Transcript

HTI-1 PROPOSED RULE TASK FORCE 2023 MEETING

June 9, 2023 10:30 AM – 12 PM ET

VIRTUAL

Speakers

Name	Organization	Role
Steven Eichner	**Texas Department of State Health Services**	**Co-Chair**
Steven Lane	**Health Gorilla**	**Co-Chair**
Medell Briggs-Malonson	UCLA Health	Member
Hans Buitendijk	Oracle Health	Member
Hannah Galvin	Cambridge Health Alliance	Member
Rajesh Godavarthi	MCG Health, part of the Hearst Health network	Member
Adi V. Gundlapalli	Centers for Disease Control and Prevention	Member
Jim Jirjis	HCA Healthcare	Member
Hung S. Luu	Children's Health	Member
Anna McCollister	Individual	Member
Clem McDonald	National Library of Medicine	Member
Deven McGraw	Invitae Corporation	Member
Aaron Miri	Baptist Health	Member
Eliel Oliveira	Dell Medical School, University of Texas at Austin	Member
Kikelomo Adedayo Oshunkentan	Pegasystems	Member
Naresh Sundar Rajan	CyncHealth	Member
Fillipe Southerland	Yardi Systems, Inc.	Member
Sheryl Turney	Elevance Health	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Daniel Healy	Office of the National Coordinator for Health Information Technology	ONC Program Lead
Sara McGhee	Office of the National Coordinator for Health Information Technology	ONC Program Lead
Dustin Charles	Office of the National Coordinator for Health Information Technology	ONC Program Co-Lead
Michael Wittie	Office of the National Coordinator for Health Information Technology	ONC Program Co-Lead

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

Michael Berry
Good morning, everyone, and welcome to the HTI-1 Proposed Rule Task force. Today may be our final task force meeting, and on behalf of ONC, I would like to sincerely thank the cochairs and all of the task force members for their incredible commitment to develop recommendations over the past seven weeks. The cochairs will be presenting these recommendations to the full HITAC at their in-person meeting next Thursday. After the HITAC vote to adopt these recommendations, they will be transmitted to the national coordinator and submitted as a public comment on Regulations.gov. This and all our task force meetings are open to the public, and your feedback is welcomed, which can be typed into the Zoom chat feature throughout the meeting or can be made verbally during the public comment period that is scheduled toward the end of our meeting. I would like to begin rollcall of our task force members, so when I call your name, please indicate if you are here, and I will start with our cochairs. Steven Lane?

Steven Lane
Good morning and welcome, everyone.

Michael Berry
Steve Eichner?

Steven Eichner
Good morning and welcome.

Michael Berry
Medell Briggs-Malonson? Hans Buitendijk? I think Hans might be joining us a little bit later today. Hannah Galvin? Adi Gundlapalli? Jim Jirjis? Hung Luu?

Hung S. Luu
Good morning.

Michael Berry
Anna McCollister?

Anna McCollister
Good morning.

Michael Berry
Clem McDonald? Deven McGraw?

Deven McGraw
Good morning.

Michael Berry
Aaron Miri?

Aaron Miri
Good morning.

Michael Berry
Eliel Oliveira?

Eliel Oliveira
Good morning.

Michael Berry
Kikelomo Oshunkentan? Naresh Sundar Rajan? Fil Southerland? Sheryl Turney is on vacation, so she will not be able to join us today. So, please join me in welcoming Steven Lane and Steve Eichner for their opening remarks.

HTI-1 Proposed Rule Task Force Charge (00:02:09)

Steven Lane
Thank you so much, Mike, and thank you, everyone, for showing up for this hopefully last meeting before we make our presentation to HITAC. I just cannot thank everyone enough for your focus over these many weeks, and we have a great set of recommendations. We will just quickly review our charge and then jump right into the recommendations document that all of you should have available to you, and I hope that you have up on another screen, because we are not going to read the entire document. We are going to go through and touch on those items where we have outstanding comments and questions, so if people have other issues that they want to address that you have noticed in your own reading, please be prepared to bring those up. We will have public comment 10 minutes before noon Eastern Time. I want to remind members of the public that you are invited to participate in the chat as well as to avail yourselves of the oral public comment time that we have at the end. I see some of our usual friends joining us this morning, so thank you to the public for being here. All right, Ike, do you want to add anything to the introduction here?

Steven Eichner
The only two things I can add are my gratitude to the task force members for all the hard work they have put in. It has truly been an honor to work with such a fantastic team of folks and experts putting together what I think is a really good set of recommendations, and I do want to echo Steven's offer of public comment at the end. It is always a good thing. We do appreciate the public comment end of it. That being said, I think we have a few things we would like to go through, so let's get into it.

Steven Lane
Great. On the next slide, I think we will see reiteration of our charges. There we go. All right, I think all of you will recall the charges of our task force, so we will not reiterate those. Next slide, the second page of our charge. Let's go from there. I think we get to jump into the document. Yes, let's pull up the document, and we will take it from the top.

Update and Revise Draft Recommendations (00:04:56)

Steven Eichner
Steven, when do we want to lock this down completely, no more edits, no more suggestions?

Steven Lane
I am hoping we do that at the end of this meeting. That is my aspiration. Why don't you go ahead and enlarge that just a bit so that we can see the document and the comments to the right?

Steven Eichner
So, to say this to the task force members, this is the final opportunity to make suggestions or comments. There is not really an opportunity to come back and make a few wordsmithing choices later on if they is not addressed now. We are at a hard stop.

Steven Lane
Yes, we have been wordsmithing all night, so at this point, I think we tend to be wordsmithing back and forth. So, the first open topic, which we may come back to since Hans is not here, is on Page 5. There is a yellow highlight about halfway down the page.

Steven Eichner
It is up a little bit. There you are.

Steven Lane
This was our recommendation that ONC include compliance with messaging standards and deployed health IT, and in most similar recommendations, we provide examples of what we are meaning, and I thought you might want to include those, and also, just for my own edification, to be clear what we are talking about. So, are we talking about V.2 CDA FHIR as messaging standards, or something else? No one on the call here knows. I think this was Hans's recommendation, so we can wait until he comes.

Steven Eichner
Actually, Steven, it probably should be "transmission" or something other than "messaging." Channeling Hans for a second, it is not necessarily strictly about messaging, it is about the exchange.

