

# Information Blocking Task Force

Transcript  
March 1, 2019  
Virtual Meeting

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## SPEAKERS

Name	Organization	Title
Lauren Richie	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Michael Adcock	Individual	Co-Chair
Andrew Truscott	Accenture	Co-Chair
Cynthia A. Fisher	WaterRev LLC	Member
Valerie Grey	New York eHealth Collaborative	Member
Anil K. Jain	IBM Watson Health	Member
John Kansky	Indiana Health Information Exchange	Member
Steven Lane	Sutter Health	Member
Arien Malec	Change Healthcare	Member
Denni McColm	Citizens Memorial Healthcare	Member
Sasha TerMaat	Epic	Member
Sheryl Turney	Anthem Blue Cross Blue Shield	Member
Denise Webb	Individual	Member
Morris Landau	Office of the National Coordinator	Back Up/ Support
Mark Knee	Office of the National Coordinator	Staff Lead
Penelope Hughes	Office of the National Coordinator	Back Up/ Support

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Thank you. Good morning, everyone, and welcome to the HITAC Information Blocking Task Force Kickoff meeting. As you all are probably aware, the HITAC was charged with providing recommendations in response in ONP's recent release of the 21st Century Cures Act proposal, and in such, we have established forecast forces that will be dividing up that work and today is the first of these meetings.

I know we have a full agenda today, so just a couple of reminders. For our HITAC members, if you are on the Adobe, we will, as usual, use the hand-raising feature when we have a question or comment and our chairs will call on you. And then for members of the public, we do encourage you to dial into the public comment section of the agenda a little later in the call.

With that, I will take the official roll and call the meeting to order. Andy Truscott?

**Andrew Truscott – Accenture – Co-Chair**

Here.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Michael Adcock?

**Michael Adcock – Individual – Co-Chair**

Here.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Steven Lane?

**Steven Lane – Sutter Health – Member**

Here.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Sheryl Turney?

**Sheryl Turney – Anthem Blue Cross Blue Shield – Member**

Here.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Denise Webb?

**Denise Webb – Individual – Member**

Present.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Sasha TerMaat?

**Sasha TerMaat – Epic – Member**

Here.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Aaron Miri? Arien Malec?

**Arien Malec – Change Healthcare – Member**

Good morning.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Good morning. Valerie Grey?

**Valerie Grey – New York eHealth Collaborative – Member**

Good morning. I'm on.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Anil Jain?

**Anil K. Jain – IBM Watson Health – Member**

Good morning.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Cynthia Fisher?

**Cynthia A. Fisher – WaterRev LLC – Member**

Yes, I'm present.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Good morning. John Kansky?

**John Kansky – Indiana Health Information Exchange – Member**

Here.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Lauren Thompson? Denni McColm?

**Denni McColm – Citizens Memorial Healthcare – Member**

Present.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Thank you so much. We'll circle back a little later as folks join later in the call. With that, I would like to turn it over to our co-chairs, Michael Adcock and Andy Truscott for a round of introductions.

**Michael Adcock – Individual – Co-Chair**

Good morning, everyone. My name is Michael Adcock. I am the Executive Director at the Center for Telehealth and one of the co-chairs for the Information Blocking Task Force that you have all volunteered for and been assigned to. We're happy to be here. My role at the Center for Telehealth is that I lead one of the largest centers for Telehealth across the country, one of two Centers of Excellence for Telehealth. Obviously, interoperability, information blocking, and all of these proposed rules will impact what we do as we work with over 200 agencies and sites across the State of Mississippi and outside of the state, all with different health needs, different health IT needs, and different data points, including the patients and general public.

So this is something that is very near and dear to my heart, and I know that is yours, as well. That's why we had so many people volunteer. I'm looking forward to this task force and I'm going to turn it over to Andy to introduce himself.

**Andrew Truscott – Accenture – Co-Chair**

Thanks, Mike. Good morning, everybody. Andy Truscott, here. As mentioned earlier, I'm with Accenture and I'm responsible for our Provider Practice here in North America. I'm pleased to meet you all. I'm familiar and met many of you before. Thanks ever so much for the interest in this group, as well, being taken by members of the public who've also joined. Please do feel free to comment. We do read every comment that comes through and we will be taking those on board in our thoughts and deliberations as we go forward. Thank you so much. Mike, back to you.

