there and why or just to give an outline of what is dangerous and you should not get close to -something that should never occur and just to give some understanding to developers out there of what they are. I think the key thing to take away from it is that these are examples that should be a help to you to steer away from these situations is much as possible. But it is not an exhaustive list.

Essentially, what we are going for is more understanding and to give more information but, obviously, you cannot give an exhaustive list of something like this but to give more understanding. Next slide, please. And I will toss it over to my friend, Sarah.

Sarah McGhee
Thanks, Ben. Good morning, everyone. We propose to update the surveillance requirements for ONC-Authorized Certification Bodies (ONC-ACBs), specifically regarding certain maintenance of certification requirements. We propose to expand their responsibilities and to report their surveillance activities to us and also, to engage with the developers to remedy their nonconformities with regard to these maintenance certification requirements. To accomplish this, we also propose to add new principles of proper conduct to support these surveillance responsibilities. And we have also revised the corrective action plan requirements in our regulations to be more tailored to certain types of nonconformities. And we think the benefits of this proposal are promoting program efficiency and helping developers to maintain and, when there is a nonconformity, to regain conformity with our requirements. Next slide, please.

And this proposal goes hand-in-hand with the previous one. We do propose to update our direct review procedures to align with our proposals in 175.556. And we also propose to revise the corrective action plan requirements to add some flexibility. And we also propose procedural provisions and rewording throughout just to clarify our responsibilities. And we, again, believe these proposals would enhance efficiencies and also, make clear the responsibilities of the National Coordinator. Next slide, please. And that is it.

Rochelle Prosser
Thank you, Mark, Ben, and Sarah for this wonderful overview. Can everyone hear me?

Seth Pazinski
You are coming in a little garbled.

Rochelle Prosser
Hold on one second. Are you able to hear me better now?

Seth Pazinski
Yes, we can hear you now.

Discussion (00:28:53)

Rochelle Prosser
Thank you, Mark, Ben, and Sarah for that wonderful presentation. At this time, we will open the floor to the group to discuss what was presented and hear the feedback. I know that there was some early feedback from Hannah about the earlier part of the Health Level 7 (HL7) rules. And I just wanted to open the floor to the rest of the committee for any feedback that they may have.

Seth Pazinski

Katrina has her hand raised. Go ahead.

Katrina Miller Parrish
I will ask one question. I will have one more but I will get back in the queue. For the termination piece, and apologies that I did not read the whole thing, I am wondering if there is any mention or addressing of if a QHIN has to be terminated, is there any way that the information exchange that is being supported by that QHIN will be in some way reinstated in another way temporarily? Would it go through another QHIN? Is there any way to address the dropout of that QHIN and trying to support the information exchange during that time?

Mark Knee
That is a really good question. Sticking to what is in the rule, I do not believe there was specific discussion about that in the preamble. But I will say from an operational standpoint with TEFCA, I think that is definitely a consideration. A couple points. One is that what I am saying now is not included in the rule, but it is just the TEFCA program, is that termination would be a last resort. I think we probably say that in the rule. The idea is that these QHINs have gone through an extensive onboarding and designation process and there is trust that has been built. If an issue arises, the goal is to really work it out with the QHINs and limit disruptions as much as possible. Termination would be an extreme situation. I think a strength of testing is that currently, we have seven QHINs, and there are two or three that are getting a lot closer to becoming QHINs. There is an understanding that there would be obvious disruption. There is no way to avoid it if there was a termination. There are other options out there to transition as smoothly as possible to ensure there are not those types of disruptions in the network. We do not anticipate termination happening very often at all. It is a last resort.

Katrina Miller Parrish
I agree. And that is great because I do see the suspension process and moving to termination and that would be great. But it might be something to think about, even with a voluntary removal from QHIN. There might be something you all could look at to try to support all of the constituents that are actually using it. That is something to think about.

Mark Knee
That was a great point. Thanks for raising it.

Rochelle Prosser
Thank you for that great question. I actually wanted to just add to that. When a QHIN or if they are terminated, and I know that that is the position of last resort, who owns the data? I am actually thinking are we thinking this through to ensure that we have things in place to ensure that, for those patients that are impacted or facilities and physicians that are impacted with this QHIN being removed, that they have access to the data that belongs to them. And then, I will open that up to the rest of the questions. Next question, please.

Mark Knee
I guess I will address that really quickly. It is a really good point. I just want to be careful. I think that gets at some questions that maybe are not totally addressed in the rule but are, obviously, legitimate. I think one point to clarify about how QHINs function, generally, is that while there is nothing to say that they cannot hold the information, just based on the current QHINs and conversations we have had, generally, QHINs will act as the intermediary for ensuring that the information is flowing and will not be holding the information. As far as who is holding the patient data, I do not know if that would generally change based on a termination. The provider or hospital system would still have the same information. What would be impacted would be their ability to exchange or request information through the network. I do not know if that answers your question.

