Conditions and Maintenance of Certification Requirements Task Force

Transcript
May 1, 2019
Virtual Meeting

Speakers

Name	Organization	Role
Denise Webb	Individual	Co-Chair
Raj Ratwani	MedStar Health	Co-Chair
Carolyn Petersen	Individual	Member
Ken Kawamoto	University of Utah Health	Member
Sasha TerMaat	Epic	Member
Leslie Lenert	Medical University of South Carolina	Member
John Travis	Cerner	SME
Lauren Richie	Office of the National Coordinator	Designated Federal Officer
Cassandra Hadley	Office of the National Coordinator	HITAC Back Up/Support
Mike Lipinski	Office of the National Coordinator	Staff Lead
Kate Tipping	Office of the National Coordinator	Staff Lead
Christopher Monk	Office of the National Coordinator	SME

Operator
Thank you. All lines are now bridged.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Good morning everyone. Welcome to the Condition and Maintenance of Certification Task Force. With us today we have the cochairs Denise Webb and Raj Ratwani. Of the members, we have members we have Ken Kawamoto and Sasha TerMaat. At this time I will turn it over to Raj to continue the discussion of the outstanding recommendations.

Raj Ratwani – MedStar Health – Co-Chair
That's great. Thank you, Lauren. Denise is in the car so I believe does not have access to what we are showing on the screen. So, we can read things out for her.

Denise Webb – Individual – Co-Chair
I am trying. I am actually trying to log in. I will let you know if I get on.

Raj Ratwani – MedStar Health – Co-Chair
Oh great. Thank you.

Denise Webb – Individual – Co-Chair
I'm not driving. My husband's driving.

Raj Ratwani – MedStar Health – Co-Chair
That's good. The other challenge we will have is I was only on part of the overall meeting call. So, I don't know a lot of what was discussed. So, Ken, Sasha, you will have to chime in and help. So, we can start going through and we can go to the next slide for the first one we will talk through.

Denise Webb – Individual – Co-Chair
We left off on number 22, Raj and that we have number 25.

Raj Ratwani – MedStar Health – Co-Chair
Twenty-two is up on the screen now. It relates to the APIs. Does anyone remember the key issues that were coming up during the committee meeting?

Denise Webb – Individual – Co-Chair
I will let Sasha or Ken redo what we discussed last time related to the committee meeting. We ended the meeting last time not really knowing what to do with this recommendation.

Sasha TerMaat – Epic – Member
I am still logging in to the web view. This is the one about the bulk access?

Denise Webb – Individual – Co-Chair

Yes.

Sasha TerMaat – Epic – Member
Raj, to catch you up we talked about during the overall committee meeting was that the task force got feedback from Arien Malec that he actually did not support our recommendation and instead felt that ONC had chosen an appropriate way to introduce bulk access APIs by not specifying a particular standard and allowing some amount of experimentation with approaches while still setting the expectation that FHIR was the expected route. He pointed to the success of that approach in the ONC 2015 edition when APIs were initially introduced with a similar approach with FHIR at that point. So, our recommendation had been that we thought a standard approach was preferable to that type of variation and also that we had concerns because there isn't a widely adopted standard approach currently or at all adopted standard approach. We had concerns about the timeline.
So our work group discussion last time had focused on different approaches. We acknowledge the merits of Arien's feedback to the task force. We still have some amount of reservation about a nonstandard approach and/or adopting a standard that hasn't actually been used in the wild yet. Ken gave us background about the current state of the bulk APIs in FHIR development. So, one of the things we ended our last call on was whether we should recommend an alternate timeline for bulk FHIR API. And if so, would that be agnostic to the standard used or still in conjunction with the recommendation we had before about recommending that a standard be selected rather than having potential variation in approach? Ken, is that a reasonable summary?

Ken Kawamoto – University of Utah Health – Member
I think so, yes.

Raj Ratwani – MedStar Health – Co-Chair
Thank you, Sasha.

Denise Webb – Individual – Co-Chair
One other thing I will add, Raj, I know we have a call scheduled for all the cochairs for the four task forces to talk about crosscutting issues. I think in general the cochairs all need to talk about the timeline and whether we want to make it an overall recommendation that specifies a particular timeline for all of these changes that have to be made, and be ready, and delivered to the Health IT developer customers, and for those health systems and healthcare providers to be ready to go. So, one overall recommendation on the timeline and then on this particular recommendation, related to bulk access to maybe specify based on the existing timeline. Do we think we recommend that the implementation of this be delayed? Maybe 36 months?