**Michael Adcock – Individual – Co-Chair**

Thank you, Andy. As Andy said, we're all happy to be here. We're all members of HITAC, so we all know each other. I would like if we could advance the slide, please, to the next slide. You can see a list of who is on the committee. We won't go into a lot of detail, there. We've worked with each other. We've been on HITAC calls together. We've seen each other in meetings. So I would like, if we could, to move to the next slide and let the ONC support staff

introduce themselves.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Hi, I'm Lauren. I'm the Designated Federal Officer for the full committee. Is Cassandra on? Is Mark Knee on? Okay, Mark.

**Mark Knee – Office of the National Coordinator – Staff Lead**

Hi, yeah, Mark is here. This is Mark Knee. I'm a Staff Lead for Information Blocking. I work in the Office of Policy at ONC and I've devoted quite a bit of my time over the last few years to information blocking, so I'm looking forward to the discussion we're going to have in the coming weeks. So thanks, everyone, for being on.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Thanks, Mark. Is Penelope on?

**Penelope Hughes – Office of the National Coordinator – Back Up/ Support**

Yep, hi. This is Penelope Hughes. I'm with ONC and I'll be supporting the Task Force, in particular, the work around the conditions and maintenance of certification.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Thank you. Is Morris on?

**Morris Landau – Office of the National Coordinator – Back Up/ Support**

Yes, good morning. I'm Morris Landau. I also work in the Office of Policy with Mark Knee and will be serving as a backup and support for him.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Thank you, Morris. And Lauren Wu, are you on?

**Andrew Truscott – Accenture – Co-Chair**

I think Lauren said she was unable to make it, today.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Okay. All right, we'll turn it back to you.

**Michael Adcock – Individual – Co-Chair**

Very good, thank you. Thank you very much. We're going to move right now and let Mark go over our next slide, please. We'll move, now, into Mark and let him talk about the Task Force charge, what we're trying to accomplish over the next several weeks.

### **Mark Knee – Office of the National Coordinator – Staff Lead**

Sure, thanks, Michael and Andy. This slide is pretty straightforward. As you all know, this is Information Blocking Task Force and our goal is to provide recommendations on policies related to information blocking. This also includes the information blocking, and the assurances, communications, conditions, and maintenance of certification requirements, as well as the enforcement of all of the conditions and maintenance of certification requirements. As we'll get into as this presentation goes on, Michael and Andy will discuss how we're going to tackle this. There are quite a few topics that we need to get through, so we've decided on an approach where we split up into different workgroups, and I will let them discuss the details of that.

Here's a high level of what topics we're going to be talking about. With information blocking, we'll start with relevant definitions and interpretations of statutory terms and provisions, which will include price information, requests for information that we included in the proposed rule. We'll dig into the seven proposed exceptions to the information blocking definitions, as well as our request for information for any additional exceptions. We'll talk about the complaint process concerning information blocking, as well as the request for information regarding disincentives for healthcare providers. Then the last couple of bullets are just the conditions and maintenance of certification requirements for information blocking, assurances, and communications, as well as the enforcement, like I mentioned before.

One thing I do want to note is when Andy, Michael, and I met, we talked about some of the objectives of this task force and the workgroups within it. We want to try to focus on the big issues and avoid getting caught up on discussing minutia and getting stuck in the weeds as much as possible, even though with information blocking, sometimes the weeds are very important. So finding a good balance, there, within each workgroup – we're trying to have a fair and balanced conversation in all of the workgroups and in the full task force. And as we'll get into when we go over the full calendar, it's a pretty aggressive timeline and we're going to try to cover all of the topics by the March 19th and 20th HITAC meeting because that's when the draft recommendations will be presented.