Rochelle Prosser

Yes, it does. It just goes to who was in control of the data. If we remove the mechanism for that intermediary bridge for the sharing of information then, the patients are on the losing end. I think we are saying the same thing, but I am just trying to ensure that we address it appropriately. Or if we have not thought about that, that we have a consideration to that. But, thank you so much. Next question. Go ahead.

Mark Knee
Sorry to interrupt but just an overarching comment is that I think these things that you guys are thinking about are great. I think that there are other contexts. I am trying to stick specifically to what is in the proposed rule. But within the TEFCA framework, there are lots of other documents where we address some of these issues in more detail.

Rochelle Prosser
Yes. Maybe we can have some clarity of saying where to point to for some guidance from the ONC a little bit more in this case. I know we want to say that it is a point of that it might never happen, but 'never happens' happen. And so, we want to make sure we think about it as we go forward and start talking about putting punitive confines around the sharing of information.

Mark Knee
Understood.

Rochelle Prosser
No problem. Seth, can you let me know who is next, please?

Seth Pazinski
Yes. We have got Steve Eichner. Do you want to go next?

Steven Eichner
Absolutely. Thank you. Mark, thank you so much for sharing your presentation. I think we need to drill deeper into the issue of holding data because there are provisions in the Public Health SOP that allow intermediaries to retain data for audit purposes, presumably that includes QHINs. That is a problem from a public health data ownership perspective and the use of data that might be reported exclusively for public health purposes and what are the other potential uses and longevity of some of that data? That is a real issue that I think we need to figure out. Secondly, looking at in the event a QHIN needs to step away from action, what happens to the entities that are connected to the QHIN? What assistance is available to help them move to a different QHIN? And then, thinking about it from a public health agency perspective, if we are relying on a QHIN to serve as a connection point to feed us data and suddenly that connection goes away, we are without necessary data for public health, and we cannot easily transition to other data sources.

Thirdly, what is the rule of the patient and the individual in terms of looking at being involved in overall TEFCA management so that if a patient or the patient community perceives there to be an issue, they have a route to influence decision-making about paths forward? Thank you.

Mark Knee
Steve, those are all great questions. I will try to jot down the gist of each of them. I guess the same caveat that I provided is that what is in the proposed rule is somewhat limited. And like I said, the focus is on the process for appeals that a QHIN might take and what the underlying processes are that would support actions taken against a QHIN. For your first question, public health, obviously, we do not really get into any of the exchange purposes specifically in the proposed rule. Since I work on TEFCA more broadly, just to be clear, this is not in the proposed rule and I can speak to that there are other avenues that we can probably discuss this because we are working very closely with the Centers for Disease Control and Prevention (CDC) and we just put out a Public Health SOP

for implementation. There is a lot going on with public health. We would love to talk to you more about your concerns but probably not on this call is the right place to dig into it.

As far as the QHIN, I think your question was about the termination of a QHIN. Again, getting into transition services and things like that, it is not included in this proposed rule but there are provisions in the Common Agreement. Common Agreement Version 2 is the most recent one out there. I would say that the way the QHINs are structured, obviously, it is the big networks that have agreements with participants down the line. And so, based on those legal contracts that QHINs would have with their participants, I think they would be required in some way to keep them informed if they are probably going to be terminated from TEFCA. That is just speculation, but I think their legal counsel should definitely look into their plans if you are a participating hospital or provider, of what would happen if there was a termination. But there are some provisions that are in the Common Agreement that address transition services, but they are more focused on the RCE and not on the QHINs, I believe.

Last, I think you asked about the role of the patients in TEFCA management. TEFCA really tries to focus and put the patients at the center. Again, we do not get into the patient's role in TEFCA in the proposed rule, but I would be happy to talk more with you about making sure that we are putting the patient and empowering the patient through the TEFCA engagement. There are things in place that really support patient access and just privacy and security related to that, for instance, notice of privacy practices for individual access services is very robust and has great provisions that ensure that the patient would be able to know how an app would be using their information through TEFCA. Things like that are built in, but I am happy to talk more on a separate call.