Steven Lane
Well, let's just hold this. If nobody on the call can clarify this, let's wait for Hans. Some of these are rather lengthy. We have tried to separate out the recommendations and the rationale, but I really do hope that everyone has had a chance to go through these. I know some of you have, and we have gotten great feedback. All right. There are some spacing issues here, but they can still be addressed. We have been doing our best to do the formatting as we go. All right, the next topic that I think warrants our attention is what Deven raised. I believe we should be at the top of Page 8, and this was the lengthy discussions we had about patient-requested restrictions and their inclusion in certification criteria. You will recall that we dealt with these both as feedback to what was in the proposed rule as well as a response to an RFI about what could be considered subsequently. So, Deven, do you want to take us through the issues here?

Deven McGraw
Yes. This was one that, at least on the issue of certified health IT providing reports to patients on the disclosure and use of their health information, two different workgroups considered and came up with two different recommendations. So, I think this one came out of Group 2, and I know I was texting with Anna McCollister about this yesterday because she was involved in recommending this. They are very similar,

but they are very different approaches. So, this one specifically asks ONC to require certified health IT to provide patients on-demand machine- and human-readable reports regarding disclosure and use of patients' health information for any purpose. Maybe this got changed. At any rate, take that topic first.

Then it goes on to provide a rationale based on audit logs. This should be doable by certified EHRs. When we spoke about this in Group 1, we talked about how, in fact, this was an issue that was taken up by the original HITECH Health IT Policy Committee, the precursor to the HITAC. A hearing was held and recommendations were issued in 2013, a number of years ago, essentially coming to the conclusion that, in fact, the audit trail had no way of distinguishing between routine internal access and when things were actually disclosed, nor did it capture the purpose of that access, and that audit trails were largely done for security functionality and not necessarily to produce a report to patients, and testifiers talked about such a report being essentially one that was as tall as the floor to the ceiling in a large room because on each day, records are routinely accessed.

And so, the HITECH committee at the time made the recommendation not to depend on the audit trail functionality, and instead to develop pilot approaches that are going to capture more of the disclosures of data because that is actually where the law sits. HITECH mandated that patients be able to get a record of disclosures out of certified EHR. Consequently, there was no progress that was made in either piloting technologies that would enable those disclosures to be captured out of an EHR, even a certified EHR, and there were some outstanding policy questions.

And so, the way that we framed this in the Group 1 recommendation, which I think is down on Page 14 of this document, was to ask ONC not to create a certification criteria based on audit trail functionality, given what had happened last time that was recommended, but instead to work with outside stakeholders in order to reassess this issue, look at where the technology had evolved, and consider whether it was more possible to do this in networked environments such as through the TEFCA. I am not disagreeing with the outcome of this recommendation, which I think was also an outcome that Group 1 wanted to achieve, but the tech is not mature enough to ask for certification criteria on it, and there needs to be some more work done on what is possible.

Steven Lane
So, Deven, you are saying that today, 10 years later, you are of the opinion that the tech still does not exist. My perception in reading this and through work with Carequality and a health system where we have maintained and had to report on audit logs is that this is possible, that systems receive outside requests, they have a purpose of use specified, the system largely captures that, and if there are certified systems that do not yet capture that, they certainly could. So, this seemed to me a reasonable request, but you are saying that you are of the opinion that, 10 years later, it still would need to be relitigated before being considered for certification.

Deven McGraw
I think it is an open question. Usually, we do not recommend things for certification until they are actually in use for the particular purpose, and we need to get them in more widespread use and in a consistent, standardized manner, so we baked them into the certification process. It is quite possible the technology has evolved. I will say that this is framed as disclosure and use, so it looks more like the access report that OCR initially proposed for accommodating the HITECH changes, and that was roundly criticized by

industry, and essentially, the policy committee did not recommend at the time that it was adopted. There was an extensive effort to look into this. I feel like another effort to dig into this a bit more is warranted. We may find, in fact, that the technology has evolved to the point, but I just feel like we do not know enough about that.

Steven Lane

So, this should be phrased as "recommend that the ONC look into this" as opposed to "require this"?

Deven McGraw

Right. This is essentially the way we framed it further down on Page 14. We essentially had two subgroups coming up with two different recommendations on the same topic. I see Anna has her hand up.

Steven Lane

Anna, why don't you go ahead?

Anna McCollister

Thanks, Deven, and I make no pretense whatsoever of understanding the history or the law as well as you, so I will completely defer to you on that, as you know, but I have a couple things. One is 10 years is quite a long time in the world of health IT. I am not an expert on what the audit trail does and does not do or how feasible this is, but it seems to me that this would be reasonable at this point, based off of my layperson's understanding of how the technology works. In terms of deferring to whether or not we recommend the ONC take a look at how this could be done or whether or not we recommend ONC doing this, my bias would be toward recommending the ONC do this, and then let them figure out if it is doable and if it needs to be taken offline and there is a process through which they have to determine the feasibility.

It just feels to me like that would be a stronger recommendation and more of an encouragement to ONC to actually take this seriously as opposed to deferring it to a committee. That is more of a strategic discussion about what is going to be most effective in terms of recommendations from the task force and HITAC to ONC, but it seems to me that that might be most likely to elicit serious consideration from ONC.

And then, in addition to that, we got into this in our workgroup in the task force through discussions around restrictions, and one of the points that we were discussing within the context of restrictions is concern that patients would restrict data that was actually essential for their clinical care, and that that could be an issue, and part of the reason and rationale that I had in putting it here in this context is that in the absence of information, fear is the result, and if you have a positive HIV test or a genetic test that suggests you are going to get ALS or Huntington's disease at some point, and you are afraid that everybody will get access to that, your inclination will be to restrict access to the majority of your physicians as opposed to letting it go.

So, if I have those risk factors and I understand how the data is being used, I will be in a much better place to act with reason about who can and cannot have access to that information in a way that would best facilitate my clinical care. So, I do think it is important, if we are going to allow patients to restrict data, as we should, that we give them information about who is accessing that data, and not just externally in terms of data sales or research, etc., but internally in terms of their clinical care.

Steven Lane

Yes. So, Anna, I totally hear you, and I think Deven is right that so much has been discussed about this. The internal audit trails really are likely, though still impractical, because so many individuals access data for so many workflows that, as Deven said, an audit trail would be a pile of paper so high that you could not get to the top of it.

Anna McCollister
I think that is what people are frightened by, though.

Deven McGraw
Yes, but it does not necessarily mean it was unauthorized. It was ultimately the conclusion of the HITECH Policy Committee back in 2013 that it raises more questions than it answers.