Next slide. All right, so here is a very high-level draft timeline for the task force, and this is the same for all four task forces. So I just see, it's a bit front-loaded, so we want to try to get through all of the different issues in red by about Week 5. Then there's a number of weeks, six weeks after that, to update and revise the recommendations and work on our final recommendations that will be submitted via the transmittal letter. So I think that's pretty straightforward and I will turn it back over to Michael and Andy for the next section.

### **Michael Adcock – Individual – Co-Chair**

Andy, if you want to start the conversation now, I'll just jump in.

### **Andrew Truscott – Accenture – Co-Chair**

Sure. Our next slide then, please. In terms of the workgroup structure, what we've hit upon is 1.) Some core principles, here. The task force itself will look at everything, but in order to get

through the workload that we have, we're going to split this up into three workgroups. Individual members of the task force will be assigned to a single workgroup but, obviously, you can contribute on any particular facets of what we're considering in the main task force section, as well. Basically, this is because of the timeline we're working to.

One of the questions that I'm sure you've got on your mind is, well, why is this such an aggressive timeline? The bottom line is we need to line up with the public consultation, as well, so the ONC has everybody's input to go forward and we're not mucking up how they go about the final rule-making. So that's why.

I think this is a good thing. I think this is a way of the task force being more meaningful and more aligned to the intent of the rule-making, etc. And it is what it is in terms of the workload.

So we've gone through and defined these three workgroups. And these workgroups are deliberately targeted to particular facets of the charge for the task force. But we're also mindful that everyone who is on this task force is very, very interested in the entire scope of what these laws are looking to achieve and we recognize that there are actually some areas of potential softness in the current drafts where we might want to bring forward more thinking, as well as more define the existing thinking. So, members, you are absolutely charged with creating additional thought leadership in here, if we see that as relevant and appropriate.

So as I work through these groups, the first group is looking at the statutory terms and provisions. So what we're doing is looking at the terms as they're currently structured and defined inside the rules. And also expecting about are these sufficient? This last bullet point on here, when we're looking at the parties, the actors which are impacted by these provisions – how illustrative do we want to be in looking at both traditional and non-traditional parties who could be impacted? So this workgroup needs to be considering that, as well.

Can we go to the next slide, please? The second workgroup is specifically around the exceptions. So looking at are these exceptions structured correctly? What impacts can we see which can be both foreseen and also the potential unintended consequences of these exceptions, as well? So this workgroup needs to be considering those.

Onto the next slide, please. And then how are we actually going to maintain these certifications? What are all of the conditions? What made this? How does this key into the existing processes which are undergone? Do we actually want to use this as an opportunity to finesse that in some way, or augment, or how do we want that to work? That's the focus for this group.

Let's go on to the next slide. These are the proposed memberships. Now, we've already received some feedback from people who said, well, maybe we could be in another group. That's fine and I'm happy to have this conversation right now across the members, if people are looking at this saying, oh, that makes sense to me, or I'm not sure it does make sense.

Please take onboard my earlier point that all of us can contribute across all of this. This is purely for getting the process moving for actually moving through and documenting out initial concerns and thoughts, etc. I'm just going to pick on people. If Lauren had a particular thought around exceptions, I'm absolutely sure that Valerie, Anil, Cynthia, and John will be delighted to have those thoughts and weave those into their thinking. Sorry, Lauren. I'm speaking onto that.

So this is what we were thinking as we went through this specification. Task force members, what are your thoughts here?

**Arien Malec – Change Healthcare – Member**

This is Arien, and I've been one of the people who has raised their hand and requested moving around. I'm more than happy to do whatever the Chairs thinking is appropriate on a sub-workgroup level. Just recognize that I'm going to have lots of opinions when it comes to the output of the Exceptions Workgroup. I just think it's a balance of making sure that we have enough time at the full task force level for making sure that other input into the workgroup output is considered and discussed.

**Andrew Truscott – Accenture – Co-Chair**

That's good feedback. I'll be completely straight with you. When I saw you raise your hand for this task force, which I had anticipated, I was very, very happy that you were going to be a part of this because we would be a poorer task force if you weren't involved. I recognize, as well as Mike, that you have input across all the workgroups.