Sasha TerMaat – Epic – Member
It seems like our choices on the table are acknowledge Arien's feedback but persist with the previous recommendation. Modify the recommendation. And we have talked about two modifications. I guess one would be to acknowledge the complexity of standards work in this area by just suggesting a longer timeframe. Denise threw out of 36 months. Another modification would be to I guess potentially not set a specific timeframe, but to sort of say some amount of time, kind of like our current framing, some amount of time after pilots are successful or something along those lines.

Denise Webb – Individual – Co-Chair
That might be better than a time that a certain. Maybe we endorse in some fashion what Arien is suggesting but saying ONC should set the expectation that they are moving to the FHIR release if they accept our other recommendation, our four, and that's what their expectation is from a functional implementation standpoint that the Health IT development community that would be working towards with the additional time to prove it out.

Sasha TerMaat – Epic – Member
A nonbinding sort of recommendation? I think going back – and I think this was Arien's point. With ONC 2015 addition, the original publication, I think ONC made it clear that they expected and even encouraged the use of FHIR even though it wasn't required. So, Denise, I'm hearing you say maybe they would do the same thing here.

Denise Webb – Individual – Co-Chair
Yes, what do you think about that? If that is the case may be our recommendation is just along the lines of they change the timeline for this particular certification requirement – different from the others.

Sasha TerMaat – Epic – Member
That seems like it would be a reasonable incorporation of Arien's feedback and the sentiments of our original discussion on this item.

Ken Kawamoto – University of Utah Health – Member
I think that's fine. The messaging is pretty clear. I think key for this, too, is the facilitation occurs so that this work does happen. If we think it will happen regardless just with the telegraphing I think that's fine. If we feel there should be other additional support provided, I think that could be useful too. But I think the general approach of say where the goal posts are likely to be and give folks time to work towards that I think is probably reasonable. I think having the actual time limit for the functionality to be available I think is important because otherwise folks won't be... Like anything, right? When you have 100 different things to do, if one of them doesn't have an actual timeline it becomes the last thing you work on which means never.

Denise Webb – Individual – Co-Chair
That's a good point. I am actually able to see my screen now. What do we think we should change on here?

[Crosstalk]

Sasha TerMaat – Epic – Member
I think we want to take the standards discussion out, and put in some of the recommendation, and put in discussion points about how we expect ONC to encourage use of FHIR in the preamble. Also put that we as the committee would encourage further work on the standards that we see as being important

to this area. Then in the recommendation I think we want to just say we are setting a longer timeframe in recognition of further standards work that's important.

Denise Webb – Individual – Co-Chair
Sasha, are you actually able **[audio cuts out] [00:10:01]**?

Sasha TerMaat – Epic – Member
I will be to the Google document in one minute. Do you want me to suggest some text when I get logged in?

Denise Webb – Individual – Co-Chair
Yes and I don't know if you were indiscernible to others but you cut in and out. Was that just me? What you were suggesting or...?

Ken Kawamoto – University of Utah Health – Member
It might be on your end.

Denise Webb – Individual – Co-Chair
You think it's on my end?

Ken Kawamoto – University of Utah Health – Member
It might have been.

Denise Webb – Individual – Co-Chair
So as long as the others heard. So Raj, what are you thinking?

Ken Kawamoto – University of Utah Health – Member
I'm not familiar with the other framework that Arien is referring to so I'd certainly need to look that up. Each of you has much more contact here, and I think Sasha's suggestion is a good one. I think it's appropriate to not tie it to a specific timeline. I think that always gets tough. But I think to say that when the pilots have shown there's enough maturity then it makes sense to advance.

Raj Ratwani – MedStar Health – Co-Chair
I think that's more of a specific standard. I don't disagree with ONC saying there must be this kind of capability within X years. Right, like the actual, absolute years.

Denise Webb – Individual – Co-Chair
What do you think about extending the timeline at least 12 months? When I look at everything, the rules asking to be accomplished, it just seems on top of everything else that is going on for healthcare it just seems too much. At that's the general consensus. I think that's what ONC will hear from the majority of the public that the timeline is too aggressive.

Ken Kawamoto – University of Utah Health – Member
Yes. **[Audio cuts out] [00:12:14].**

Denise Webb – Individual – Co-Chair
And it would sort of interweave and align better probably with the TEF and Common Agreement implementation. They have to get the REC up and going. There is a lot to be done. It all has interdependencies, I think. Is that you typing, Sasha?