Steven Eichner
This is Ike. One of the issues from a patient perspective in misunderstanding what the volume might be was thinking about a hospital visit where every time somebody looks in the record because they have given me lunch, that is an access, and I am not complaining about that, but I am just giving that as an example of how you end up with this incredible volume of data because patients are not thinking about those components as accessing data, but of course, it is.

Anna McCollister
I think we need to be more specific about the kind of data that needs to be disclosed. Whether or not there is some sort of checklist of who got lunch and who did not or whose vitals were taken is one thing, but whether or not they get access to details…

Steven Eichner
Yes, and that is not a thing we are going to solve here and now.

Steven Lane
That is for sure.

Steven Eichner
But I think that is part of the scoping issue in looking at disclosures, so maybe it makes sense to differentiate the two and say wherever we have technology that exists on disclosing and tracking, especially between providers, this should come to the forefront. The other may require some more work and more refinement.

Steven Lane
Also, the purpose of use is captured discretely with the request for disclosure, where that is not at all the case in internal use, so it makes those internal audit logs really difficult. Can we scroll down to Page 16 and look at the, if you will, competing recommendation, which I think Deven really helped to craft, and see how people feel about this? So, in that one there, at the top, it is really a recommendation to go back to the earlier recommendations of the Health IT Policy Committee to revisit them, restudy them, and see what progress we are ready to make. It is absolutely true that it is sort of a strategy and a tactical decision. Do we recommend something that we know is not practical, so we set the bar high and try to get ONC to come reach it, or do we recommend something that really is within their purview and capability in an effort to move it forward? Having been at this for a while now, I think that the closer we come to what they are

expecting and really giving actionable recommendations, the more impactful we are, rather than shooting for the moon in hopes of impressing them.

Steven Eichner
The other piece is splitting the baby a little bit in terms that the technology is probably in a better place for tracking disclosures between systems and between providers rather than internal use, especially looking at more detailed information. The inside stuff, as was pointed out, is largely security issues, so you are just not recording every scrap of information in a format that would be useful to the patients. I think part of the issue here is to give patients data that they can use and have a right to without creating a huge additional burden on developers or providers in generating that data.

Steven Lane
So, I would propose that we go with this recommendation on Page 16, which I think was thoughtfully crafted and references a lot of hard work that was done previously, in lieu of the earlier recommendation, which I think is asking for more than is practical. Does anyone want to weigh in on that proposal?

Anna McCollister
I would like to combine the two because I feel like this is something the ONC needs to do, it is time that they do it, it is feasible to do it in form, but perhaps we say that we recommend that ONC do this and take this on but they just need to figure out the details, rather than suggesting that they look into the details of whether or not it could be done.

Steven Lane
I kind of feel like that is captured in the lower recommendation. I know we do not have a lot more time to spend on this. Does anyone else want to weigh in?

Clem McDonald
I think we ought to be careful about being too severe on how you can communicate. Given emergencies, which is one situation, or consults in the hallway, where a general internist is wondering how to deal with some special problem, and he catches the surgeons in the hallway, are we going to have all that locked down?

Steven Lane
We do not have a way to always capture that.

Steven Eichner
I think in the earlier, what it is in the electronic disclosure, recognizing there may be other pieces. Looking at the disclosure on the screen right now, we probably need to get rid of the word “established” in the second line, “to implement established HITECH standards for providing data.” There is not necessarily a standard in place, so how can we ask them to use a standard that exists to do it if there is no standard that exists to do it?

Steven Lane
I like what you added there, Deven. Again, we are going to limit discussion on this because we do not have time to get lost in it. I do not want to have to call for a vote. Anna, I think Deven has added a piece that gets

at what you are hoping for, and very reasonably so. Can you live with this? We do not want to leave anyone behind.

Anna McCollister
I think that helps, definitely. Thank you, Deven.

Deven McGraw
Per your comment, Steve Eichner, the word "standards" in the second line is actually meant to mean HITECH provisions. They are not standards, they are legal provisions. In other words **[inaudible – crosstalk] [00:26:29]**.

Steven Eichner
Okay, yes. For the record, in the rationale, I believe the reference is to the HITECH, not 21st Century CURES Act, and a priority topic for the policy committee, not HITAC, since HITAC did not exist…

Deven McGraw
It was established in 21st Century CURES as a priority for HITAC to consider.

Steven Eichner
No, it was the HITECH Act.

Deven McGraw
The HITECH Act established the changes to the accounting of disclosures. The 21st Century CURES Act established HITAC, us, and also said that one of the priority use cases is this issue.

Steven Eichner
Okay, then I crossed my link, and I will change it.

Steven Lane
So, we are going to stick with this one, and I have lined through the earlier one and left Deven's comments there for posterity. Let's scroll back up to the top, now that Hans is here, and we are now on Page 5 in the middle of the page. I have a highlighted area. Hans, I wanted to invite you to fill in this blank here. I think this was your recommendation.

Hans Buitendijk
Yes. I think it was HL7 Version 2, but let me check that one for notes on the spreadsheet.

Steven Lane
Okay, we will come back. Thank you. Thanks for taking that. Actually, I am going to resolve Deven's comments, just because we have been there and done that. That brings us down to Ike's comment on Page 9… No, it does not. I think we resolved that whole string with our discussion we just had, correct?

Steven Eichner
Yes, I think the previous discussion solved that.

Steven Lane
Okay, so that is gone. Good.

Clem McDonald
Hey, Steve, this page is labeled as 8. Is that where you mean to be?

Steven Lane
Now I want to be on Ike's comment at the bottom of Page 10, and I am using the page finder, so my view is different. You are doing the separated view. I was using the page finder on the right. Let's see. I might change the view. Here we go. Now I have the same view, so thank you for pointing that out, Clem. So, this is at the bottom of Page 8, correct. My only concern about this suggestion saying "such as the LEAP Project" is that LEAP is actually a set of grants that ONC has provided. There was a LEAP Project that probably has a title where this was explored, and I do not think we can refer to "the LEAP Project" so much as naming this specific project. If somebody knows what that is, I would love to insert that reference, but I do not think we can just say "the LEAP Project."

Hans Buitendijk
Agreed. I think we can find that.

Steven Lane
I do not want Hans to be doing all of our homework, but…

Clem McDonald
Is that really practical? Can it be done?

Steven Lane
Well, there was, in fact, a project done on it. I do not personally know whether they actually got it to pilot, but they certainly did define the model. Do others know more about that?

Hans Buitendijk
Go ahead, Eliel.