Steven Eichner
I do as well. I do want to clarify two cases. Looking at the patient involvement because the patient data is not being exchanged across TEFCA. It is looking at patients being positioned in the governance of TEFCA so that it is not things being done to the patient or for the patient. It is management by the patient that becomes a relevant issue. Secondly, looking at the maintenance exchange if a QHIN were to go down. I think that is a systemic issue and ties directly to Rochelle's and other folks' questions as well. It is not unique to public health. That is just an example of where it stands. I think it may not be adequately addressed in the existing Common Agreement or existing framework or continuity of exchange, and that really is a fundamental trust issue in looking at network reliability.

Mark Knee
I will address these really quickly. I appreciate the clarification that you are talking about patience and governance. You are right. That is a different issue. The governance is in place, but we are thinking about how to make sure that different communities and interested parties are incorporated the right way into the governance processes. We have heard a lot of feedback. Again, just to clarify, this is in no way included in the proposed rule but just speaking to your question, we have heard that the public health community should be represented, payors should be represented. We are looking at how to go beyond the governance structure representing QHINs, participants, and sub participants but also, looking at what are the communities that they represent and how can we bring them into the governing structure to make them even stronger. I hear you and we are looking into that.

Regarding the maintenance and continuity of data, it is a great point. It is not covered in the proposed rule but there are steps in place, I believe, that we can talk through. Also, I do not think the termination would be something that just happened immediately. I think there would be a lot of notice based on what was going on. And I think the QHIN would probably have some requirements to provide notice to their participating entities. I think that would be a conversation - if you want to hear more about it that we should have with the RCE as well because they have been managing a lot of the implementation aspect. So, thank you for your question.

Hans Buitendijk

Just a quick question. Thank you, Mark, for the updates here and trying to tease a little bit the difference between HTI-2 intent and, obviously, we have a lot of TEFCA out there. Some of the questions and discussions are around access to data where the question is, is it the QHIN or the participants or sub participants it applies to? From the description in the summary, I get the impression that HTI-2 is mostly focusing on the QHIN, but it does reference participants and sub participants as well. To what extent for the questions that are being raised about access or losing access to data are by reference to QHIN that it actually implies the flow downs to the participants and the sub participants as well. Is there anything here that you can clarify in the rule on the scope that is currently proposed? That might it help or to clarify further where it does it encompass the entire chain or does it only encompass when we talk about suspension or implications for access to data? Are we only talking about the QHIN itself?

Mark Knee
Yes. That is a great question, Hans. I know you are very involved in TEFCA. I think it is a really good point. I do not want to speak in too many generalities. I would need to go provision to provision. I can say for the most part, the HTI-2 proposed rule focuses on QHINs. It is about when a QHIN can appeal an adverse decision related to not being designated, suspension or termination, and the underlying processes that QHINs would go through to be designated and meet the requirements of being a QHIN for exchange. I believe just, again, I would need to look into more detail, but the suspension provision is one of the only ones that gets down into the participant and sub participant level. And the reason for that is suspension is based on an immediate threat condition to the network from our perspective. And I think this is discussed in the preamble, those are situations when it would not be adequate to just go to the QHIN level, but ONC or the RCE should have the ability to step in and take immediate action to suspend an entity that is risking or poses a risk to the privacy and security, etc., of the network.

But besides that, I believe it is really focused on QHINs and not participants and sub participants. We do not reference the specific documents. But the terms of patients for those that do not know is it is like an appendix to the Common Agreement. It is a standalone document that can be included between a QHIN and a participant. Generally, we are talking about the Common Agreement and the requirements related to QHINs, not participants and sub participants.

Hans Buitendijk
Thank you.

Seth Pazinski
This is Seth. I am just noting we are over time on this item on the agenda. We should be moving to the task force recommendations ,but I see Sheryl and Kris have your hands raised so, if you could make your comments, please. We will start with Sheryl.

Sheryl Turney
I had actually added a comment to the spreadsheet earlier today that touches on the subject. And because of the fact that the rule does appear to be focusing on the QHINs and not necessarily the participants, but also, there is a gap in the Common Agreement in terms of how to deal with bad actors, which could be a QHIN and/or a participant. And the point Steve made earlier where the QHIN does keep Protected Health Information (PHI) or Personally Identifiable Information (PII) on file as a part of auditing is a concern to any organization, especially related to any kind of disclosure. I believe Hans brought up the point of financial, which I added to the spreadsheet. But I do think we have to have more meat and details relative to the recommendations ONC has here because it needs to address not only the QHIN but also the participant level.