We would like to keep the workgroups balanced in terms of numbers, as far as possible, because we think that's going to be an optimal way of actually working through. Maybe if you found someone who would like to be in the first group from the second then, maybe, we could work it out as a swap. It feels like I'm leading a baseball team, or something all of a sudden.

**Arien Malec – Change Healthcare – Member**

Yeah, I got to say that Definitions are where all the bodies are buried. As I said, I'm more than happy to do my job in whatever workgroup we have. But if there's somebody who feels very strongly about getting into the definition of provider, getting into the definition of health information network, health information exchange, the very definition of information blocking, there's a lot of good content buried in the definition of an actor. There's a lot of really good content buried in the Definition Section. So I'm putting in a good bid for a swap, but I'm more than happy to do my duty.

**Andrew Truscott – Accenture – Co-Chair**

Thank you, so. Frankly, I agree with absolutely everything you're saying and I will go a step further. We were talking about this as we were setting up the task force. The vast exceptions are definitely called out. Inclusions are not as explicit. So there's actually a whole bunch of stuff in that group, Arien. You have made a good call for it.



I see that Steven has got his hand raised.

**Steven Lane – Sutter Health – Member**

Yes, thank you so much, Andy. I'm going to complicate things further by saying, very similarly to Ariens, that I think that the exceptions are an area that I will have a lot of thoughts about. I think as a clinician who works with these issues on a day-to-day basis and actually experiences what feels like information blocking in our organization and in our region, I have had a lot of thought about that. So here, again, let me throw my name on the waiting list for the Exceptions Group. If there's somebody there who would rather be in Group Three, I would be happy to swap. Otherwise, I'm happy to serve in whatever capacity I'm assigned.

**Ariens Malec – Change Healthcare – Member**

I think what I'm hearing, Andy, is that there is a lot of interest in exceptions. Maybe, the right thing for us to do, who are also deeply passionate in our interest in exceptions is maybe request that the Exceptions Workgroup go forward with the exceptions. There's seven of them. So chunk through and then bring them to the full task force's attention, so that we can have a healthy and vigorous debate where everybody can get involved. Because it sounds like there are a lot of people who want to get down into the seven exceptions.

**Andrew Truscott – Accenture – Co-Chair**

I'll be straight with you, frankly. I'm sorry if this didn't come through clearly. That's the exact process we're going to be doing.

**Ariens Malec – Change Healthcare – Member**

Awesome. So maybe the takeaway is all of us who are deeply passionate about exceptions will have an opportunity to have a robust and vigorous discussion.

**Andrew Truscott – Accenture – Co-Chair**

You will have an opportunity for robust and vigorous discussion, and you should know me well enough by now to know that I fully endorse robust and vigorous discussion. There is a double-edged sword by an individual's interest, as well. Are you too interested and is it going to slow down the cadence that the group needs to work at?

**Ariens Malec – Change Healthcare – Member**

Yeah, I hear you. And the discussion about weeds is a really interesting one because there are cases where the exceptions get weedy, indeed, but there are also cases where those weeds – there's a lot of import to how specific words are interpreted in the exceptions.

**Andrew Truscott – Accenture – Co-Chair**

Great, we're on the same page. I see Sheryl and John have both got their hand raised. So Sheryl?

**Sheryl Turney – Anthem Blue Cross Blue Shield – Member**

I just wanted to clarify one thing – and I apologize if I missed it – but with all of these

subgroups, they're not going to be meeting at the same time, right? They're all going to be meeting at different times so we could still participate, not in an official capacity, right?

**Andrew Truscott – Accenture – Co-Chair**

If you have that level of time on your hands, then absolutely. I'm not going to stop that. I also should point out at this point that the working groups will not be in public. The main task force, obviously, will be, as our authorization is to veto, but the actual workgroups won't be. So that should aid the cadence of those groups, too. But if you can attend, again, Sheryl, it's a bit of a balance, here. We're trying to keep the memberships lighter for each of the workgroups so they can move quicker. This is based upon the experience of running such things before where it's not necessarily a function of who's interested. It's a function of we need to be expedient and we need to trust each other as a group. That's another reason why we're an exclusive HITAC membership task force because we are used to working together and we do trust each other and trust that we're going to reach consensus within those workgroups, which we then bring together to the task force.