Eliel Oliveira
I know a little bit about it, Steven, because of the folks that we worked with in San Diego. My issue is that I am not quite clear that this hub-and-spoke structure is really what is going to solve this challenge. I was recently in an event at HIMSS where we spent a whole day talking about this, and my summary of that discussion with several leaders, including folks from ONC, was that we do not have a clear pathway here to solve this. So, this is something that we need to address from a single-patient location, but I am not clear that the hub and spoke is necessarily the track, so I am not sure if we want to be that specific here.

Steven Lane
Maybe we want to stick with "explore and support pilots" as opposed to "support development of."

Clem McDonald
I think that sounds more reasonable.

Hans Buitendijk
We certainly want to take that experience in mind, and I think it is a fair discussion of what works, is that there are a couple things that we do know will not work. We also know that data needs to somehow follow the patient through the stakeholders. It is a model. It is a model that is being explored across other countries as well, and so far, it looks like it has the most promise of actually being able to tick off more boxes than other approaches. So, whether it is exactly like what is happening there is fair, and that needs to be worked through, but we certainly should learn from that and other places on what can be done and what can be done practically. So, piloting makes sense, finding first steps in whatever direction we can go makes sense, but it does not necessarily mean that we have to implement as is what they have learned there. I am sure we need more.

Steven Lane
How do you feel about the language as suggested here?

Deven McGraw
I was wondering if we could broaden it even more so it is not just focused on hub and spoke, but hub and spoke is specifically mentioned, so you could say "explore and support pilots such as a hub-and-spoke infrastructure, enabling a patient to have a single virtual location," so that way, you have pilots that are not necessarily just tied to that particular model, but that model is mentioned.

Steven Lane
Love it.

Hans Buitendijk
Yes.

Steven Lane
How do we feel about this? Is this good?

Eliel Oliveira
I think that is better than the way it was, and just to highlight here that there is so much in this bucket of a challenge, and the example that comes to mind is us trying to get consent of homeless individuals here in our region and the lack of trust that they have on any information going in any electronic system that can then haunt them later on, their fears, which may or may not be correct, but whenever we have an infrastructure that is storing information, some individuals are going to feel concerned about it. That is just a quick example that there is too much here to be addressed that, in my opinion, needs a lot of thought and testing over time.

Steven Lane
That is great, Eliel. You are absolutely right. Okay, shall we move on? We are at my comment in the middle of Page 9. I was reading this recommendation as drafted. I felt that it conflated the patient-requested restrictions under HIPAA with the privacy exception under the information-blocking rule, and I thought that the recommendation was more appropriately focused on the HIPAA right of access, so that was my suggestion and comment at the top, and lower down, there was a suggestion that, when received by

certified health IT, the receiving system must receive, view, and operationalize the restrictions requested, and changed that from a "must" to a "should," "should have the ability to receive, view, and operationalize the restrictions requested," because I really do not think that "must" is appropriate here. Any comments on those suggested alterations? Ike, you and I had a little back and forth there in the commentary.

Steven Eichner
Again, I just wanted to bring it to the task force's attention because it seemed to be a substantive change.

Steven Lane
Indeed. Changing a "must" to a "should" is the real deal. Does anybody object to these changes?

Steven Eichner
I guess the other question is if we change it to a "should," from a practical standpoint, there is no component of enforcement, so that means that you have no expectation that the receiver is going to honor the request.

Steven Lane
Again, depending on the request, you should not necessarily have such an expectation. Again, the spirit behind this set of recommendations was to simply flow the metadata down so that the recipient is aware of restrictions that were requested and/or respected and could attend to that as they saw appropriate, which might include operationalizing the same restriction, but in some circumstances, as we discussed, like the self-pay restrictions, there is actually a requirement implication regarding "restrict," but of course, you do not know to have that discussion or to even consider that if you do not know that you have it in the first place. It is similar with information-blocking restrictions. The patient says, "I do not want this to show in my portal because of my spouse, my parents, or whatever," and then they change to a new provider. You want that to flow down so that if the provider is really minding the store, they have the chance to say, "Whoa, look at this. We should talk about this." Eliel, your hand is up.

Eliel Oliveira
As I am reading this, I am seeing transaction log files here again. We just talked a bit about the feasibility of getting disclosures from transaction log files, so I think maybe we need to link the two discussions here. To me, the three topics that we just talked about all link together between contact disclosure, consent, and these specific recommendations, so it sounds like a great task force to me.

Steven Lane
Indeed, indeed. So, we do reference the logs here, and we suggest that the fact that a patient requests a restriction be recorded in the logs. So, "recommend that ONC assure, through certification requirements, that when a patient invokes their right to request a restriction, that this be recorded."

Deven McGraw
I agree that it is related to the right to request restrictions, and Anna brought that up earlier in the call, and it is kind of bunched together, but accounting of disclosures is actually more of a right to request and receive some sort of accounting or list of where your information was actually disclosed. You could ask for the right to restrict, have it granted or not granted, and then just trust the institution to not ever ask to check on it, and there are different technical functionalities associated with one versus the other, but I do not disagree that they are related. I do not think they are the same, though.

Clem McDonald
Steve, does this accommodate requests between systems? So, I am in an emergency room, and I am trying to get data from Hospital X. Would this hinder that?

Steven Lane
No. This is simply saying that when a patient requests a restriction, the fact of that request should be captured in the log files, and the fact of that request and the associated metadata should pass with the data when it is exchanged. This does not limit any access. It shares the fact of a requested restriction.

Clem McDonald
Okay, thank you.

Anna McCollister
Deven, can you clarify the point that you made in chat about EHI under information-blocking rules? Is this going to make it easier for institutions to block information from being shared? Maybe she walked away.

Deven McGraw
I am just trying to get off mute. I am trying to go between two screens, sorry. My comment was related to the fact that Steven had struck "under the information-blocking rules privacy exception" because that is not where the right to request a restriction vests, it is just that if a patient is asked for the data to be restricted, the institution has the discretion to decide whether or not they are going to grant it in most cases. They do not in the payment-in-full issue if the patient does not want it to go to the health plan, but for other types of restrictions, they are discretionary. What is being proposed here is that that request be part of the metadata that goes with the data downstream, assuming the data is going downstream because the institution did not grant the request. Maybe they are not legally required to, maybe they counseled the patient and told the patient it was not a good idea… Lots of things can happen.

If they do grant the request and decide not to share the data, then the data does not flow, but that is a decision that the institution has the discretion to make, and if they do that, then the requester does not have a way to use the information-blocking rules to pry the data out because they can block it under the privacy exception because they are honoring a patient's right to restrict. They decided to do that, but it is discretionary on the part of the data holder to do that, again, in most circumstances.