Sasha TerMaat – Epic – Member
Yes, I was typing my suggestion.

Denise Webb – Individual – Co-Chair
I see it.

John Travis – Cerner – SME
This is John, I'm sorry I joined late. I think there's a general principle of too fast here for the things that are on that 24-month clock. Where the general thought is not just specific to the API matter here but the fact they expect you to recertify and roll out to your entire client base is just inordinately aggressive, I think, especially given everything else going on. It isn't just their own work. We haven't faced that kind of demand quite before. In a manner we have where there have been required dates for certification additions to be exclusively the recognized versions. Typically, those dates have been moved back a lot because of adoption challenges. Twenty-four months has just probably not ever been the case except for maybe 2011 edition. Every other time it is been moderated and moved back, and they have learned that lesson from history. It's not something we've ever actually said in so many words. I don't think we need to. That lesson is there for those who want to learn it.

[Crosstalk]

Sasha TerMaat – Epic – Member
– too, because not everyone started meaningful use at the same time.

John Travis – Cerner – SME
Exactly. That's true. There was a lag between hospitals and physicians at that time for one. You are right. I think that's a lesson from history. I don't know where the 24 months comes from, thinking that's an adequate amount of time to do all of that.

Denise Webb – Individual – Co-Chair
That's right. And John I think you were on the call we have the public comment last Friday from Maria at Time. She pointed out that page in the proposed rule that tells the health IT vendors that they just have to have all of this implemented but they are not going to have to go through the conformance testing. They would not have to retest. I don't know. The CIOs are really uncomfortable with that.

John Travis – Cerner – SME
I probably didn't gravitate to that necessarily and maybe I'm confusing with the fact that real-world testing is in its own pilot. That requirement is an interesting one relative to the timing of the 24-month rollout as it is proposed because your first real-world testing would probably be against current

capability. Inevitably there will be overlap in the first full year in 2021 if they were to implement real-world testing as a true first-year requirement for everyone not in a provisional basis. I think it just adds to the argument.

Denise Webb – Individual – Co-Chair
I think they are suggesting the real-world testing you have a test plan delivered, but you are not necessarily going to have the testing done before you deploy your product that has all the changes.

John Travis – Cerner – SME
And makes a lot of presumptions about when the final rule would be final and the timing of everything. I think suffice to say 24 months is insufficient to get all of that done. I do respect the point raised about the discomfort of if they are taking updates that have not been subjected to that level of rigor that normally is there and nothing has preceded it during the rollout. The greater point is it's a lot of updates to get done to attain whatever certification requires of you and roll it out to your entire client base.

Denise Webb – Individual – Co-Chair
That's right. I like what Sasha typed up because then if the overall committee recommends a timeline change for everything, I still think the bulk queries are just going –It's so nascent given that giving that particular criterion extra time without setting how many months total, that's good. Hopefully that addresses what Ken was concerned about. So Sasha, do we think we were going to say something about endorsement of their approach with telegraphing the expectation that they will move to a particular release of FHIR?

Sasha TerMaat – Epic – Member
I put that in the –

Denise Webb – Individual – Co-Chair
Or is that necessary?

Sasha TerMaat – Epic – Member
I put that down a little bit, off the screen. So, I put, which would not be in the regulatory recommendation, but just from context I guess I was saying.

Denise Webb – Individual – Co-Chair
That's a good idea.

Sasha TerMaat – Epic – Member
– background to our discussion.

Denise Webb – Individual – Co-Chair
We could say rather than having the recommendation and discussion points we could say we endorse ONC -- I keep losing my connectivity, I'm sorry. I must be in a bad zone. We endorse ONC setting these expectations but not requiring this approach or something like that. I just wanted to be kind of

sensitive not to make a recommendation within the discussion point. So, we need to change our wording.

Ken Kawamoto – University of Utah Health – Member
Hello?

Sasha TerMaat – Epic – Member
Hello, is everyone still on?

Denise Webb – Individual – Co-Chair
Yes. I'm reading what you have typed.

Sasha TerMaat – Epic – Member
That's fine. It just got quiet for a moment and I was worried I was disconnected.

Denise Webb – Individual – Co-Chair
This looks good to me.

Raj Ratwani – MedStar Health – Co-Chair
This is Raj. I agree. Other comments from folks on what Sasha kindly wrote down for us?

John Travis – Cerner – SME
Can you bring it back into view for the second paragraph? I was just finishing reviewing it. The first graph was absolutely fine. I just want to take a quick look at the second. Okay. That's fine. Thank you.