So, while we're not going to stop it and say, "No way," I think my personal opinion – and Mike, you can comment here, as well, as my co-chair, will we try to focus on the one that you have in front of you.

**Michael Adcock – Individual – Co-Chair**

No, Andy, I think you summed it up nicely. This is Michael again. I agree. We've got a lot of work to get through and we're going to have time in the task force in the actual task force to go through. If there are any objections or if there are any thoughts that need to be brought up, we'll have time to discuss it all together. But I do think that there is more enough work for four people in each subgroup to get done. So I think that we can move quickly through that and then have some vigorous discussion about it in the task force.

I see that John has his raised. John?

**John Kansky – Indiana Health Information Exchange – Member**

Just really quickly – I'm going to resist the temptation to auction off my hot seat on Group No. 2 – but I'd like to have a better understanding of the Group 1 task or focus and may be willing to trade with Arien as a representative of a health information exchange.

**Andrew Truscott – Accenture – Co-Chair**

Poor Steven! Okay, yeah, we can sit back from three sides. Please, whoever is in control? Don't make me do it. Okay, fine. This is the scope of Group 1. It's about the definitions which are included in the rules right now, including this EHI1, which I know has stimulated significant conversations. The third and fourth bullet points are quite interesting here, too. As well as the exclusions, there are the inclusions for blocking. So we want to be clear about those – and the parties because one of the issues that we've all seen over time is that the definition of who is actually impacted by these has become less clear with the ambiguity around the definition of what is a provider, for example. So that group is going to be looking at that.

**John Kansky – Indiana Health Information Exchange – Member**

And what about health information networks and health information exchanges? Is that limited to clarifying definitions, or is there more to it than that?

**Andrew Truscott – Accenture – Co-Chair**

Well, if you could limit yourselves to clarifying definitions that would make it an easier task, but I suspect you probably won't. And actually, given your role in Indiana, it's probably sensible – this might be an area there's some definite interest in.

**John Kansky – Indiana Health Information Exchange – Member**

So I will offer you the latitude to move me if that solves a problem.

**Andrew Truscott – Accenture – Co-Chair**

I don't think there's a problem to be solved, but Arien, do you want to swap into Two if John goes to One?

**Arien Malec – Change Healthcare – Member**

I would love to.

**Andrew Truscott – Accenture – Co-Chair**

There we go, then. [Inaudible] [00:23:14].

**Arien Malec – Change Healthcare – Member**

Thank you.

**Andrew Truscott – Accenture – Co-Chair**

Sorry, Steven. Denise, you've got your hand raised.

**Denise Webb – Individual – Member**

Yes, thank you. I'm happy to work on the group I'm assigned to. What I think might be helpful for all of us, though – I don't know how many of you have read the two rules. After all, it's a lot to get through. I think it would be really helpful to actually identify the pages within the rule that are relevant to Group 1, Group 2, and Group 3. It will help to have a better understanding of exactly which language and the rule we're addressing. I know it does follow the outline of the rule, but as I said, it would be good to have some focus on the rule. And I won't ask [inaudible] [00:24:11]. who have read the whole rule because I sure haven't.

**Andrew Truscott – Accenture – Co-Chair**

Yes, Denise, you're absolutely right. Well, actually, I have to say that I've been on a sufficient number of flights in the last couple of weeks, so I have read both rules. So what is it, 982 pages, or something ridiculous like that in total? Yes. We will be circulating the specific areas. We just purely haven't done it here just trying to streamline the slides to just the salient points we need to agree upon. But yes, we will.

The output from this task force is going to be the Letter of Transmittal that's going to go to Don Rucker. We're going to have a framework that we're going to use as we create that letter that's going to have the clear references, the clear text of the rules in our Coventry. In our Coventry, if you have detail and rewording, then that's great. But given the cadence that we're working on and where ONC will go with the rule remaking – Lauren, Richie, feel free to chime in on what you will do with this input – we can keep it high-level and directional because of the amount of work we have to do.