Steven Lane
So, Deven, are you comfortable with how this is phrased presently?

Deven McGraw
Yes.

Steven Lane
Does anybody want to object to or modify this? Great. Let me just go ahead and take these, and we will keep going. Great, all right. Hans, can we go back up to the top, our little yellow box here?

Hans Buitendijk

Sure, on Page 5.

Steven Lane
It is now in the middle of Page 4.

Hans Buitendijk
Oh, it moved. I went back to the spreadsheet, and I believe that a comment from Ike was actually the underlying driver for that, where, in the spreadsheet, the comment is what compliance fits in with metrics included elsewhere in the rule. I am not tracking it back to a comment that I made. I was more focusing on making sure overall that everything adds up to a manageable set of work for everybody, so I am not sure that I was really the one initiating this. Ike might have more.

Steven Lane
Okay. Well, when we refer to compliance with messaging standards, and Hans, I still turn to you as one of our experts in standards, which messaging standards would we be referring to?

Hans Buitendijk
Generally, that would be HL7 Version 2, NCPDP, or X-12. Those are the messaging standards that would be in play. But, looking at the comment and going back to the original comment by Ike, which he can speak better to, compliance fitting in with metrics, then the question is depending on what metrics are in play, it could be any of the standards, whether it is FHIR US CORE, C-CDA, or otherwise. The messaging standard part threw me off a little bit in the context of metrics.

Steven Eichner
My point was that if you are looking at certified… The difference is between the vendor having developed certified technology and what is actually in play in the field. So, you are looking at submitting data to, say, an immunization registry. What is it actually being transmitted in, and what is actually in play in the provider's environment?

Hans Buitendijk
An example would be whether it is immunization or ELR, and then there are Version 2-based messages, and if we are looking at being certified to, say, a particular version of Electronic Lab Reporting, when you look at what is actually being used, it is not necessarily that version, it is a variant of that because of different jurisdictional requirements. If you are looking at other parts of lab reporting in general, we might have been certified to LRI, but the actual implementations might still be using Version 2.3.1 or whatever.

Steven Eichner
Exactly.

Hans Buitendijk
So, there is the variance between what is being certified to and made available, but not necessarily implemented for one reason or another in the actual location, and there are a variety of **[inaudible] [00:46:05]** the jurisdictions have different requirements, so it is different, it is in place, and it is not being put in as part of somebody's attestation that they therefore do not need to be on the more current version. There are all kinds of reasons why it could be different.

Steven Eichner
Right, exactly, and that is kind of my point, trying to tease out and get a better understanding of what does "certified/deployed" actually mean from a practical standpoint.

Hans Buitendijk
I think that then, the direction is more "recommend that ONC include or explores understanding of actual implementations and use versus what is certified," whatever it is, whether it is messaging, documents, etc. Ike, I think that is what you are looking for.

Steven Eichner
Well, it was a suggestion that came from a public health background. They were trying to look and say it would apply to other exchanges as well. Okay, it is great to be certified for something, but what are you actually using? Is what is being certified actually used, so does it make any sense to potentially have that standard as a certification standard if it is actually not in use at the end of the day?

Hans Buitendijk
I believe that in the Insights component, one of the proposed measures is around the use of **[inaudible] [00:47:43]** look that up to get the exact language.

Steven Eichner
There is an Insights measure that is related to immunization reporting, but that is looking at a count, and of course, the measure as described does not address the fact that, in some cases, the patient is saying, "Hey, you are not allowed to disclose my data to an immunization registry in Texas." Unless I have patient authorization, I cannot keep data sent to me, so that is not relevant. That is an element in the Insights measure that is being addressed in other places, but I think the fundamental piece here is if there is not good measurement of whether the standards that are actually being certified are in use, then we either do not have the right standards that we are certifying to or we really need to reconsider what certification means. Is there any value in certification?

Steven Lane
So, one comment I have on this is that it seems like it really belongs more under the Insights condition as opposed to discontinuing year-themed conditions.

Hans Buitendijk
I think so. That is a better spot because it is about measuring, not about content of editions.

Steven Eichner
Yes, it probably should be moved.

Steven Lane
With a move, are we comfortable with this as it stands?

Clem McDonald

I just worry a little bit about the rhetoric in this one. It says "compliance with standards," and then it goes on about usage. They have to use it for it to worry about compliance. I think they should be tied together more strongly. I think usage of message standards and then compliance with the specification is what we are talking about. You are saying in the second sentence that it does provide information about users, so that is the intent. I just think the rhetoric is not quite clear.

Hung S. Luu
I think the word "compliance" is tripping people up.

Hans Buitendijk
I think if it focuses more on what is actually being used and what is being certified against, I think that is the essence.

Steven Eichner
It probably should be "usage of messaging standards" rather than "compliance."

Hung S. Luu
Yes.

Hans Buitendijk
That is not an easy one to measure, by the way. We have had a variety of discussions on how you can figure out which version of which standard is used where. It can be all over the place based on if the vendors have information, if clients have implemented variations… It is all over the place. It is not an easy one.

Steven Eichner
Yes, because again, the other implication is on the receiver standpoint, thinking about it from a public health perspective as examples, where different public health agencies may have different tweaks. We are not necessarily aware on the public health side about a tweak that another agency has made, and gaining an understanding of the burden on providers about how many things they are supporting would be really helpful and help potentially drive consolidation on the other side. You say, "Oh, somebody else is using this other variant. We can use that too and reduce the number of variants, wending it back to a single strain."

Steven Lane
So, how do we feel about this now?

Hans Buitendijk
In that context, I would suggest to drop the word "messaging" because I think it is triggered by a message scenario, imaging, but it is not necessarily limited to messaging, and then we can give examples. If it is usage of interoperability standards, I think, Ike, you are asking for it across the board. "What have you been certified to, and what are providers or parties using **[inaudible] [00:52:21]** actually using, for one reason or another?"

Steven Eichner
Right, and I think from the examples list, it is not so much HL7 V.2, it is looking at implementation guides and constraints.

Hans Buitendijk
Right. Since we are mentioning it generally, I am not convinced we need to have the examples in there.

Steven Eichner
So, it would include a cancer reporting standard, etc.

Clem McDonald
But what is the harm of examples? It makes it clearer.

Hans Buitendijk
Then perhaps use the examples of ELR or immunization guides.

Clem McDonald
I do not care which ones you use.

Hans Buitendijk
ELR is one of the ones that has the widest variations. Immunizations has variations, but not as many.