Denise Webb – Individual – Co-Chair
So our recommendation really is around addressing the timeline for this particular criterion.

Sasha TerMaat – Epic – Member
[Audio cuts out] [00:20:52] incorporated in Arien's feedback.

Denise Webb – Individual – Co-Chair
Okay, did I hear Les join?

Leslie Lenert – Medical University of South Carolina – Member
I'm on, yeah.

Denise Webb – Individual – Co-Chair
Oh, you are on, Les?

Leslie Lenert – Medical University of South Carolina – Member
Yeah.

Denise Webb – Individual – Co-Chair

Did he say yes?

Leslie Lenert – Medical University of South Carolina – Member
Yes, I am here.

Denise Webb – Individual – Co-Chair
Okay, good. I'm sorry, Raj, go ahead.

Raj Ratwani – MedStar Health – Co-Chair
I was going to say any other comments or thoughts on recommendation 22 and what Sasha just put down? Okay. Does this capture everything that in the full committee that was raised related to Arien's point and anything else that –?

Denise Webb – Individual – Co-Chair
I think so.

Raj Ratwani – MedStar Health – Co-Chair
All right. We can move to the next if everyone is okay with this.

Denise Webb – Individual – Co-Chair
So, I think, Raj, on this one where we left off was I advanced a Google doc and maybe Kate can pull that up.

Kate Tipping – Office of the National Coordinator – Staff Lead
Sorry, I'm going back to pull it up.

Denise Webb – Individual – Co-Chair
That's great. While we are waiting for her to pull that up I went back and read the regular text and one concern I have about what we were discussing last time, we were suggesting -- I think the area of real concern to get consensus with the committee was around real-world testing. I think I have real-time testing, but I meant real-world. It was the API piece that those would not be applicable to self-developers who not offering their products commercially. After reading the regulatory text and having just come from a health system that did do self-development but was not offering it commercially, they were however through contractual relationships offering it to unaffiliated entities. So, it was not put out -- They were not holding out in the market for customers, but they were charging fees to another health system to use their self-developed, certified technology.
So, I think we have to revisit the fees, because now when I read the fees I think they would apply to self-developers if they are offering technology to anyone but their own legal entities. Just because of the implications of that. I wanted to open that up for a point of discussion.

John Travis – Cerner – SME
This is John. That's a fair point. Maybe that is addressed by a fairly simple statement to say – I'm not exactly sure where it would go. – but to say something to the effect of to the extent self-developers do

offer their API-related certified capabilities for sale to affiliates or what have you. They are subject to the same rules. One would wonder how that –

Denise Webb – Individual – Co-Chair
So, maybe we take the word commercial out? Also Sasha, are you in this? Can you change real-time testing to real-world testing?

John Travis – Cerner – SME
Yes, that could be tough. The other thing I was going to mention is if any parenthetical note is needed to make sure the intent is clear that inclusion applies. People that read it still might conclude commercial.

Sasha TerMaat – Epic – Member
Where – Is this a separate –?

Denise Webb – Individual – Co-Chair
We can say resale, either commercially or through some sort of contractual relationship with an unaffiliated --

John Travis – Cerner – SME
Provider.

Denise Webb – Individual – Co-Chair
Entity or provider.

Sasha TerMaat – Epic – Member
Sorry, I'm happy to do edits but I don't actually have this link. This is new. Never mind, I got it.

Kate Tipping – Office of the National Coordinator – Staff Lead
You've got it.

Sasha TerMaat – Epic – Member
Yes, thank you.

Denise Webb – Individual – Co-Chair
Because I was going to see if I could pull it out. I might have been in there. Let me. I think I do have it. Let me see. It says I am off-line now. It looks like I am in it. You are in it too. Sasha, you are in it. See down below where it says on APIs "are offering certified product for resale"? We could take for resale either commercially or through a contractual relationship with unaffiliated providers.

Denise Webb – Individual – Co-Chair
Go ahead.

Leslie Lenert – Medical University of South Carolina – Member

Resale. The word commercial isn't necessary. Anybody who sells the product has to follow the same rules. If they give it away, fine.

Denise Webb – Individual – Co-Chair
That's a good point, Les. I mean, I just think that –

Sasha TerMaat – Epic – Member
What if we edit –

Denise Webb – Individual – Co-Chair
Pardon?

Sasha TerMaat – Epic – Member
I'm proposing edits in the document. Sorry.

Denise Webb – Individual – Co-Chair
I cannot hear you. You are fading out. Let me turn you up.