**Mark Knee – Office of the National Coordinator – Staff Lead**

Hey, Andy, I would suggest that task force members read Section 171 in its entirety and then with extra reading time, read the commentary associated with Section 171. That 171 is really the heart of what this task force is concentrating on. As a rule reader, always read the red text first and then read the commentary. As opposed to, everyone starts in the beginning and goes through and that's actually not the most efficient way to read rules. If you just go to the back, the actual red text for Section 171 is deep, but not long.

**Andrew Truscott – Accenture – Co-Chair**

That's a good point and thanks for pointing that one out. The actual sections on information blocking are 174-01, the assurance is 174-02, etc. But we'll be providing the entire task force with that bit of directional document that we're going to be working through with the clear split-ups to each of the groups, as well. If people want to then read it, 171 is the place to go.

Okay, can we go to the next slide, please? I've taken tacit approval of everybody else, apart from Steven. You've raised it. Mike, I'll hand it over to you to go through the actual schedules.

**Michael Adcock – Individual – Co-Chair**

Sure. Thanks, Andy. These schedules have been made available to you, so I won't go through all of them, but the one thing that I'd like to point out is that we are on a very compressed timeline. So if each task force would look at these schedules that are provided, this is Group One. Obviously, we're already past the first couple of bullet points there. We had our kickoff meeting today. We're trying to do a couple of meetings a week for the first couple of weeks of the subgroup work so that we can get ready for the HITAC Committee Meeting on March 19th and 20th. We have to have time to get all of that work done and have the conversations in the task force that we need to have moving forward.

So Mark, is it correct that you're going to be involved in all of these or just as many as possible?

**Mark Knee – Office of the National Coordinator – Staff Lead**

Yeah, so I'm going to try my best to be in all of them and provide support and background on the red text and preamble that we're talking about. I guess, as my schedule permits, it's possible I won't be able to attend, but we do have the Staff Lead Backups, Morris and Penelope, who specializes in the conditions of certification, will be available in many of the

meetings, as well.

**Michael Adcock – Individual – Co-Chair**

Certainly, and Andy and I will be in every one that we can be. We may not both be there at the same time. We may both not be there for a subgroup meeting or two, but we will do our very best to be involved in as many as possible whenever our schedule permits. The goal for these is to try to go through a couple of meetings a week – keep that cadence, three meetings a week, for each subgroup, and then a meeting a week for the task force for the next couple of weeks.

So if you'll look now to Group 2, you'll see that the workgroup schedule – if you could change to the next slide, please – Group 2, Exceptions, it's a little more detailed as to exactly what exceptions you'll be looking at during which part of the meeting just to try to keep things on task because there is a lot of work to do in all three task forces. Exceptions, as everyone has mentioned interest in those, are the ones that are going to have a lot of interest, so we're trying to keep those as structured as possible with all of the different points that we have to cover. So again, two meetings a week. We'll have a task force meeting, at least one per week. If it gets to be where we need to have more, we will have more to cover the discussion that we need to have.

Denise, do you have a question or a comment?

**Denise Webb – Individual – Member**

Yes, I do. As I'm looking at this schedule and the number of meetings – and I think Lauren, you're on. Right? I am the Co-Chair or the CMC Task Force. What I'm wondering is, as far as de-conflicting meetings between task forces, or is it going to be a little unrealistic for me to try to do both of these?

**Andrew Truscott – Accenture – Co-Chair**

Denise, I'll just skip in here. Just so you know, I was also looking at you in USCDI. I have stepped back from that because for me to meet my obligations as the Co-Chair here, I'm not about to do both and I felt it was unrealistic.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

And Denise, this is Lauren. We'll certainly try to avoid any overlap and duplication in terms of timing. I know we've yet to work out the schedule for your task force, but we'll try to avoid that if at all possible. But we know that with four task forces going on concurrently, we may not be able to avoid that altogether.

**Denise Webb – Individual – Member**

All right, well, at this point, I'll try to do the best I can. I know next month I am traveling. Because I do have to put a priority on the co-chair duties I have on the other task force, so if it gets to be too much in terms of de-conflicting schedules, then I'll let you know, Lauren and Andy. Thank you.