Steven Eichner
Right, because it is two pieces. One, it is a variant from what the certification standard is, and then, how many underneath that.

Hans Buitendijk
Right. NCDPD is very tight.

Steven Lane
Are we comfortable with the way this is now?

Hans Buitendijk
I think it is clearer. There is just a general concern, but it is reasonable to recommend that they look at that. This is a harder one to get easy measures on, if it counts.

Steven Eichner
Hans, would you feel better about the word “developed” rather than “include”? “Consider”?

Hans Buitendijk
I think “consider” would be… And I know it has been considered. We have had a number of discussions on that, and that is one of the ones I am trying to get down to, which version exactly is used and how many transactions are going with one flavor or another. It is a hard one to get to, so it would have to be at a much more general level to become viable to get information about.

Steven Eichner
I have no thought about trying to be overburdensome and forcing the issue, but if it is there, it would certainly be helpful.

Steven Lane
Okay, so we have softened it to "consider and support the development of metrics regarding usage of interoperability standards in deployed health IT."

Steven Eichner
Do we want to include the word "Insight" somewhere, or is that inappropriate?

Steven Lane
I have it in a comment here, or at least I had it in a comment. We want to move this to the Insights condition, right?

Hans Buitendijk
Maybe one additional one. Where it says "interoperability standards" after that, "versions and variations," because it is the variations that are the ones where the inconsistencies come up. It is the same version, but a different variation of it.

Steven Lane
That would be an e.g.?

Steven Eichner
Just before.

Steven Lane
Got it, okay.

Steven Eichner
It would probably be "standard versions and variations," just getting rid of the S and a comma.

Hans Buitendijk
Agreed.

Clem McDonald
I do not think that sentence is really a good sentence right now. "Recommend/support the development of metrics regarding…" That just kind of runs on and on. It is not clear. Are we also looking at the usage of versions? We are looking at the variation of versions in the stuff that is used, right?

Steven Lane
"Usage of interoperability standards," I think, still. "Versions." So, it is the use of the standards.

Steven Eichner
Put an apostrophe after "standards." Oh, you solved it the other way.

Steven Lane
Are we good?

Clem McDonald
You are a good craftsman, Steve.

Steven Lane
I am going to leave the comment here for ONC to move that, rather than trying to do it myself. Okay, let's keep moving. The next area of interest is down on Page 10. There is a set of quotations that Ike and I were questioning, and I think this is probably a FiI recommendation. So, this recommendation at the bottom of Page 10, "recommend that ONC extend the provisions and criteria addressing 'unduly disadvantaging small and startup health IT developers of certified health IT' on this and other bases of EHR criteria to consider inclusion of and impact to specialty and non-EHR developers." Are we quoting somebody or something here? I just did not know what to do with these quotation marks.

Fillipe Southerland
We are, but good callout. This is in HTI-1 in the discussion section on insights and conditions.

Steven Lane
All right. I did not know if we were quoting you or something else, but if this is in there, then I am cool with it.

Fillipe Southerland
It is. I did change the tense, I think, on "unduly," so there are one or two words in there that are not a direct quote to make it fit with the sentence.

Clem McDonald
Can we cite the source? It is a quote. Can we give a reference to where it came from?

Fillipe Southerland
I have no problem with that. I will find it here in HTI-1.

Steven Eichner
Thank you.

Steven Lane
Why don't we just do that? I just moved your quotation mark.

Clem McDonald
This is a really messy sentence, by the way.

Steven Lane
"Recommend that ONC extend the provisions and criteria addressing unduly…this and other base EHR criteria." I am not quite sure what this means, except that we want protection for small EHR and non-EHR developers. This is in reference to Insights condition and maintenance of certification.

Fillipe Southerland

That is correct, so "of this" is referring to the Insights condition, and then I go further to say we need to have these same types of considerations in other base EHR criteria, which is complementary to the recommendation on USCDI making provisions for specialty and non-EHRs.

Steven Lane
Again, this is probably one where we want ONC to consider or explore, right?

Clem McDonald
I think so.

Fillipe Southerland
That is fine.

Clem McDonald
That "recommend" in 20… I think there is something wrong with the sentence.

Steven Lane
It is not 20. They are all XX. We have not numbered them yet. Okay, how about that? I think this might actually make it a little clearer. Are you okay with that, Fil?

Steven Eichner
This is Steve. Just real fast, I think in the second-to-last line, we need to remove "consider" and change "inclusion" to "include" or something like that.

Steven Lane
Yes, because we have "consider" up above.

Steven Eichner
Correct.

Steven Lane
Perfect, okay.

Fillipe Southerland
So, this looks good, "of an impact on specialty and non-EHR developers alongside small and startup HIT developers."

Steven Eichner
It should be "EHR/HIT developers."

Fillipe Southerland
"Non-EHR/HIT developers."

Steven Lane
I think the additional phrase you suggested, Fil, is a little overkill. Do you like these changes to this?

Fillipe Southerland
This looks good.

Clem McDonald
I think you need two commas in there, one after "inclusion."

Steven Lane
Okay, let me get there and I will clean it up a little. One after "inclusion…"

Clem McDonald
And then, I think before… Where is our real grammarian here?

Steven Eichner
It should be at least "include" instead of "inclusions."

Steven Lane
Yes, "include."

Steven Eichner
"Consider extending the criterion…"

Clem McDonald
Yes, "to include."

Steven Lane
"To include." So, we were considering the impact, but now we want to include…

Clem McDonald
"Consideration of impact," right? Maybe not. Maybe just "include."

Steven Eichner
Or maybe "on specialty" and get rid of everything between "criteria" and "on."

Deven McGraw
Yes. No, "to include specialty and non-EHR/HIT developers." You are asking them to be part of the purview of entities.

Steven Eichner
Right, "the criteria of the Insights condition as a base EHR on non-EHR/HIT developers."

Anna McCollister
"Consider extending the provisions to include specialty and non-EHR/HIT developers."

Steven Lane

I like it. Let's go with this.

Fillipe Southerland
But with the provisions, it is the burden provisions, right? They were looking at burden on startup HIT, and we are saying to do the same for… I just worry that "provisions" might encompass the entire…

Steven Eichner
Overgeneralized.

Deven McGraw
Yes, "the burden considerations," "the burden exceptions…" "Burden provisions" is fine.

Steven Lane
Wrap?

Fillipe Southerland
Looks good to me.

Steven Lane
Okay, thank you, Fil, for letting us do that. Okay, next one. Go down further. We are getting pretty clean here. Okay, Deven, we are on the bottom of Page 14. I think we have resolved this. We had this discussion, right?