Sasha TerMaat – Epic – Member
I'm sorry. I proposing edits in the document for the discussion.

Denise Webb – Individual – Co-Chair
Okay.

Sasha TerMaat – Epic – Member
That's my bold wording. Acknowledges that it is probably unlikely these would apply to self-developers but if they have contracts or commercial arrangements with respect to them they would be subject to these conditions of certification.

Denise Webb – Individual – Co-Chair
Yes, and I think Sasha you don't want to say certified APIs. We are talking about certified health IT modules, obviously the modules that would incorporate the interoperability requirements. It's not all their modules but the ones that are subject to CMC. Okay. Can we scroll up just a little bit so we can see the...? What does everyone think about this? I'm on the wrong screen. I am sorry.

Sasha TerMaat – Epic – Member
Are we, Denise, looking at the edits I just made to APIs or to the discussion about concern about burdens?

Denise Webb – Individual – Co-Chair
No. This is good. I think this covers the entire – Well, the recommendation a little bit off the screen above... Or no, it's all in here. Evaluate the appropriateness... I'm just reading through our recommendation now. All right, would everybody be good with this now?

Sasha TerMaat – Epic – Member
I find the discussion part that is off the screen a bit confusing with the wording, but the parts on the screen right now are okay.

Denise Webb – Individual – Co-Chair
Why don't we scroll up and look at the discussion so we can make sure we are all good with that? Or, scroll down. I'm sorry.

Sasha TerMaat – Epic – Member
The first sentence of the discussion is very long. People might develop other modules, and those people might participate in federal programs that require those modules to be certified. Is that what the first sentence says?

Denise Webb – Individual – Co-Chair
Yes.

Sasha TerMaat – Epic – Member
And then universally applying all aspects of CMC... So, the second sentence says that we are concerned about burden.

Denise Webb – Individual – Co-Chair
Yes.

Sasha TerMaat – Epic – Member
I think the sentences are wordy. So, it was hard for me to parse.

Denise Webb – Individual – Co-Chair
Yes. They are. Any kind of amendments would be welcome.

Sasha TerMaat – Epic – Member
I would say what if we simplify like this?

Denise Webb – Individual – Co-Chair
Okay. That's a good change.

Raj Ratwani – MedStar Health – Co-Chair
Health system or providers using the self-developed software may participate in federal programs that require, you mean certification? May require that certain self-developed modules be certified. The task force is --

John Travis – Cerner – SME
I don't know you need to say certain. I think we are trying to over clarify. I think you simply say you may participate in federal programs that require self-developed health IT modules to be certified or something like that.

Raj Ratwani – MedStar Health – Co-Chair
Yes. That sounds good. Fewer words.

Denise Webb – Individual – Co-Chair
Yes.

John Travis – Cerner – SME
And I think it is set up fairly well.

Denise Webb – Individual – Co-Chair
Those are good changes. That's more concise. So that explains our concern and why we want ONC to carefully evaluate what they are proposing related to self-developers.

Sasha TerMaat – Epic – Member
Yes, it gives background.

Denise Webb – Individual – Co-Chair
And this addresses, I believe, Carolyn's note that she sent out and was really concerned as I am about not putting innovation before patient safety, because I have actually seen that happen. I think she has too. So I think this would address her concern without coming out and saying that specifically. Of course we will need her to review this to make sure she is good with it, too. So Les, would you be able to endorse this as changed?

Leslie Lenert – Medical University of South Carolina – Member
Yes.

Denise Webb – Individual – Co-Chair
Okay. That's great. Ken? You were one of the other folks that were a little concerned about the original recommendation.

Ken Kawamoto – University of Utah Health – Member
Can you scroll up a little more? I don't think I can see the whole thing.

Denise Webb – Individual – Co-Chair
I don't know if you can put this on full-screen. So we could see the whole thing, Kate?

Ken Kawamoto – University of Utah Health – Member
I would change the “contracts or commercial arrangements” to has “commercial contacts or arrangements.” What if you had a research grant to work on it? That would still be a contract. If you were in a demonstration project with CMS and they gave you a contract.

Denise Webb – Individual – Co-Chair

What is the definition of a commercial contract? I think we have to be more specific that we are talking about contracts where the technology is actually being used to deliver healthcare and not research studies.

Ken Kawamoto – University of Utah Health – Member
Or outside the context of their own health systems, right, and affiliated networks.

Denise Webb – Individual – Co-Chair
Right.