Mark Knee

Yes, Sheryl. I know we are short on time. It is good to hear you. I do not know if we have talked since I was leading the sessions for information blocking years ago. Good to hear from you again. A few points. This is out of scope for the proposed rule, I think. I think we can consider, obviously, comments that come in about whether there is something we should add in there. But there are provisions in the Common Agreement regarding turning over information if you are terminated. I do not have them in front of me, but I believe it is covered in the termination section of the Common Agreement. I do not think we have time here or it is just not the right venue, but I welcome further conversation. Feel free to reach out to me directly to talk about your concerns there because I am still not clear as to whether it is related to what is in the proposed rule or whether it is something that is more broadly a comment on the TEFCA framework.

Seth Pazinski
Thank you, Mark. Kris did you have a last comment on this before we jump into the spreadsheet?

Kris Mork
Sure. I had also put the question into the spreadsheet. Maybe that was not the right spot. I was specifically curious about the reason that a QHIN needed to be exchanging information for at least one exchange purpose but be capable of exchanging information for all required or be capable of exchanging the required information for all exchange purposes. Be exchanging for one and be capable of for all. And I guess my underlying concern is we know that one of the exchange purposes, the treatment exchange purpose, is going to be the most common one. And I can envision a future easily where everyone is exchanging under treatment and that they claim they can do the others. But it is all kind of moot because nobody is, and we get kind of stuck on that one spot.

Mark Knee
Yes. It is a good question, Kris. To explain it, I think you have to take a step back to say, ideally, we want to make all six exchange purposes have required response off the bat. That would have been great but that is not where the market was. We heard from different groups that you cannot push it too fast. And we want to try to take an approach that makes a lot of sense with what we are actually hearing from industry. Right now, treatment and individual access services are the ones that have the required response and the others do not. They still can happen via TEFCA, but there is not an SOP out there to explain it. The requirement you are talking about is you have to be exchanging for one but capable of all. The expectation is and everything down the road when all of the exchange purposes are implemented, all QHINs will have to support all of six and beyond exchange purposes. But currently, like you said, a lot of the exchange purposes have not been fully implemented. This is more of a floor of a requirement. It is not a ceiling.

And I think the key here is the regulation language just sets out the floor. But if you look at actual TEFCA implementation in the SOPs, there is more information about what the expectations are as we fully implement each exchange purpose and provide the details of the use cases included in SOPs. This should not be read as a limitation to QHINs that would be different than the TEFCA exchange. It is really just getting yourself in the door as a QHIN. But then, there are additional requirements to do work within the fully implemented TEFCA ecosystem.

Kris Mork
Thank you.

Seth Pazinski
Thank you, Mark. Rochelle, I am just letting you know that we have no further hands raised.

Rochelle Prosser
Perfect. Thank you so much, Seth. Before I actually begin on this document, we did discuss just the overview of the administrative updates. Hans has to leave. I just wanted to know if anyone had any objections or strong

comments against the administrative updates. If not, I would prefer to focus on the TEFCA. And if you do have a strong objection, I would love to hear it now before Hans leaves. And if no hands are raised, we will just focus on the TEFCA updates.

Hans Buitendijk
By the way, I actually just got a notice that what I needed to drop for is not happening, so I can stay.

Rochelle Prosser
That is wonderful. Great. Seth, do you see any raised hands regarding the administrative updates before we move to this?

Seth Pazinski
No raised hands.

Task Force Recommendation Worksheet (00:55:47)

Rochelle Prosser
Perfect. Everyone, let us begin the work of looking at the individual line items here for the rules. I want to thank our ONC presenters for their wonderful talk and the excellent and robust feedback. I did expect this to occur today. Without further ado, yes, we can see the spreadsheet. Let us begin with the comments. If you do not mind going up a little bit Accel to the comment section, we can go through for DM. Is that you, Dominic? If you want to take yourself off mute and just comment on the new part of Rule 172? Are you here today?

Seth Pazinski
This is Seth. Dominic is not here.

Rochelle Prosser
Seth, do you mind just reading his comment and then, we can discuss it lightly?

Seth Pazinski
Sure. The comment is, "While TEFCA recognizes the importance of QHINs in building the nation's infrastructure to securely share electronic health information, it is important that the rule set standards that allow for alternative models and is not exclusive for other technology structures that may address information blocking."

Rochelle Prosser
Thank you, Seth, for that. ONC, is there a comment you might have on that? Or is that in scope or out of scope for this portion of the rule?

Mark Knee
I would say some additional detail might be helpful there on what the question is getting at. Just to paraphrase, it seems to me that they are saying that TEFCA should not lock someone into exchanging in one way and should enable maybe other models of exchange. But I think, just a note of caution, a lot of times people conflate information blocking in TEFCA. And just to be clear, information blocking is a legal framework for information sharing or legal foundation, a regulation. And TEFCA is really the pipes. It is the network of networks that enables the exchange. I am not totally clear on what the question is asking, I will say.