Deven McGraw
Yes.

Steven Lane
Resolved. I think you just made some of these changes, but that is fine. This is wordsmithing, thank you. Love it. All right. Ike, you had some questions about the reference in the rationale at the top of Page 15.

Steven Eichner
I think those are resolved.

Deven McGraw
He clarified that.

Steven Eichner
I do have it up on the screen, and I cannot find a Section 3002 in the 21st Century CURES Act.

Deven McGraw
I will check the reference. That is the public law reference, as opposed to what it got codified as. I will check it.

Steven Eichner
Right. I am looking at the law myself in terms of…

Deven McGraw
Yes, you are looking at the law. This is from the public law.

Steven Eichner
That is what I am looking at. Please validate the references and make sure we get it referred to correctly.

Deven McGraw
I will try to multitask.

Steven Lane
Okay, Maggie, you had some questions about which of these items were meant to be referred to the Annual Report Workgroup. Are you clear on that now? Maggie, you are on mute. Maybe you were called away. Mike, can I just leave this to you to work with Maggie on that? I think you got it right.

Michael Berry
Yes, I think we understood your thumbs up, so I think we are good now.

Steven Lane
Perfect, all right. That brings us to Ike's question about consistency of capitalization of "certified health IT." Again, I think we will just leave that to the ONC team to consider. So, we are awaiting a validated reference.

Steven Eichner
There is a typo on the very last line on the screen with a spacing issue.

Steven Lane
What page is this? A typo in the very last line with the spacing… I got the spacing. Okay, was that it? It was just the spacing, okay.

Steven Eichner
Yes. I have been going through, trying to find double spacing.

Steven Lane
Oh, you are amazing. You are the space master. What I am seeing is a need for a validated reference, a need to move one item down to a different section, and that is all I am seeing here.

Anna McCollister
If it would be helpful, I used to do copy editing. I would be happy to go through and look for typos and stuff.

Steven Lane
Well, you have the link. I think we have a lot of pretty committed editors here. Actually, I will go ahead and move that item down to the Insights condition, since I can.

Anna McCollister
I promise I will not add any fun, new recommendations.

Steven Lane
We trust you.

Anna McCollister
"Recommend that ONC add puppy-sitting to…"

Deven McGraw
There were puppies at HIMSS, Anna.

Steven Lane
That has become the new thing.

Anna McCollister
Wow! What a brilliant idea.

Deven McGraw
A puppy pen. Steve, it sounded like we did not have any new issues to discuss, other than a couple of housekeeping matters, and I had forwarded to you and Ike something that I became aware of, probably because I have been following different patient access standards, policies, etc., and there is an Insights condition around reporting of metrics on patient access to data, and I was not part of the Insights workgroup, or at least I do not think I was, so I am wondering if that was discussed and the group felt like there was not a comment to be made, or whether we missed that one, or… Where did that go?

Steven Lane
Sorry, say again. Where are you?

Deven McGraw
I am not in the document. There is an Insights condition that was proposed as part of HTI-1.

Steven Lane
Right, here on Tab 3, Row 2, Insights condition. That is where we managed that.

Deven McGraw
Right. I do not think it takes up anything around a proposed spec for collecting data on individuals' access to EHI and connections of apps through the FHIR API, and it seems like data that at least I would support them collecting. I do not know if it is something that came up in the workgroup that handled the Insights conditions, or whether we missed it, or whether we deliberately decided not to opine on it.

Steven Lane
So, this was a Group 3 topic, so, Hung, maybe you have a recollection. I am in the spreadsheet, and maybe we can pop to the spreadsheet.

Deven McGraw
I am going to put the spec in the chat.

Hung S. Luu
No recommendations were made on that particular one, so we did not include it in the recommendation.

Deven McGraw
Okay, but did it come up? Was it ever on the agenda and nobody had anything to say about it?

Steven Eichner
There was no specific subject matter expert presenting on that particular subset. I do not think we reviewed each individual potential Insights development for discussion as a group.

Deven McGraw
Oh, it was what people raised on the call.

Steven Eichner
Right, if someone raised it, we were happy to discuss, but I do not recall it ever being raised.

Steven Lane
So, Deven, now that I have your spec doc up, which one of these are you talking about?

Deven McGraw
It would not be on the spreadsheet, Steve.

Steven Lane
No, I am looking at the spec you just put in the chat.

Deven McGraw
Oh, that is the spec. That is the entirety of it.

Steven Lane
Okay, it was not one of those that you were curious about, it was the whole of them?

Deven McGraw
Yes. This has been proposed as a measure, so my inclination is to support it, but it has not been brought up for discussion.

Steven Lane
We can certainly do that. Basically, this was put out in April, measure ID and version interoperability individual access (1)(b)(1), and you are saying you think we should support the inclusion of this particular measure in the Insights condition?

Deven McGraw
Yes, that is my proposal.

Steven Lane

I like that.

Deven McGraw
And it would be a very simple add. "We support…"

Steven Lane
Yes, just one more recommendation. Does anyone have any concerns about that?

Steven Eichner
Only a friendly amendment. How do we link it to our earlier discussion on tracking?

Deven McGraw
It is not related to tracking. It is just about whether the patient, through certified EHR, is accessing their information, such as through the API. It is not at all related to transparency activity, it is about to what extent individuals are using the APIs, to what extent are apps being connected by individuals to APIs. It seems like we have anecdotal data on that, and maybe some entities publishing their own experience, but we are not systematically collecting that data.

Hans Buitendijk
So, are you looking at adding a numerator to the set?

Deven McGraw
No. This criteria has already been proposed, and part of the scope of a proposed rule is if you like and endorse something that ONC is proposing to make part of the Insights condition, I am proposing that we say yes, we agree. I do not see any changes that I would make.

Steven Lane
Okay, so I have put this on Page 10 of our document, near the bottom, so why don't we pop over there and take a look at that?

Deven McGraw
Now I can focus on fixing that site.

Steven Lane
Thank you. We are working you hard, Deven.

Deven McGraw
That's why I'm here.

Steven Lane
And all of us are getting to the age where multitasking is becoming harder.

Deven McGraw
Oh my God…

Steven Lane
Okay, so, "recommend that ONC include in the Insights condition measure ID and version interop individual access (1)(b)(1), measure title, individual's access to electronic health records."