Sasha TerMaat – Epic – Member
I think the challenging part is that even if you had a research contact, I think the expectation is you still would not charge patients for use of the USCDI APIs. Right? I don't know that it actually matters if the contact is commercial or not. The idea is you should not -- You should still adhere to the pricing expectation of this proposal.

Ken Kawamoto – University of Utah Health – Member
It's specifically about APIs.

Sasha TerMaat – Epic – Member
Yes.

Denise Webb – Individual – Co-Chair
Now that I think about it, maybe what you had originally, Sasha, with respect to the APIs... change it back. I apologize. I was thinking this was just in general about health IT, but it was specific to APIs. So where you have put it back to the original proposal with respect to the... I think you had certified APIs. Do we want to say if the self-developer has contracts or commercial arrangements to provide self-developed software with respect to the certified APIs? It's actually not the API that is certified, right? It's the product that has the API capability?

Sasha TerMaat – Epic – Member
Yes.

Denise Webb – Individual – Co-Chair
I'm getting hung up on that a little bit.

Sasha TerMaat – Epic – Member
I guess what we would say is health IT modules certified to the specific criteria.

Denise Webb – Individual – Co-Chair
Okay.

Sasha TerMaat – Epic – Member
We could list them if we wanted to be more specific.

Denise Webb – Individual – Co-Chair
That is what we are talking about here because other things they have certified, there is no CMC related to fees, only with products certified for the specific API functionality. That gets at the concerns like Ken and Les had. We need to narrow this appropriately so it's not overly broad and hitting all their certified software. So Raj, do we have consensus?

Raj Ratwani – MedStar Health – Co-Chair
It sounds like it. It works for me. Any objections for what we have up on the screen now? Okay, does not sound like it unless people are muted. Denise, were these the only two that needed to be addressed today? Did you get through everything previously?

Denise Webb – Individual – Co-Chair
We did. Did you want us to review for you what we did on the others to make sure you are good to go on it?

Raj Ratwani – MedStar Health – Co-Chair
I don't think we need to do that with the group. I can look at it independently and if I have questions I can reach out to you. I don't think we need to expend people's time on that.

Denise Webb – Individual – Co-Chair
Okay. So team, do we need a meeting on Friday or is it good to cancel it, and I can check with Carolyn top line to make sure she is good with this? I think we have everybody except Carolyn, correct? So, if we could get all of you, we could clean this – We're not going to clean this up, because we will present it to – Well, the previous recommendations, the previous four, we will present with the tracked changes to the full HITAC in our slides so they can see what we did to address their comments. This is a new recommendation they have not seen. So, we will provide this with the changes appropriated. So, maybe what Raj and I can ask you all to do is have one last review and confirm by email that we are good to go on these five. Then I don't see any reason why we need to have a meeting Friday unless there is some major issue. We can wait until Friday to cancel once you all think we are good to go.

Raj Ratwani – MedStar Health – Co-Chair
Does that work for everybody? Does anyone feel like we should keep that meeting Friday? I prefer to cancel now if we think we don't need it just to free up that time for everybody.

Denise Webb – Individual – Co-Chair
I'm good.

Sasha TerMaat – Epic – Member
I think that's fine.

Raj Ratwani – MedStar Health – Co-Chair
John, Ken? Les?

John Travis – Cerner – SME
I'm good.

Leslie Lenert – Medical University of South Carolina – Member
I'm fine.

Denise Webb – Individual – Co-Chair
Ken is still there? Or is he on mute?

Raj Ratwani – MedStar Health – Co-Chair
Ken had to drop off. So, let's go ahead and cancel the meeting on Friday. I think we are in a good place and got through this stuff quickly. Thank you all for doing that. We can go from there.

Denise Webb – Individual – Co-Chair
All right. So Lauren, we still need to do the public comment, right?

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
We do. Let's just go to public comments.

Operator
If you would like to make a public comment please press * 1 in your telephone keypad. A confirmation tone indicates your line is in the queue. You may press * 2 if you 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 *.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Thank you, operator. Do we have any comments in the queue?

Operator
There are no public comments at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Okay. I think that wraps up everything. Denise or Raj, anything else before we adjourn?

Denise Webb – Individual – Co-Chair
No, we can check in with you all on the debrief and then I think we are good.

Raj Ratwani – MedStar Health – Co-Chair
Thank you everybody for jumping on and working through this. I know it's a huge time commitment. So, we appreciate everybody participating here.

Denise Webb – Individual – Co-Chair

Have a good day everybody.