Rochelle Prosser

What I will do is have Dominic provide some feedback. And if necessary, I will forward that on to you, if you would be so kind. Thank you very much. Seth, if you could read the initials of the second one? I am very sorry. I am on my cell phone.

Seth Pazinski
It is KM.

Rochelle Prosser
That would be Kris. Kris, is this part of the overview that you had discussed that you had mentioned in your comment earlier that you had already notated on it? And if not, go ahead and unmute yourself and talk about your comment, please.

Kris Mork
I am sorry. I had been diving into the specifics around the thresholds that were established for keeping known high risk or known bad actors from overwhelming a QHIN and doing bad things with the information. The underlying comment is that the five percent threshold that does feel like it strikes a good balance. And I was wanting to acknowledge that a higher threshold could be defensible, especially if there were some sort of cumulative threshold in place. And by cumulative threshold, I will jump to the end of that comment, is with a five percent threshold, 11 actors working together at 4.9% shares. That gives you a controlling interest in that QHIN. Those 11 actors could compel the QHIN to do something nefarious. Whether or not that is a concern, I do not know. I just wanted to acknowledge that there is a cumulative aspect. And I appreciate that identifying such a cumulative risk is a difficulty for somebody who wants to be considered a QHIN. I appreciate the balance of 5%. Yes, collusion could happen, but there are probably other mechanisms.

Then, I finally wanted to acknowledge that perhaps a higher threshold could be okay if a QHIN wanted to go through some sort of cumulative test. Maybe there is an 8%ownership by one of these high risk or known bad actors. But if there are no other high risk or bad actors in the system then, that is probably okay because even at that 8%because we have identified the inability to collude, at least among those bad actors, I am comfortable with a higher threshold at that point.

Mark Knee
It sounds like you talked yourself into liking the proposal. But I will say that, obviously, we welcome feedback and comments on whether this threshold is appropriate. And like you said, we tried to strike the right balance of allowing folks in but also, having extremely strong security protections to make sure that the TEFCA information is being used appropriately by the right people.

Kris Mork
I still stand by recommending that you consider some sort of alternative cumulative test that would allow a QHIN to participate, even if they could not pass the 5%threshold for each individual shareholder.

Mark Knee
Understood, thank you.

Rochelle Prosser
It is going to continue on in the Kris Show for a few more comments. Kris, if there are no other hands on what Kris is saying, we can move to your second comment and discuss it at this time.

Kris Mork

We have already addressed the second comment. The third comment is simply a thumbs up, essentially, saying the ability to exchange all required information under a particular Subclause strikes me as what it means in fact to be required. I think the most substantive one is the last one, which is the security requirements that I was seeing in Paragraph C8 on Page 63647. There were several invocations of the Health Insurance Portability and Accountability Act (HIPAA) security rules. There was a request to follow certain missed standards, 553 Rev 5, I think, in particular, paying attention to implementations that ascribe to certain HIPAA security rules, that seems to miss the case for public health when we are not talking about PHI.

I would hope that we would have security expectations nailed down in the regulations, even in those cases where HIPAA was not applying because we had moved into a public health context where it is not PHI.

Mark Knee
I see what you are saying. I would have to look at, specifically, what was in the proposed rule. I can say that within the Common Agreement in the terms of participation it is Section 8. Let me see what section it is. Just give me one second here. There is a section in the Common Agreement that discusses security. And I believe it addresses the question you are asking. Again, there needs to be transparency and alignment between what is in the Common Agreement and the regulations. I think it is a fair point and I will take a look at what the regulation language is. But I would encourage you to look at the Common Agreement as well to see if the language in there addresses your concerns as well.

Kris Mork
Thank you.

Rochelle Prosser
Thank you, Mark. Sheryl put the link to the Sequoia Project, which talks to the language and law that you were talking about. If you do not mind, maybe for our homework, you can provide the exact pinpoint within the Sequoia Project where we actually need to look. I will open it up to the rest of the group. Do you have any other comments or thoughts about this portion of Section 172? And if there are no show of hands, we will move on to the next portion of 172.

Mark Knee
It looks like there are some hands. I will just note from the chat that there was a really great resource or page I see Sheryl put the Common Agreement link. What I am putting in is the RCE resources page. This is updated on a rolling basis and includes the Common Agreement, terms of a participation. It also breaks down the different SOPs that have been released at this point based on exchange purpose, privacy and security, governance, etc. There are a lot of details there and I encourage you guys to check it out. It looks like Steve is up first and then, Katrina.