### **Andrew Truscott – Accenture – Co-Chair**

Yeah, if you can. We also recognize that whilst we've got a schedule here for the workgroups, your workgroups might say, actually, we need some more time. We need to have some extra meetings in this space. We'll need to make them go as long as they need to go because there's a lot of material to go through. We get that. Denise, do the best you can, but we have to prioritize and I understand the position you're in.

### **Michael Adcock – Individual – Co-Chair**

Right. And these are set up to be general structures to try to get the work done. If the four members of the subgroup get together and are absolutely to define everything that needs to be defined and get through their work in the first two meetings, then great. We'll present that work up to the task force and your work will be done, but I seriously doubt that will be what happens. So we're just trying to set a cadence to be able to manage all the work that needs to be done.

If you could move on to the next slide, please. Again, same general structure, two meetings a week. We are having a kickoff meeting now. Then there are not as many topics to cover in here, but certainly, just as much communication, just as much discussion. Again, with the goal of having a couple of meetings a week so that we can present work back to the task force, discussions back to the task force. Just remember in all of this that – I'll speak for Andy, as well – but the co-chairs are here to be escalation points. If there are things that need to come up that we need to discuss, feel free to reach out to us, to both of us. Reach out to the HITAC staff, the ONC staff, whoever you need to reach out to. We're here as escalation points so if there are things that need to be addressed, please communicate early and often so that we can get this work done in the time allotted. We all realize that it's a very compressed schedule.

Next slide, please. Hold on that. I'll let the staff talk about public comment. I know that Mark had some comments to make.

### **Mark Knee – Office of the National Coordinator – Staff Lead**

Thanks, Michael. I'll try to be brief. Maybe I'll start with a few points I just wanted to make based on this conversation, which I think is really helpful and useful to hear what everyone has to say about the various workgroups and all of that. I just want to clarify one point that, while each workgroup will have a goal of meeting two times each week, we're also going to have a full task force meeting, as well. So there will likely be three meetings on average and the full task force meeting, I believe, will meet at the same time every week on Friday. Like Michael and Andy mentioned, the schedules are just an estimate. We have no idea to know how quickly each group will progress. Some might go faster. Some might go slower. We're very open – I am, and the co-chairs are, of adding sessions to talk about various issues, or if you feel like the workgroup has gotten through everything and you don't need to meet, say, two times in a couple of weeks, then you definitely don't need to.

I like the suggestion from the member who said to provide page numbers. In the materials that I send around before each meeting, I'll try to provide the sections and page numbers

that are relevant, but I do agree that all of Section 171 is worth a read for this entire task force. I also 100% agree that a good place to start is with the red text and then work your way through the preamble. That is a good order.

One other important thing is that, while our rule was released at the same time as the CMS Interoperability Rule, I want to emphasize that we are focusing on the ONC Rule within this task force. Though there are clearly common threads and ideas in the two rules, we're going to stay focused on the ONC Rule. We have plenty to talk about given that it is about 700 pages and information blocking itself is about 200 pages. I'm not concerned about having enough material to discuss.

The last thing I just want to say is about what our end-goal is. Each workgroup will work together to come out with a recommendation or a number of recommendations about their subject matter and it will culminate in a final transmittal letter from the HITAC Task Force, which will be created around Week 11, which is April 29th to May 2nd, and then submitted to the national coordinator on May 3rd. But within each workgroup, you can choose the format you want to use to compile your thoughts and recommendations. I would just suggest that they follow a similar structure to the transmittal letter so that I and the chairs can compile all of the recommendations in a relatively easy way.

I think that is about it for me. Just want to reiterate that I'm really looking forward to working with you all and hearing all of the various viewpoints that you have on information blocking.

**Michael Adcock – Individual – Co-Chair**

Steven, I see that you have your hand raised.

**Steven Lane – Sutter Health – Member**

Yes, thank you. I just wanted to comment. You mentioned that our focus is appropriately on the ONC Rule, but there is an overlap with information blocking in the CMS Rule that I don't think we should completely disregard. As such, if it's not going to be an assigned focus of any of the workgroups, may I suggest that perhaps we ask someone from CMS to come to one of our task force meetings to go over their conditions or their language related to information blocking and allow us to have a bit of a Q and A about that so that we are all on the same page with regard to that overlap.

