Meeting Notes

Health Information Technology Advisory Committee
Conditions and Maintenance of Certification Requirements Task Force
April 26, 2019, 3:00 p.m. – 4:00 p.m. ET
Virtual

The April 26, 2019, meeting of the Conditions and Maintenance of Certification Requirements Task Force (CMCTF) of the Health IT Advisory Committee (HITAC) was called to order at 3:00 p.m. ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

Lauren Richie conducted roll call.

Roll Call

MEMBERS IN ATTENDANCE

Denise Webb, Co-Chair, Individual
Kensaku Kawamoto, Member, University of Utah Health
Carolyn Petersen, Member, Individual
Sasha TerMaat, Member, Epic
John Travis, Member, Cerner

MEMBERS NOT IN ATTENDANCE

Raj Ratwani, Co-Chair, MedStar Health
Leslie Lenert, Member, Medical University of South Carolina

ONC STAFF

Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC)
Kate Tipping, ONC Conditions of Maintenance of Certification Requirements Task Force Lead
Lauren Wu, ONC SME

Lauren Richie turned the meeting over to Denise Webb, co-chair.

Discussion of Outstanding Recommendations

Denise Webb shared with the group that most recommendations were approved at the HITAC meeting on April 25, 2019. Only four recommendations remain for approval.

Recommendation 8

Sasha TerMaat felt that the issue was related to the wording and not necessarily the recommendation itself. Some of the phrasing that was confusing seemed to come directly from ONC in the notice of proposed rulemaking (NPRM).

The group decided to share the draft recommendation with Clem McDonald before sharing back with the HITAC, as he shared concerns during the HITAC meeting. All members agreed with the changes to the recommendation below (updates are noted in red).

> ONC states that successful real world testing means: "Electronic health information is received by and used in the certified health IT." The CMC TF recommends ONC provide clarification in the final rule preamble in section VII.B.5 around testing the "receipt and use" of information received through exchange versus testing the exchange of information (sending and receiving). When the health IT being tested does not receive data in the criterion being tested ~~When there are no end users of the health IT product being tested~~, use-based testing would not be pertinent.
>
> The TF recommends ONC expect that if health IT developers are testing the "receipt and use" of data received through exchange, the health IT vendors should have intended users involved in usability testing.
>
> Users (providers) were not considered in the cost estimates for real world testing in the proposed rule preamble. Therefore, the TF recommends ONC revise real world testing cost estimates in the final rule preamble section XIV.C.2.a.3.6 to incorporate this.
>
> To reduce cost, the TF further recommends ONC prioritize real world testing criteria based on risk.

Recommendation 12

After some discussion, the task force decided to remove this recommendation. After reviewing the language in the preamble, the task force realized that the recommendation is unnecessary and decided to withdraw it.

Recommendation 13

The task force updated the recommendation as follows, based on the feedback received at HITAC.

> The CMC TF recommends ONC clarify in the final rule preamble the role and expectations of testing partners ~~third parties~~ over which the health IT developers have no control or authority over. For example, some testing partners ~~third parties~~ (for example: immunization registries, other ~~and~~ EHR developers, providers) are likely to receive many requests to participate in other parties' real world testing. While these testing partner ~~entitie~~s can try to be helpful, they will have limited resources to assist other groups.
>
> The TF further recommends ONC clarify whether declining to participate as a testing partner in real world testing is considered to be information blocking. The TF recommends ONC consider and clarify in the final rule preamble how reasonable protections can be provided for testing partners ~~those~~ who have limited resources and, therefore, are unable to participate in an unlimited set of tests. The final rule preamble should provide reasonable assurances for health IT developers who have tried to engage testing partners ~~third parties~~ in testing yet were not successful in getting their commitment to participate.

Recommendation 22

- **John Travis** commented that bulk data was removed from the Trusted Exchange Framework and Common Agreement (TEFCA) proposal.
- The task force suggested extended the timeframe beyond 24 months.
- The task force will continue the discussion of this recommendation during the next call.

Recommendation 25

Denise Webb noted that there will need to be a discussion regarding fees during the next call.

Lauren Richie opened the lines for public comment.

Public Comment

Mari Savickis, CHIME commented that she had a question, in regards to something her organization found on page 77 regarding real-world testing. It starts right before the number and says, "For the purposes of meeting this compliance timeline we expect IT developers to develop their certified health IT without real world testing and notify on the date on which they've reached compliance. She noted that it seemed that from the provider perspective it was saying that for the first iteration there would not have to be real world testing. She noted that from her organization's standpoint, if this what ONC intended, they would like to see real-world testing timeline to be stretched out because 24 months is far too aggressive.

Next Steps and Adjourn

Denise Webb noted that there may be a schedule change for the next meeting of the task force. **Lauren Richie** agreed to work with members to find a time that works best for everyone and consolidate the two meetings to one.

Lauren Richie adjourned the meeting at 4:00 p.m. ET.