Steven Eichner
I am talking to myself again. I did want to clarify that from a public health perspective, there are some activities that involve public health that are HIPAA covered activities. There are some disclosures to public health that have been by HIPAA covered entities, but public health received the data and it is not received by a HIPAA covered program at the public health entity. For example, a disclosure to disease surveillance is coming from a covered provider. It is not necessarily received by public health as a covered entity. However, the HIPAA language does permit and allow and support that disclosure. Backing up a little bit looking at the earlier comment about exchange purposes and what is included, one of the difficulties looking at the way the directory currently works, and this is at the participant and sub participant level, is that there is no requirement that the directory reflect what services or exchange purposes that particular endpoint actually supports in practice.

This is a problem, especially as we look at things like public health where the SOP currently includes three different exchange purposes or one general purpose and two subtypes. However, if a particular public health agency is not accepting data for a particular subtype, there is nothing indicating in the directory that they are not receiving the data and that could result in data being misdirected to a public health entity that is not actually receiving the data. And stepping outside of the directory service use, there is nothing in the SOP that advises the participant or sub participant to check with public health about what things are actually supported. That last point is outside of the scope of the rule, and I know it, but I just wanted to bring that up because it compounds the issues about what is not in the rules and not in the current capacity. It is something we need to address.

Mark Knee
Yes. Thank you, Steve. I guess I should call you Ike. Is that right?

Steven Eichner
There have been multiple Steves.

Mark Knee
I like Ike. I have a couple of points. On the public health stuff, it is not included in the proposed rule, and I just want to put out that disclaimer because I am not an attorney. But what I am about to say does not affect our conversation about the proposed rule. I will say if you look at the privacy provisions in the Common Agreements, there is a carveout for the privacy rule expectations that apply to non-HIPAA entities for public health authorities. Understood, like you said, that public health authorities often have two hats and could be a covered entity or could not be a covered entity. But I think that is the place where you want to start to look. You may have looked there already. I think the public health conversation is a good one but not for this conversation here. Feel free to reach out to me at Mark.Knee@HHS.gov. I am happy to talk more on those specifics and the SOP. On the directory and this is an important point, what Ike is talking about is not the directory that is included in the proposed rule.

The directory in the proposed rule is specific to attestations for QHINs saying that they have been designated and provide transparency that there is a list of QHINs available on ONC's website. What Ike is talking about, I believe, is the RCE directory, which includes endpoints so that for FHIR exchange and for other exchange, you are able to understand the points necessary to do point-to-point transactions. And just a thumbs up of where everything that you need is included. Again, I think that is a good conversation to have, Ike, but a bit out of scope for this conversation.

Rochelle Prosser
Thank you for this wonderful discussion. We will certainly take these notations under consideration. Seth, who was the next person with a raised hand?

Seth Pazinski
Katrina, go ahead.

Katrina Miller Parrish
This is what I was going to ask earlier and I actually posted it into the spreadsheet as well, but I will go ahead and just mention it. Wait a minute. Let me get this right. I think it was in 172.202, there was the mention of QHINs offering an Individual Access Service. And I was wondering if that means a participant or sub participant, or if there is a definition of what it means for a QHIN to offer it?

Mark Knee
Sorry, I was just posting my email for the hosts and panelists to reach out to me. Can you say that one more time?

Katrina Miller Parrish
So, 172.202 mentions QHINs offering an individual access service. I was wondering if there is a definition for offering and if that requires that the Individual Access Services (IAS) is a participant or sub participant or is it any IAS that is pulling data and what that means.

Mark Knee
That is a good question. I do not believe we define offer, although I know within the information blocking context, there is a definition that we put out more information on that means to offer health IT. But within the IAS context, that is a good question. You seem to be very looped in on TEFCA. Individual Access Services is, essentially, the patient access arm of TEFCA. And there is not any requirement that any QHINs provide access services. But they need to support Individual Access Service exchange. Meaning that they can be an individual access service provider or they could also have, which is the most likely scenario, participants or sub participants who provide Individual Access Services like an app that would be signed on to a QHIN to offer. I think I lost the question in my explanation.

Katrina Miller Parrish
The latter part is that offering?

Mark Knee
No. No, I would say no. Offering means the entity that is connecting directly with the patient to enable them to access their information. Again, a disclaimer, this is not included in the proposed rule. This is a question separate from that related to TEFCA. I think the appropriate terminology is if there is an act that is a participant of a QHIN. The QHIN would be supporting the exchange of individual access services by moving the information. But the app itself would be offering Individual Access Services and would be the individual access service provider. I would also direct you to the definitions. There is a nice glossary of terms that we have on the ONC website, as well as in the Common Agreement, there are definitions where we have a definition of individual access service providers, I believe.