**Andrew Truscott – Accenture – Co-Chair**

Steven, that's a good point. Lauren and Mark, can we make sure we extend that invite probably to Week 3, sooner rather than later. There's also the TEFCA HIE Membership, as well. I think that's inside the CMS Rule. So it will be good to have both those things straightened out.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

I'm just going to say, we have about 10 minutes before we need to open up for public comments. Considering that time is of the essence, if we want to spend a few minutes diving

into it, we can start. If you'd like to do that, we can go to public comments and then come back.

**Andrew Truscott – Accenture – Co-Chair**

Let's go to public comments right now. I have no problems with ending task force meetings early if we've worked through all the materials we want to work through today. Let's go to public comment now.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Okay, great. Operator, can you please open the public line?

**Operator**

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

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Thank you. And while we wait for others to join, I just want to mention that I got a note offline from Aaron Miri. He wasn't able to join us today. So, Mark, we may just want to follow-up with him offline concerning the workgroup structure just to make sure he doesn't have any major concerns there, I think, as well as Lauren Thompson. I think she indicated she was going to be absent today, as well.

**Mark Knee – Office of the National Coordinator – Staff Lead**

Okay, sounds good.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

With that, Operator, do we have anyone dialed into the public line at this time?

**Operator**

Yes, there are no comments in the public line at this time.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Okay, then I will hand it back to our co-chairs for any closing remarks.

**Andrew Truscott – Accenture – Co-Chair**

Thanks, Lauren. It's Andy. I'll hand over the mic in a second. Thank you once again for



agreeing to be part of this. We recognize that it's a heavy workload. We recognize that, actually, over the next few weeks of your lives this is invariably going to be a majority focus of your professional time, so thank you very much. This is fundamentally one of the important pieces of change that we have going on in the healthcare ecosystem for several years. I think it's going to have a profound impact for the better on patients, on how we handle information and how we generate better outcomes for patients. Therefore, it's going to fundamentally impact how providers are engaging and this can only be a good thing. So thank you once again for wanting to be a part of this and for making the vision in 21st Century cures a reality. Thank you. Mike?

**Michael Adcock – Individual – Co-Chair**

I don't know that I could express it better than that, so I'm going to keep my comments brief. Again, thank you very much for being willing to do this work. I know that it's work that we're all interested in, but I also know that it's work that is going to take time to get through, so I appreciate your willingness to serve and to review this material and take as much time out of your schedules as we're asking to get this work done. Thank you very much.

**Mark Knee – Office of the National Coordinator – Staff Lead**

This is Mark. Just one other thing to add is that we're, due to the tight timeframe we're working with, Andy and Michael and I are going to try to work on getting meetings scheduled next week, pretty soon, so be on the lookout in your inbox for that information.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Yes, thanks for that reminder, Mark. With that, I think we will adjourn for today. We look forward to talking to everyone soon.

**Andrew Truscott – Accenture – Co-Chair**

Hold on a second. Steven Lane's got his hand raised.

**Steven Lane – Sutter Health – Member**

Yeah, I just wanted to comment that I know we had discussions earlier about the fact that some task force members are on other task forces and we need to be mindful of the scheduling so that people can participate in all of their commitments. So I just wanted to mention that I'm also one of those folks. I'm going to be on the USCDI task force, as well. Hopefully, as each of the task force's schedules get stood up, there's some sensitivity to those of us who are trying to serve double-duty.

**Andrew Truscott – Accenture – Co-Chair**

We are sensitive, yes.

**Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer**

Yes, thank you. Indeed, we're making every effort to make this as painless as possible. With that, I think we can adjourn for today and we'll talk soon. Thanks, everyone.

**Mark Knee – Office of the National Coordinator – Staff Lead**

Thank you all.

**Andrew Truscott – Accenture – Co-Chair**

Thank you, take care. Have a good weekend. Bye-bye.