Hans Buitendijk
I had a question. Generally, or maybe somewhere else, I thought that when we supported something, we had more of a general comment on it, or if we did not comment on it, we supported it. With this one, we exclusively pull out, and I am not necessarily disagreeing with it, but by pulling this one out, does that mean that we should then start to list others as well, or do we still have some general comment to say where we did not comment, we support?

Deven McGraw
If you don't mind, let me frame why I raised it above the others. Had I been a little bit more on top of things and realized that I had something to raise in the Insights condition, I would have joined that workgroup and raised it in regular order, so now that this is before the task force, in the same way that any of these recommendations came from someone within a subgroup proposing it to be included in our comments, I am proposing it to be included in our comments. It does not mean there are not other Insight conditions that might be worthy of supporting, we did not do an exhaustive review of them, but I am trying to exercise an opportunity to put it in front of us as a task force because I think it is worth endorsing, in the same way that each of our comments was raised because someone in one of the workgroups or the task forces writ large thought it was worth a comment.

Hans Buitendijk
I am not arguing with that, it is more with the flow of the comments that we made, I thought we had a general comment that we put things we support in one place, that there is an assumption or understanding that is clarified, and that anything where we do not have any particular comments other than support, that we would do it in one way. I do not mean to argue whether to support it or not.

Steven Lane
I do not think we included yet in this document a general statement like that, "In the absence of specific comments, we support what was included in the NPRM." We could. Not having had that to think about for a few days, I am a little worried about doing that.

Anna McCollister
It seems like a better framing. Even though that approach may have been something that was done in the past, a better framing might be "The members of the HITAC identified the following as worthy of comment," so it is not that we are expressly endorsing all the things we did not specifically ask to change, but instead, just highlighting those that were raised in our advisory committee discussions.

Hans Buitendijk
Something saying that in particular, this one is a clear one of those that we support. As long as it is clear what the implication of something being there or not being there means.

Deven McGraw
I understand.

Anna McCollister
So, is the point of this just to have developers or institutions report the number of individuals who have access to electronic health data so that we have **[inaudible – crosstalk] [01:18:29]** around that?

Deven McGraw
Yes.

Anna McCollister
Okay, I like that.

Steven Lane
Any concerns with this? Okay, and how are we doing with that reference on Page 14? It is time for public comment. ONC team, am I right? Is it time for public comment?

Public Comment (01:19:17)

Michael Berry
We can break for comment. If you are on Zoom and would like to make a comment, please use the hand raise function located on the Zoom toolbar at the bottom or your screen. If you are on the phone only, press *9 to raise your hand, and once called upon, press *6 to mute and unmute your line. So, let's pause just for a moment to see if any members of the public raise their hand. I am not seeing anyone, so I will just turn it back to our cochairs.

Steven Lane
Thanks. Again, I will acknowledge the hard work of the members of the public who have been joining us these long weeks, and thank you for your participation. Deven is crafting something up on Page 4. We can make her really nervous by watching her craft it.

Deven McGraw
I was trying to insert something at the top to try and get at the point that Hans just made.

Steven Lane
So, what she added was "The following recommendations represent the views of the task force regarding particular provisions of HTI-1." How do you feel about that, Hans? Do you like that? Works for me.

Hans Buitendijk
Sure.

Steven Lane
Any objections, anyone? Thank you, Deven, as always. All right, did we make any progress on that reference down below?

Deven McGraw
I'm on it right now.

Steven Lane
I know, we keep pulling you away.

Steven Eichner
Sorry for the pressure.

Steven Lane
We do not have to do that during the meeting.

Deven McGraw
I am very close.

Steven Lane
Okay, let's just be quiet, then, and let Deven work. Mike, are you feeling good about this process and outcome?

Michael Berry
I am feeling great.

Anna McCollister
How about the puppies recommendation, Mike?

Steven Lane
Yes, we have to add that. I think that goes on Page 10 somewhere.

Michael Berry
They do a final review of this before it gets published, though.

Steven Lane
Good, good.

Michael Berry
I put a note in our Slack about the TEFCA manner section. I do not know if you caught that. "Participant" and "Sub participant" should be capitalized.

Steven Lane
Okay, what page is that?

Michael Berry
Maybe Dan can do a word search for me of "sub participant." I think there is only one in this whole document. There it is.

Steven Lane
Page 13.

Deven McGraw
There are too many advisory committees in the CURES Act.

Steven Lane
There we are. Go ahead, Dan. Thank you.

Steven Eichner
The reference you had was Section 3000.

Steven Lane
I was reflecting earlier today on our presentation to HITAC, and really feeling very grateful for the input and expertise that all of the members have brought to this discussion. We just got deep expertise in a number of areas, and it has really been a pleasure to help to organize all of that and bring it together like this, so you should all be prepared for praise next week.

Clem McDonald
Congrats, Steven and Ike. This has just been tremendous progress. I do not know if you guys got any sleep last night…

Steven Lane
Not much.

Clem McDonald
But we appreciate it.

Deven McGraw
Okay, I think I got it.

Steven Lane
Yay! This is like final exams in law school, right? Thank you, Mark. We appreciate you, also. Can we just have one big group hug here? Do you want to put it in, or do you want me to?

Deven McGraw
Oh, I can.

Steven Lane
Feel free, and then we will know we get it right. We are on No. 14, right there.

Deven McGraw
Thank you.

Steven Lane
Is that it?

Deven McGraw

Yes.

Steven Lane
All right! Going once, going twice? So, aren't you supposed to put that weird little squiggly thing in there instead of saying "section"?

Deven McGraw
If you know the macro for that, feel free to use it, or I will let ONC fix it if it needs to. Thankfully, I do not do enough litigation documents. It requires a macro, and I do not know what that is.
Steven Lane
I always figured they would teach you that on the first day of law school.

Deven McGraw
They do, but that is not the kind of stuff you need to necessarily remember. By using the term "macro," I am revealing my age. That was like a WordPerfect term.

Anna McCollister
I thought about copy and paste on this one.

Steven Lane
I was going to say, we must have a section reference somewhere in this document. All right, we are going to finish two and a half minutes early, if no one objects. I will just continue to thank everyone for their time and attention, and we are not going to have to meet as a group on Monday. We will talk to ONC and put this together into slides, which I think you can trust us not to mess up, and then we will hopefully have all of you participating as part of the HITAC presentation, either in person or virtually.

Anna McCollister
Thank you, Steven and Ike, for all of your work on this.

Deven McGraw
Definitely.

Clem McDonald
Thank you.

Steven Lane
It has been fun. See you next week. Take care.

Steven Eichner
Take care, all.

Hans Buitendijk
Bye-bye.

Adjourn (01:26:51)