Katrina Miller Parrish
There is. It is the offer part that I was trying to make sure was clear. And I thought it was based on the proposal that was in Slide 11 for 172.202. My apologies if I am asking the wrong question all of the time.

Mark Knee
I think you might be, Katrina, again, I cannot say too much but we welcome comments on that. If it is a point that is not clear, I think that would be a great thing to comment on and ask for clarification.

Katrina Miller Parrish
Yes. I will add it again.

Rochelle Prosser
Thank you, Katrina. I was looking and I am not seeing anyone else with their hands up for that section of the rule. Can we go down to the next section of Rule 172? And now, we have three minutes left. I am going to say we may have consensus on this because we do not have any comments. I will open it up for comments, very shortly. Can we go back to the rule portion to the left, please? Right there. Thank you. For the purposes of this call, if I am not seeing comments in here, it is more of a consensus. Otherwise, I will ask Ike or Hans or Kris to comment. These are the administrative updates. We have moved to the administrative updates. I did not think we would get here this quickly. I think we had open this up to the floor and there were no standing disagreements with the administrative updates. Can we make this section green for the purpose of the group?

Hans Buitendijk
At this point, I have no objection to that.

Katrina Miller Parrish
Agreed.

Kris Mork
Agreed by me.

Rochelle Prosser
Wonderful. Can we go to the administrative update screen? There was a question that I did have and I am not going to throw a fly in the ointment there. When we were talking, there was one section that jumped out to me in the presentation of this section. And forgive me if it flew out of my mind from all of this wonderful conversation that we had. It came about a clarification point in this. And I am just going to have to leave it for right now because it flew out of my head. It was just more for me understanding the point that was here for the update. All in all, I have no objection to the updates here.

Mark Knee
Rochelle, feel free to reach out and give me a call. I am happy to talk if you remember it.

Rochelle Prosser
Yes. I think it was just a matter of when the clarifying point on the administrative point, what was the clarity behind it and why we needed to make this more clear. It was more of a semantics thing, not necessarily that something needed to change in it at all. With that, for the 172 section above, I would like to place the people responsible to start crafting the overall understanding from the group section. Is there anyone that feels that they just have to get their hands on this and want to help steer the group in coming to consensus on Rule 172?

Steven Eichner
This is Steve. I am happy to help.

Rochelle Prosser
What about you, Dr. King? Is she here? Sooner, did you have anything to speak to under the Indian health portion before we go to open comments for the public?

Steven Eichner
Rochelle, this is Steve. I have one question. And I want to get the group's feedback. There were a bunch of items that you talked about with Mark's excellent input and support that were not in scope for the rule itself. Do we want to make note in our comments that these may be areas for ONC or ASTP to explore in future efforts or future work because I think there may be a need to recognize some of those elements?

Rochelle Prosser
Yes. Especially when it comes to the gaps. And understanding this is out of scope, but all comments are welcome. And we want to hear all positions in case that ONC or ASTP, as they were guiding the first initial pass. Remember, this is the floor, not the ceiling. We can always improve. And maybe we can send that as guidance to the ONC for clarification.

Steven Eichner
Exactly.

Rochelle Prosser
What are your thoughts on that, ONC?

Mark Knee
Just to say it back, it sounded like a question about that there are some things that are out of scope here and adding some commentary about suggesting that we should consider expanding the scope of the rule in the future. Is that the gist of it?

Steven Eichner
Yes, sir.

Rochelle Prosser
Yes.

Mark Knee
I am not sure. Obviously, you guys are able to submit whatever recommendations you want. I will give you some context that may be helpful is that for those that are not attorneys or not going through the regulatory process, I will note that putting things in regulations has a very specific process to it. And I would say when you are considering proposals about including more regulation, I would probably encourage you to think about weighing what effect that might have on the flexibility and functionality of the actual network of networks that we are implementing and how incorporating certain provisions could affect the timing and the flexibility. But, obviously, if you have comments, I encourage you to submit them.

Rochelle Prosser
Go ahead, Hans. Did you want to make a comment before we move to public comment?

Hans Buitendijk
I do not have any comments.

Rochelle Prosser
Thank you, Mark, for the flexibility on that. I think hearing from the group, there was some consensus around the ability of the QHIN to actually hold data. And there are other policies that speak to that. And so, maybe there might need to be a little clarification or direction or guidance from ONC when that occurs, when we know the QHIN has the ability to, in other case law, to hold data. Yes, go ahead.

Mark Knee
Real quick, Rochelle. I do not think I will be able to answer the question, but just to be clear, again, outside the scope of this rule, within TEFCA there is no requirement that a QHIN does or does not hold information. They are able to if that is their business model and what they are agreeing to with their participants. My point was, generally, from my understanding, most of them do not hold the information. Another key point is I believe HIPAA, I think, I would need to look at the specific provisions, but applicable law applies across TEFCA. If there are provisions that require returning information within a certain timeframe, those would apply to those QHINs under the HIPAA framework.

Rochelle Prosser
Maybe it is just providing the provision of where applicable by law or something like that to give further clarification and further guidance. That is just a thought.

Mark Knee

Yes. I think that could be good.

Rochelle Prosser
Thank you. With that said, thank you for such a robust discussion, everyone. Sheryl, can you take yourself off mute and ask that question really quick before we go to public comment?

Sheryl Turney
It is not a question. This is something we just recently verified as a payor. But QHINs that do not hold information are still required to hold audit information. And that does include when we looked at the output, PHI or PII about the transaction. That is also information that we as payors would be concerned about, Mark, and I am sure other participants would, too. It is not the same degree. It is not all the Electronic Health Information (EHI) but it is a part of the EHI.

Mark Knee
And Sheryl, these are good points. Like you said, we should have calls. I am happy to be involved with Sequoia. It sounds like you know we are currently working out the healthcare operations. The SOP was released but we are trying to actually implement it. We are working on a 10 x 10 we are calling it, essentially, an early demonstration or pilot. I think some of these issues that you are raising would be great things to flag as we try to work toward implementing healthcare operations payment in the next coming months and year.

Sheryl Turney
Understood. Thank you.

Rochelle Prosser
Thank you, Mark. And with that, we will close our discussion period and move to public comment. Seth, if you would like to take over.

Public Comment (01:25:42)

Seth Pazinski
Thanks, Rochelle. We are going to open up the meeting for public comment. If you are on the Zoom and would like to make a comment, please use the raise hand function, which is located on the Zoom toolbar at the bottom of the screen. If you are participating by phone only today, you can press star nine to raise her hand. And then, once called upon, you can press star six to mute and unmute your line. As we give folks a few seconds to queue up with any public comments, just a reminder to everyone that the final Group 3 meeting for the HTI-2 task force will be on August 29 from 11:00 a.m. to 12:30 p.m. Eastern Time next week. After that meeting, we will be moving to having full HTI-2 task force meetings the week of Labor Day from September 3 through September 5. And then, finally a reminder to everyone that all of the meeting from today and all our HITAC meetings can be found on Healthit.gov. I am not seeing any raised hands, and we do not have any comments on the line, so I am going to turn it over to you, Rochelle, for next steps and to close us out.

Next Steps (01:27:10)

Rochelle Prosser
Well, thank you, everyone, for coming and for this wonderful discussion about TEFCA and the administrative updates. Our upcoming meeting will be 8/29. And that will be the last one to be able to provide your input and your thoughts on this HTI-2 information and blocking portion of the rule before we send it on and have the full committee meetings on September 3, 4, and 5. After that on the 12th, we will deliver our recommendations to the HITAC committee. Next slide, please. And with that, I really welcome the further discussions and hearing how we

will move forward to finalizing the recommendations. And if there is nothing else on the agenda, I will move to adjourn, Seth?

Seth Pazinski
Thank you all. We will close the meeting. Have a great rest of the day.

Adjourn (01:28:21)

Questions and Comments Received Via Zoom Webinar Chat

Rochelle Prosser: Thank you Hans!

Steve “Ike” Eichner: Notice of a QHIN exiting the TEFCA network is important. There is also the additional question of financial and technical assistance for Participants and Subparticipants to change to a different QHIN if the QHIN exits the market of its own volition or because it has been suspended or removed under the applicable rules/regulations.

Steve “Ike” Eichner: I am not sure the TEFCA directory services include identification of what services a particular Endpoint is capable of supporting. without this function, messages may be misdirected.

Ben Dixon: Can everyone see the spread sheet easily

Ben Dixon: Perfect

Sheryl Turney: https://rce.sequoiaproject.org/common-agreement/

Rochelle Prosser: Thank you for these wonderful resources.

Rochelle Prosser: +1 Ike

Rochelle Prosser: Thank you Mark

Sheryl Turney: good point Mark. Some of these comments may be better sent to Sequioia for future development of the CA and SOPs

Sheryl Turney: Mark, even those QHINs that do not hold detailed information, they are required to hold audit information that includes PHI or PII about the transactions exchanged.

Steve “Ike” Eichner: +1 Sheryl

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 22, 2024, Meeting Webpage]

Transcript approved by Seth Pazinski, HITAC DFO, on 9/10/24.